

Pertanika Journal of  
**SOCIAL SCIENCES  
& HUMANITIES**

**JSSH**

**VOL. 32 (S3) 2024**

*A Special Issue Devoted to*  
Multicultural, Spirituality and Counseling  
Help Seeking for Mental Health

Guest Editor  
Siti Aishah Hassan



**PERTANIKA**  
JOURNALS

A scientific journal published by Universiti Putra Malaysia Press

# PERTANIKA JOURNAL OF SOCIAL SCIENCES & HUMANITIES

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The *Introduction* explains the scope and objective of the study in the light of current knowledge on the subject; the *Materials and Methods* describes how the study was conducted; the *Results* section reports what was found in the study; and the *Discussion* section explains meaning and significance of the results and provides suggestions for future directions of research. The manuscript must be prepared according to the journal's **Instruction to Authors** ([http://www.pertanika.upm.edu.my/Resources/regular\\_issues/Regular\\_Issues\\_Instructions\\_to\\_Authors.pdf](http://www.pertanika.upm.edu.my/Resources/regular_issues/Regular_Issues_Instructions_to_Authors.pdf)).

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**Pertanika Journal of Social Sciences and Humanities**  
**Vol. 32 (S3) 2024**

**Contents**

Multicultural, Spirituality and Counseling Help Seeking for Mental Health	
<b>Preface</b>	i
<i>Siti Aishah Hassan</i>	
Optimizing Career Adaptability for Post-Internship Students Islamic Religious College: The Role of Work Values and Social Support	1
<i>Alfi Rahmi, Afdal, Mudjiran, Netrawati, Mega Iswari and Engku Mardiah Engku Kamarudin</i>	
Development and Validation of Psychoeducational Module for Empowering B40 Youth's Resilience and Family Functioning	21
<i>Rafidah Aga Mohd Jaladin, Rohana Jani, Ong Moon Lim and Nurul Aini Mudayat</i>	
Bereavement and Loss in Older Adulthood: Associations Between Meaning-Making, Spirituality and Grief	41
<i>Chin Hui Sian, Asmah Ismail, Yusni Mohamad Yusop and Rahimah Ibrahim</i>	
Influence of Depression and Loneliness on Suicidal Behaviour Among Public University Students in Malaysia	55
<i>Nur Dini Kamilia Norazizi, Muhammad Asyraf Che Amat, Nor Hafizah Mohammad Hanafi, Firman and Syahrul Nizam Salam</i>	
Predictors of Depression Among Trainee Counselors: The Role of Coping Styles and Resilience	71
<i>Ng Jia Ying, Engku Mardiah Engku Kamarudin, Afdal and Amin Al Haadi Shafie</i>	
Personal and Academic Multicultural Experiences, Perceived Multicultural Counselling Competence and Multicultural Counselling Self-efficacy Among Malaysian Counsellor Trainees	93
<i>Maizatul Mardiana Harun, Wan Marzuki Wan Jaafar, Asmah Ismail and Suhaili Arifin</i>	
Effect of Transactional Analysis Intervention on Parent-adolescent Conflict and Emotional Regulation Among Adolescents in Bangladesh	113
<i>Khandaker Tasmina Tanni, Zaida Nor Zainudin, Siti Aishah Hassan, Yusni Mohammad Yusop and Alia Sarah Asri</i>	
Multicultural Academic Experience and Multicultural Counselling Competency in Addressing Polygamous Family Structures Among Registered Counsellors in Malaysia	133
<i>Rose Chen Siew Kee, Mahshid Manouchehri, Norshafizah Hanafi and Siti Aishah Hassan</i>	
Differential Impacts of Maternal and Paternal Attachments on Adolescent Delinquency: Implications for Counselling	149
<i>Mahshid Manouchehri, Maizatul Mardiana Harun and Carrie Baber</i>	
Adolescent Prosocial and Antisocial Behaviours: Simultaneous Effects of Self-control, Attitudes of Parents and Teachers	167
<i>Gading Ketut, Siti Aishah Hassan, Rosmaria Omar and Norshafizah Hanafi</i>	



# Preface

We are pleased to introduce this special edition of the *PERTANIKA* Journal of Social Sciences and Humanities (PJSSH), focusing on the intersection of multiculturalism, spirituality, and counseling help-seeking for mental health. In today's dynamic and diverse societies, understanding and addressing mental health challenges require a multifaceted approach that takes into account cultural nuances, spiritual beliefs, and the role of counseling services.

The ten articles compiled in this edition represent diverse research, insights, and practices from scholars and practitioners across various nations. They investigate topics such as multicultural competency in polygamous family structures, personal and academic experience on multicultural competency, meaning-making and spirituality on grief, and predictors of depression and suicidal thoughts. This special issue also covers topics on parental attachments, adolescent prosocial and antisocial behaviors that imply the need for counseling help-seeking, as well as the effectiveness of counseling intervention for parent-child conflicts.

As editors, we believe this collection will contribute significantly to the ongoing dialogue and efforts to promote mental well-being within multicultural contexts. By exploring the intersections of culture, spirituality, and counseling, we aim to foster a deeper understanding of how individuals and communities navigate mental health challenges and seek support in ways that are meaningful and effective.

We sincerely thank the authors who have contributed their expertise and perspectives to this special edition. We also thank the reviewers and editorial team members, Dr. Engku Mardiah Engku Kamarudin and Dr. Maizatul Mardiana Harun, who have dedicated their time to ensure the quality and relevance of the published works.

We hope that readers will find this special edition informative, thought-provoking, and inspiring as we continue to advance knowledge and practices in mental health care within diverse and inclusive frameworks.

## Guest Editor

Siti Aishah Hassan (Prof. Dr.)



## **Optimising Career Adaptability for Post-Internship Students Islamic Religious College: The Role of Work Values and Social Support**

**Alfi Rahmi<sup>1,2</sup>, Afdal<sup>3\*</sup>, Mudjiran<sup>3</sup>, Netrawati<sup>3</sup>, Mega Iswari<sup>3</sup> and Engku Mardiah  
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### **ABSTRACT**

A discrepancy between individual values and social support received influences a low degree of career adaptability. This research 122 post-internship students enrolled at the State Islamic Religious College in Sumatra, Indonesia. Work Values Inventory, Multidimensional Scale of Perceived Social Support, and Career Adapt-Abilities Scale (CAAS) were employed as the research instruments using a quantitative design, and multiple regression analysis was adopted to analyse the data. The results showed a significant positive relationship between work values, social support, and career adaptability. Furthermore, the regression model predicted 64.1% of career adaptability, highlighting the synergistic effect of the variables. The results underscored the potential of career counselling interventions in empowering post-internship students by providing essential skills and knowledge for

successful career navigation. Implications for career counselling were also discussed, and future analysis was suggested.

### **ARTICLE INFO**

#### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.01>

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*Keywords:* Career adaptability, post-internship students, social support, work values

### **INTRODUCTION**

The increase in technological advancements brings new challenges to the younger

generation in building successful careers. These include a lack of work opportunities, increased competition, and the constantly changing demands of the professional world (Thompson et al., 2021). In response to these challenges, higher education institutions facilitate students' entry into the workforce through internships, serving as practical learning activities to introduce and cultivate work aptitudes (Monteiro et al., 2020). This program endeavours to bridge the gap between the academic world and the realities of society, specifically the professional sphere (Nghia & Tai, 2019).

Internship programmes equip students with novel experiences, aid in developing a positive attitude towards careers, and foster a learning process that includes critical thinking skills (Nghia & Tai, 2019). Furthermore, it prepares students more effectively for professional work (Lutfia & Rahadi, 2020) and facilitates the enhancement of soft skills, including communication, adaptability, collaboration management, social competence, and precision in tasks (Ocampo et al., 2020; Ramaprasad et al., 2021). Internship enables the acquisition of work-related competencies including knowledge, skills, behaviours, personal traits, and attitudes in line with work requirements (Anjum, 2020; Wei et al., 2021; Zehr & Korte, 2020) and readiness (Kapareliotis et al., 2019).

The internship program is a part of an academic curriculum conducted in one semester. Tarbiyah students participate in the internship program in public and Islamic schools at both junior and senior

high school levels. During the internship, students are assessed and evaluated by their mentor teachers and supervisors from their educational institutions. This evaluation may include performance assessment and skill improvement.

The transition from education to the work market for final-year students participating in internship programmes is critical, requiring careful attention (Pinto & Pereira, 2019) and fostering career adaptability. This adaptability includes the preparedness and resources necessary to navigate developmental tasks, career transitions, and work-related challenges in the lifespan of individuals (Fasbender et al., 2019; Jannesari & Sullivan, 2019; Ng et al., 2020). Engaging in an internship program serves as a means for students to enhance their preparedness for professional work (Aldhahi et al., 2021).

Resource capacity career adaptation represents a form of self-regulation individuals employ to address work-related problems. Individuals' readiness to navigate obstacles during career transitions is called career adaptability (Ghosh et al., 2023; Ocampo et al., 2020). Research suggested that individuals who possessed adaptability exhibited concern for their future, exerted self-control over vocational endeavours, and displayed curiosity in exploring possibilities within themselves and future scenarios, with high perceived competency and employability (Monteiro et al., 2020).

Individuals develop the significance and direction of their careers through career narrations influenced by various



factors, including their past experiences, values, interests, and expectations (Ricar, 2014, 2017). Applying work values can enhance satisfaction and lead to outstanding achievements during technological globalization (Arora et al., 2020). Final-year students face several challenges, such as struggling to identify personal values and interests (Perry & Hughes, 2021), ineffective time management resulting in neglect of disciplinary values (Adams & Blair, 2019), and inadequate social support from family members who may not consider the choice of major at tertiary institutions (Kocak et al., 2021). Certain soft skills required in the work market are often lacking, and these are not sufficiently addressed by a curriculum that fails to meet the requirements of the professional world (Succi & Canovi, 2020).

During the transition from school to work, students require social support, influencing the development of self-confidence when entering the workforce. Social support affects their career adaptability in their early adulthood (young adults) in choosing their careers later (Creed et al., 2009). Social support from family, friends, and significant individuals plays a significant role in career adaptability (Lee et al., 2021; Oztemel & Yıldız-Akyol, 2021). Additionally, previous research highlighted the impact of social support from coworkers (Anas & Hamzah, 2022; Lee et al., 2021; Ng et al., 2022) and supervisors on career adaptability (Tahiry & Ekmekcioglu, 2023). Social support, specifically from family, significantly contributes to career adaptability among final-year students (Ghosh & Fouad, 2017; Xia et al., 2020).

Work values help specify career goals, while social support provides the necessary support to achieve successful career adaptability through the changes and challenges in an individual's career journey. This research examines the impact of work values and social support on career adaptability among post-internship students at an Islamic Religious College in Indonesia. The results of this research will contribute to the theoretical understanding of career adaptation, work values, and social support, as well as the scientific development of career counselling and have any practical implications that can help institutions prepare successful young people in the world of work.

The relationships between the variables of work values (X1) and social support (X2) on career adaptability (Y) were explored based on the specified criteria. A total of three hypotheses were formulated to guide the investigation, namely:

H1: There is a significant effect between work values and career adaptability for post-internship students at Indonesian Islamic Religious College.

H2: There is a significant effect between social support and career adaptability for post-internship students at Indonesian Islamic Religious College.

H3: Work values and social support significantly predicted career adaptability for Indonesian Islamic Religious College post-internship students.

Figure 1 explains that a person's career adaptability can be predicted through their work values and social support level. Individuals with values such as Creativity, Management, Achievement, Surroundings, Supervisory, Way of life, Security, Associates, Aesthetics, Prestige, Independence, Variety, and Economic Return tend to have a strong foundation for developing their independence and flexibility in learning. In addition, social support from relatives, friends, and other familiar persons provides emotional support that can increase self-confidence and resilience when faced with career changes. Overall, integrating work values and social support forms a framework that supports

individuals in facing career challenges and building a foundation for sustainable career adaptability.

### LITERATURE REVIEW

The internship program is an instructional approach that teaches students problem-solving techniques, task comprehension, task performance, and the ability to handle challenging situations (Galván et al., 2022). It is a learning experience that expands students' awareness, fostering the regulation and attentive consideration of thought processes when confronted with difficult tasks and leading to fulfilling accomplishments (Zehr & Korte, 2020).

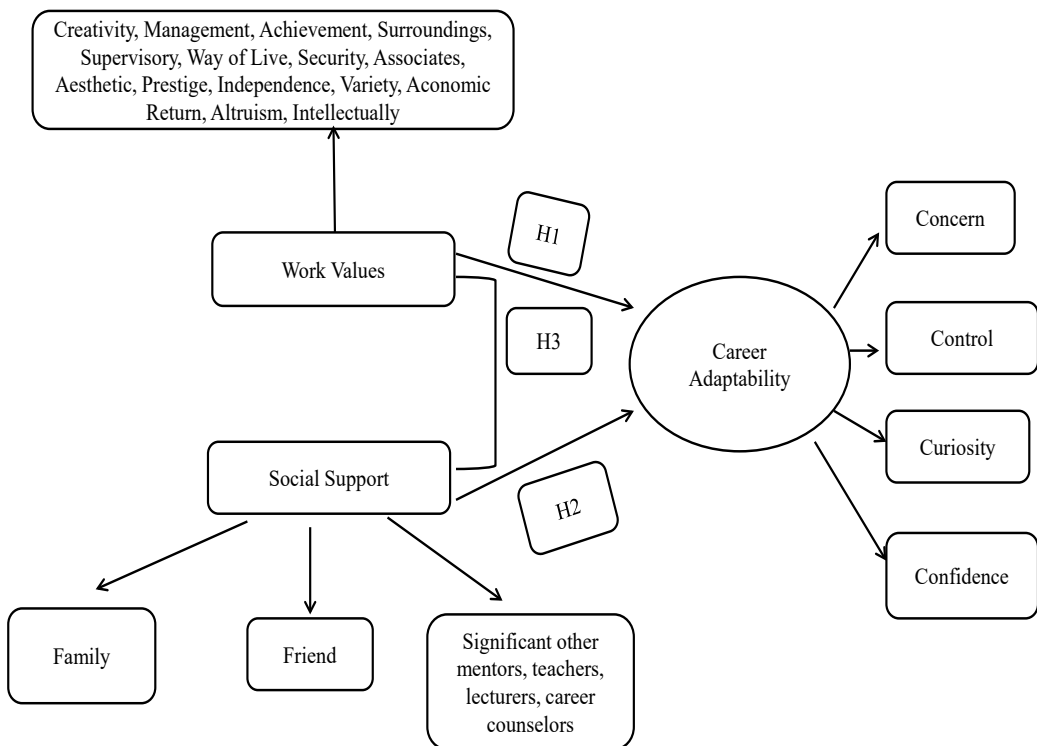


Figure 1. Work values and social support toward career adaptability

The program serves to acquire career adaptability skills in managing assignments, and completing these assignments contributes to their capabilities. Mastery of the skills lays the foundation for proficient work, enabling individuals to attain achievements. According to Savickas and Porfeli (2012), the variable has been defined as the resources of an individual for coping with current and anticipated tasks, transitions, and traumas in an occupational role. Proficiency in workplace skills, including work performance, understanding, and positive personal attitudes, enhances the employability and success of college graduates (McGunagle & Zizka, 2020).

An individual's ability to adapt to the world of work involves the interaction between self-efficacy, outcome expectations, goals, choices, outcomes, and contextual factors. These factors are considered important in career selection based on the theory of social cognitive career theory (SCCT) (Sharf, 2013; Sheu & Phrasavath, 2018). All factors influence each other in leading individuals toward career choices compatible with their interests, abilities, and values. The work values are significant in determining individual career ownership (Rounds & Jin, 2013; Flohr & Bowes, 2024). The work values reflect the fulfilment of life needs and goals to achieve life satisfaction from the work they do (Super & Šverko, 1995). The relationship between cognitive and contextual factors will help individuals plan and adapt their careers according to changes in labour market needs and personal goals.

Multiple factors influenced the career adaptability of individuals, and meta-analysis research conducted by (Vashisht et al., 2023) showed that the variable varied according to personality traits and work values (Chen et al., 2020). Work values represent primary objectives in securing employment and directly affecting career choices, as stated by Super (Walker-Donnelly et al., 2019), and are crucial in the process of finding suitable employment and creating a conducive work environment (Koroglu & Gezen, 2014; Mdhlalose, 2024). Lacking work values can lead to unrealistic career goals (Jackson & Tomlinson, 2019), and the variable includes evaluative elements dictating what individuals perceive as morally right and good (Monroe, 2019). The interaction between values and work is vital since values can act as mechanisms for goal adjustment and work motivation (Thrasher & Bramble, 2019).

According to Super (2020), values represent psychological, relational, and material goals aspired by individuals. Work values provide satisfaction and fulfil the needs of a specific type of work or activity (Moniarou-Papaconstantinou & Triantafyllou, 2015). The inventory of work values of Super is 15 elements, including creativity, management, achievement, environment, supervisory relationships, lifestyle, security, association, aesthetics, prestige, independence, variety, economic gains, altruism, and intellectual stimulation (Hartung, 2020; Park et al., 2019).

Social support is a source available from others to individuals that can affect

individual psychological well-being (Ozer, 2024; Mopkins et al., 2024). Based on the theory of "Conservation of Social Resources" (COR), individuals try to maintain and preserve their social resources in the face of stress and pressure in everyday life (Ali et al., 2024; Holmgreen et al., 2017; Rahman & Hossain, 2024). This theory assumes that individuals have limited social resources and try to maintain and acquire them. One of the important aspects of COR theory is the role of social support in protecting and strengthening individual resources (Farkash et al., 2022). Social support is one of the resources that can help individuals overcome stress, maintain psychological well-being, and contribute to positive adaptation in stressful situations.

Work-social support significantly influenced the relationship between career adaptability and turnover intentions. Employees with high career adaptability are more inclined to express intentions of leaving their current positions when work-social support is lacking (Lee et al., 2021). Heath affirmed that career adaptability enabled individuals to perceive the potential of unforeseen changes and recover from unexpected outcomes (Heath, 2020).

In the absence of support, individuals with high career adaptability may seek opportunities outside the present company to further their professional progress. Therefore, the impact of career adaptability relies on work values and the availability of social support.

## **METHODOLOGY**

### **Research Design**

A quantitative research design integrating multiple regression analysis examined the interplay between work values, social support, and career adaptability among post-internship students at Islamic Religious College in Sumatra. This analytical approach allowed for a comprehensive exploration of the interconnectedness and dynamics among these variables within the specific group of students.

### **Sample**

This research cohort comprised post-internship students at the State Islamic Religious College in Sumatra, Indonesia. Students at Islamic colleges in Sumatra have received religious education that may influence their views on values, morality, and ethics at work. It may affect how they interpret the value of work and adapt to their careers. The sampling procedure employed a simple random selection approach using a list of respective program coordinators. Data gathering was carried out through an online platform, specifically Google Forms. A total of 122 Tarbiyah students, who had completed their post-internship at Sjech M. Djamil Djambek Bukittinggi State Islamic University College, which is located in Bukittinggi City West Sumatra Province, Kerinci State Islamic Institute, which is in Kerinci Regency Jambi Province, and Curup State Islamic Institute, which is in Rejang Lebong Regency, Bengkulu Province, actively participated.

## Instruments

**Career Adaptability.** Measurement of Career Adaptability used the Career Adapt-Abilities Scale (CAAS) instrument from Savickas (Savickas, 2011) with four indicators: Career Concern, Control, Curiosity, and Confidence. There were 24 statement items with maximum and minimum scores of 120 and 24, respectively. The description of career adaptability in post-internship students can be identified by grouping maximum scores of 120 and 24, which indicate high and low career adaptability. The data were then divided into two categories, namely adaptive and maladaptive, as shown in the following detailed table:

Sources of career adaptation were grouped into four career dimensions: concern, control, curiosity, and confidence (Savickas, 2011; Savickas & Porfeli, 2012). The CAAS instrument was compiled by Savickas and Porfeli (2012) and tested in 13 countries: Belgium, Brazil, China, England, Iceland, Italy, Korea, Netherlands, Portugal, South Africa, Switzerland, Taiwan, and America. The Cronbach's alpha CAAS reliability coefficient was 0.89 and was stated to be good. This instrument was adopted and validated by experts (judgement experts), including an English lecturer, a Guidance and Counselling lecturer, and an Indonesian lecturer. This instrument was validated to determine the feasibility level in terms of language, content, and constructs for each statement item. For example, after passing the feasibility test, one of the items on the instruments is "Thinking about what

my future will look like." The respondents can choose their strength scale with a range of 1 (low) and 5 (very strong).

**Work Values.** The Work Value Scale was developed by Super with a total of 45 items on a scale of 1 (Unimportant) to 5 (Very Important). The 15 work values were creativity, management, achievement, environment, supervisory relationship, way of life, security, association, aesthetics, prestige, independence, variety, economic gain, altruism, and intellectual stimulation (Greenhaus & Callanan, 2013). Work Values Inventory was adopted after experts conducted a validation construct test, and the indicator contains 3 statement items. For example, one of the statements on the instrument, "must keep solving the problems," describes the intellectual value of problem-solving.

**Social Support.** The instrument used was the Multidimensional Scale of Perceived Social Support instrument (Zimet et al., 1988). It was designed to measure the perception of three sources: (1) family, (2) friends, and (3) significant others. This instrument contained 12 statements with a scale starting from 1 (strongly disagree) and 7 (strongly agree). For example, "There are some special people in need around me." Based on this item, the level of social support and the most dominant sources of providing social support can be classified. MSPSS was used in Indonesia, which has a diverse population. Hence, the reliability test showed Cronbach's alpha coefficient of 0.91,

0.87, and 0.85 on significant individuals, family, and friends subscale, respectively (Oktarina et al., 2021). This instrument contained three sources of social support: family with 3 statement items, friends with 3 statement items, and significant other.

**Data Analysis**

Descriptive and inferential analyses were involved, and socio-demographic variables were described using appropriate methods. Multiple regression was used to determine the impact of work values and social support on career adaptability. Data were collected using the online survey method in the form of a questionnaire. Furthermore, the analyses were conducted using SPSS 23.0 (SPSS Inc., Chicago, USA, IL) with a significant *p*-value of 0.05.

**RESULTS**

**Descriptive Analysis**

Based on the descriptive analysis, findings are presented in Table 1. Of the post-internship students, 62 exhibit high career adaptability abilities, while 59 show lower levels.

Table 1  
*Descriptive analysis of career adaptability and social support categorization career adaptability*

Score	f	Category
$X > \text{Theoretic Mean}$	62	High
$X \leq \text{Theoretic Mean}$	59	Low

The provided data, as stated in Table 2, indicate that the primary source of social

support is derived from the family, showing an average score and standard deviation (SD) of 22.9 and 4.9, respectively. This family support includes the involvement of parents and siblings. Additionally, lecturers and counsellors contribute to social support with an average score of 21.1 and an SD of 5.54. Friends provide social support with an average score of 18.9 and an SD of 5.6.

Table 2  
*Multidimensional scale of perceived social support*

	Social Support	max	min	M	SD
1	Significant Individuals	28	5	21.10	5.54
2	Family	28	4	22.90	4.90
3	Friends	28	4	18.90	5.60

The results presented in Table 3 show that post-internship students at State Islamic Religious College receive social support within the high and moderate ranges.

Table 3  
*Social support category*

Category	Interval	f	%
High	65–84	57	46.72
Moderate	46–64.9	56	45.90
Low	26–45	9	7.37
Total		122	100

**Work Values**

Figure 2 shows a visual representation of the significance attributed to different values by students, each of which holds considerable importance. The highest endorsement was

the environmental value, as indicated by 93 individuals who expressed the need for a comfortable work environment to attain work satisfaction. Meanwhile, the variation value, which included the opportunity to engage in diverse tasks, garnered relatively lower attention, with 40 students considering

the variable highly important. Certain values were deemed less significant by respondents, with management, independence, variety, and creativity being mentioned by 6, 3, 2, and 1 individual for achievement and prestige.

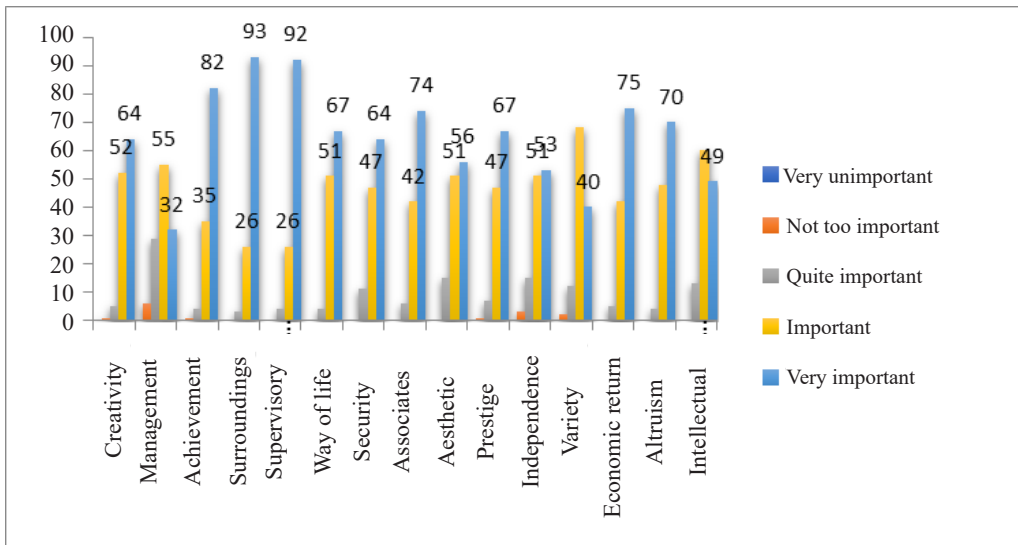


Figure 2. Descriptive frequency of post-internship student work values

**Inferential Statistical Analysis Findings**

**H1:** There is a significant effect between work values and career adaptability for post-internship students at Indonesian Islamic Religious College

The results in Table 4 show that the constant is 18.449, meaning when there are no work values, career adaptability is 18.449. The coefficient regression of 0.457 stated that career adaptability increases by 0.457 for every addition. For equality, the simple linear regression between work values and career adaptability is as follows:

Career Adaptability = 18.449 + 0.457 Work values

$$Y = 18.449 + 0.457 X_1$$

For testing constants, the t table value was compared with the t count for the level significance 5% test. One party with dk = nk-1 obtained a t table of 1.977 and a t count of 15.220. Furthermore, when the t count is higher than the t table, namely 15.220 > 1.977, the hypothesis of positive influence and significant impact of work values on career adaptability for post-intern students is accepted.

Table 4  
The regression coefficient of work values on career adaptability

		Coefficients				
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	18.449	5.701		3.236	.002
	Work Values	.457	.030	.792	15.220	.000

a. Dependent Variable: Career Adaptability

**H2:** There is a significant effect between social support and career adaptability for post-internship students at Indonesian Islamic Religious College

The results in Table 5 show that the constant is 77.595, meaning there is no social support, and career adaptability is 77.595. A coefficient regression of

0.431 stated that every time social support was added, career adaptability increased by 0.431. For equality, a simple linear regression between work values and career adaptability is as follows:

Career Adaptability = 77.595 + 0.457 Social Support

$$Y = 77.595 + 0.457 X_1$$

Table 5  
The regression coefficient of social support on career adaptability

		Coefficients				
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	77.595	4.409		77.595	
	Social Support	.431	.069	.471	17.600	.000

a. Dependent Variable: Career Adaptability

For testing constants, the t table value should be compared with the t count for the 5% level significance test one party with  $dk = nk - 1$  to obtain a t table of 1.977 and a t count of 6.279. t table, namely  $6.279 > 1.977$  and t count of 6.279. The hypothesis

is accepted that there is a positive influence and significance from social support to career adaptability on post-intern students when the t count is higher than the t table, namely  $6.279 > 1.977$ .



The results in Table 5 show that the constant is 77.595, meaning when there is no social support, career adaptability is 77.595. A coefficient regression of 0.431 stated that for every social support added, career adaptability increased by 0.431. For equality, a simple linear regression between work values and career adaptability is as follows:

$$\text{Career Adaptability} = 77.595 + 0.457 \text{ Social Support}$$

$$Y = 77.595 + 0.457 X_1$$

For testing constants, the *t* table value should be compared with the *t* count for the 5% level significance test one party with  $dk = nk - 1$  to obtain a *t* table of 1.977 and a *t* count of 6.279. The hypothesis is accepted that there is a positive influence and significance from social support to

career adaptability on post-intern students when the *t* count is higher than the *t* table, namely  $6.279 > 1.977$ .

**H3:** Work values and social support are significantly predicted career adaptability for post-internship students at Indonesian Islamic Religious College

Based on the results in Table 6, the amount of *F* calculated through the ANOVA test equals 125,224, with a significance level of 0.000. The probability value is less than 0.05. Hence, this regression model can predict career adaptability, the simultaneous effect of work values, and social support.

The analysis of determination in Table 5 shows that the coefficient varies between work values and social support for career adaptability by 64.1%.

Table 6  
Multiple regression for the contribution of work values and social support on career adaptability

ANOVA <sup>b</sup>						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12873.408	2	6436.704	125.224	.000 <sup>a</sup>
	Residual	7041.992	137	51.401		

The analysis of the coefficient of determination in Table 7 shows that the coefficient of determination varies between work values and social support for career adaptability by 64.1%, which means a high contribution of work values and social support in developing career adaptability.

**DISCUSSIONS**

This present research provides compelling evidence of the positive influence of work values on career adaptability. The obtained *t*-value of 15.220, surpassing the critical *t*-value of 1.977, signifies a statistically significant relationship between the constructs. Some evidence of mastery of work values is provided in the career

Table 7  
Coefficient of determination of work values and social

Model Summary									
						Change Statistics			
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.804 <sup>a</sup>	.646	.641	7.169	.646	125.224	2	137	.0001

a. Predictors: (Constant), Work Values, Social Support

b. Dependent Variable: Career Adaptability

transitions of emerging adults, a subjective criterion for judging the attainment of the intersection between an individual and the environment (Hlad'o et al., 2021). The results suggest that career adaptability is needed to find work, meet work values (Savickas, 2013; Van-Vianen, 2018), and accomplish life satisfaction. Creativity, autonomy, prestige, relationships with supervisors and colleagues, income, and welfare benefits are important when individuals make career choices. These factors shape the work values of individuals, which influence their ability to adapt to career-related changes.

The results suggest that work values play a motivating role in individuals' development of career adaptability skills. It was consistent with previous research that found a positive relationship between dominant work values such as teamwork, problem-solving, communication, and a strong work ethic (Baranik et al., 2022; Schwieger & Ladwig, 2018). Individuals who align their work values with their career choices are more likely to have higher levels of career adaptability driven by intrinsic motivations and personal fulfilment. This

research also shows the significant influence of social support on career adaptability, as evidenced by the obtained t-value exceeding the critical value. Descriptive data further emphasise the important role of family support, with a high average score, in facilitating informed career choices (Wang & Qu, 2022). The result aligned with Anne Roe's career theory, which emphasised the impact of parental influence on the career trajectory of individuals (Gutowski et al., 2021). Positive support and guidance from parents contribute to forming work values and enhancing career adaptability.

Numerous research consistently showed positive associations between social support and career adaptability. For example, research showed that higher levels of social support, including emotional, informational, and instrumental support, were linked to greater career adaptability (Creed et al., 2016). The support helps individuals effectively navigate career challenges and make well-informed choices. Positive support and guidance from parents also aid in career decision-making and shape work values, enhancing career adaptability.

The results highlight the importance of social support, particularly from the family environment, in facilitating successful career development.

The interplay between work values, social support, and career adaptability was also analysed. The importance of work values was highlighted in guiding career choices and adapting to changes, as well as the crucial role of social support in shaping career paths and enhancing adaptability. Furthermore, counselling emerges as a valuable resource for post-internship students, providing necessary guidance, resilience, and potential for success. In addressing work values and social support in career counselling, students can align their values with career paths and develop robust support networks. It ultimately enhances their adaptability and fosters success in professional pursuits.

### **Implications of Career Counselling**

This research emphasises integrating work values and social support into career counselling interventions. Counsellors can guide students toward fulfilling career paths that align with their values and promote adaptability. Based on the results, several implications can enhance career counselling interventions and support career development. Firstly, counsellors should emphasise the importance of raising awareness of work values. Assisting students in identifying and understanding their core values helps them make career choices, leading to increased career adaptability and satisfaction. Secondly, the role of social

support in shaping career adaptability should be emphasised. Positive relationships with peers, mentors, and family members provide emotional and instrumental support during career transitions, contributing to career adaptability.

To maximise the effectiveness of interventions, counsellors should personalize their approaches for each student. Incorporating work values into the counselling process to make informed and meaningful career choices enhances career adaptability. Considering the positive association between social support and career adaptability, counsellors should equip students with strategies to manage stress, overcome challenges, and seek support when needed. Strengthening coping skills enhances the ability to adapt and thrive in their careers. Providing opportunities for career exploration is another crucial implication. Offering internships, workshops, and networking events exposes students to diverse career paths, enabling informed decisions and expanding career adaptability by broadening their understanding of options.

Empowering students in their career decision-making process is vital. Counsellors should promote autonomy and support students in taking ownership of their career choices. Adaptability is an ongoing process that fosters self-efficacy and confidence as students navigate their career journeys. Promoting comprehensive career planning that considers work values and social support allows students to proactively shape career trajectories and enhance career adaptability.

Integrating work values and social support into career counselling interventions is crucial. By promoting awareness of work values, emphasizing social support, personalising interventions, enhancing coping skills, providing career exploration opportunities, empowering decision-making, and fostering long-term planning, counsellors can effectively support students in developing career adaptability and making informed and fulfilling choices. These implications contribute to a comprehensive and holistic approach to career counselling that addresses the multifaceted nature of development.

### **Limitations and Suggestions for Future Research**

To better understand the impact of work values and social support on career adaptability, it is important to address the limitations of this research. Therefore, more effective counselling interventions and support systems can be developed for individuals' career development.

One limitation is the small sample size, consisting of 122 post-internship students from State Islamic Religious Colleges in Sumatra, and this limits the generalizability of the results. Future research should include larger and more diverse samples from different educational institutions and cultural backgrounds to enhance the external validity of the results. The cross-sectional design prevents establishing causal relationships between work values, social support, and career adaptability. Conducting longitudinal research is beneficial for examining

changes in these variables over time and understanding the temporal associations. It provides a clearer understanding of the causal connections between the variables.

Another limitation is the reliance on self-report measures, which may introduce response biases and social desirability effects. Future research should consider incorporating additional objective measures or gathering input from multiple sources to mitigate these biases. The comprehensive assessment approach yields a more accurate understanding of the relationship between work values, social support, and career adaptability.

Focusing solely on State Islamic Religious Colleges in Sumatra, Indonesia, limits the generalizability of the results to other educational contexts and cultural backgrounds. Future research should include a wider range of educational institutions and cultural contexts to comprehensively examine the influence of work values and social support on career adaptability.

Addressing the limitations by using larger and more diverse samples, incorporating longitudinal designs, using multifaceted assessment methods, and embracing inclusive research settings advance the comprehension of how work values and social support influence career adaptability. It enables the development of effective career counselling interventions and support systems that cater to the diverse needs of individuals. Future analyses should replicate the research with larger and more diverse samples, employ longitudinal designs, adopt a multifaceted assessment approach, and explore mediating factors

to deepen understanding of the complex interplay between work values, social support, and career adaptability.

## CONCLUSION

In conclusion, this research was conducted to provide insights into the impact of work values and social support on career adaptability among post-internship students at State Islamic Religious College in Sumatra, Indonesia. The results indicated a positive relationship between work values and career adaptability, highlighting the importance of aligning personal values with career choices. Similarly, social support was positively associated with career adaptability, emphasizing the role of strong support networks. The regression model's ability to predict 64.1% of the variable underscored the combined influence of work values and social support. The results highlighted the significance of considering both factors in career counselling to empower students to make informed and adaptable choices. Despite limitations, the implications were valuable for career counselling practitioners, educators, and parents. This research contributed to understanding career adaptability and provided insights for improving career counselling practices and supporting students in their career development journey.

## ACKNOWLEDGEMENTS

The authors thank the Lembaga Penelitian dan Pengabdian Masyarakat Universitas Negeri Padang, Indonesia for funding this work with contract number 2355/UN35.15/LT/2023

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## **Development and Validation of Psychoeducational Module for Empowering B40 Youth's Resilience and Family Functioning**

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### **ABSTRACT**

This research aims to develop a psychoeducational module to empower B40 youth's resilience and family functioning. There were three phases implemented in this study: (1) needs analysis, (2) module design and development study and (3) experimental pre-and-post design for module evaluation. First, the Brief Psychological Well-being Scale (PWB), the Malaysian Family Functioning Scale (MFFS), and the Resilience Scale (RS) were used to collect data from 315 youths from the B40 families in various settings such as schools, higher education institutions and PPR/PPRT flats/communities. Results revealed the need for a psychoeducational module to empower youth's resilience and family functioning. The development of the psychoeducational module adopted Sidek's model, a Malaysian-based framework for module content development. The module prototype was sent to 11 experts to validate its content. Results showed that the psychoeducational module scored a high content validity value of 89.87%. Finally, the psychoeducational module was implemented

and evaluated for its effectiveness before and after a 2-day-1-night programme on youth empowerment. Results revealed that the module effectively empowers the youth's resilience and family functioning. Implications of research for counselling practices are included in the discussion.

### **ARTICLE INFO**

#### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.02>

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*Keywords:* B40 youths, COVID-19 pandemic, family functioning, psychological well-being, resilience

## INTRODUCTION

In the national agenda of family development, strengthening Malaysian family units' psychological capital is paramount, especially in response to the COVID-19 crisis. This movement is necessary to ensure that families can function well even though they face fear and anxiety daily due to the COVID-19 pandemic. Among the types of families, the B40 family unit is undoubtedly most affected by COVID-19 as they are more likely to be unemployed, have cut working hours, lack COVID-19 literacy, and experience difficulties accessing healthcare and home-based learning (United Nations, 2020). Emerging research suggests that these stressors negatively impact parents and children's mental and physical health (Brooks et al., 2020; Brown et al., 2020; Xie et al., 2020). Nonetheless, preliminary findings from a United Nations-commissioned longitudinal study (2020) demonstrate the resilience and dignity of these families, with many expressing a strong desire to reestablish their livelihoods.

As such, there is a need to psychoeducate the B40 families to bounce back and function well during and after the COVID-19 pandemic and/or future possible pandemics. One way of empowering the B40 family development is through psychoeducation consultation and/or programs, especially among youths. Psychoeducation is described by Lukens and McFarlane (2006) as a professionally provided therapy approach that integrates and synergises psychotherapeutic and educational strategies. In order to support

*Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN)* national agenda, this research aimed to develop a psychoeducational module that can empower B40 youths to become resilient individuals and contribute to their respective family functioning.

Adolescence is one of the stages of human development that signifies rapid growth and development biologically, psychologically, and cognitively. As a result, family relationships play a crucial role in adolescents' development (Francisco et al., 2015). According to some Western studies (Francisco et al., 2015; Hakvoort et al., 2010; Schermerhorn et al., 2011), adaptive family functioning and positive parent-child connections are predictive of beneficial outcomes in children's development, including self-esteem, psychological well-being, and life satisfaction. When dealing with the situation alone during the pandemic, young people (children, adolescents and young adults) who did not live with their families also endure emotional anguish (Kamaludin et al., 2020; Kobbin et al., 2020; Sundarasan et al., 2020; Zhai & Du 2020). These young people also experience anxiety and fear of being infected.

Therefore, a supportive family is one of the protective factors against health issues (Levitan et al., 2019). Additionally, when the initial declaration of endemic time was made, they experienced difficulty and worry about everything. For instance, upon returning to face-to-face mode of study or work, visiting a crowded location, or taking off their mask in a public setting,

they can feel uneasy and anxious. Therefore, resilience is a crucial quality for youth to preserve their mental well-being and cope with difficulties, dangers, barriers, disruptions (external or internal), and hardships of everyday living during the epidemic and endemic period.

Wagnild's Model of Resilience (Wagnild, 2009) explains that an individual's ability to adjust well to the disruption depends on the Resilience Core. Resilience Core refers to five characteristics that enable individuals to bounce back, learn, and grow from adversity. These characteristics are purposeful life, perseverance, equanimity, self-reliance, and existential aloneness. Such Resilience Core can be practised and strengthened over time. Youth resilience is at a decent level if they can overcome challenges and barriers in life without suffering bad consequences like abusing alcohol or illegal drugs or engaging in other socially problematic behaviour. Does this supposition also apply to B40 youth residing in PPR and PPRT? To answer this, this community is selected as the research population.

Youths can be dependent on their families. Therefore, this study also emphasises how well these families function. A functioning family is not necessarily perfect, free of conflict or crisis. It depends on how the family system, structure, and interaction may assist in coping with the crisis and resume normal functioning (Sumari et al., 2020). A healthy family would have a functional family structure that relates to family norms and roles, according

to Minuchin's structural family theory from 1974. On the other hand, Madanes' Strategic Family Theory strongly emphasises on communication and boundaries. It encourages emotional expressiveness and open communication (Sumari et al., 2020), consistent with Satir's Experiential Theory (Satir, 1972). As a result, a strong family structure is a fundamental safeguard to support people's psychological well-being in difficult circumstances. On the other hand, an unhealthy family dynamic could worsen the pandemic (Ahmad et al., 2021).

The term "well-being" is highly individualised for each individual, and numerous tools have been created and applied to gauge psychological well-being. WHO referred to health as "a state of mental, physical, and social well-being" in 1948. According to several researchers, well-being is also defined as happiness, pleasure, the ability to find a balance between negative and positive affect, life meaning, and achieved personal growth (Boehm & Kubzansky, 2012; Costea-Barlutiu et al., 2018; Gao & McLellan, 2018; Visvanathan et al., 2021). Social support is a necessity to be free from mental illness (Gao & McLellan, 2018; Visvanathan, 2021).

The Twelfth Malaysia Plan (RMK-12), a blueprint that focuses on rejuvenating and restoring Malaysia's economy, also addresses people's wellness. In particular, Theme 2 of this plan aims to empower *Rakyat's* security, well-being, and inclusivity, especially among the youth. The government has made More psychological services available to the public and healthcare professionals

throughout this pandemic. Additionally, the government sought to reduce income gaps, indirectly assisting the B40 group to have a higher standard of living (Economic Planning Unit, 2021). However, not as much research has been done focusing on this population. This scarcity in research makes it unclear what the B40 group needs in terms of physical or mental health, especially for individuals who reside in the PPR/PPRT area. This study is thus crucial to provide information to society and significant organisations like The National Population and Family Development Board (LPPKN) to improve people's quality of life, particularly from a psychological standpoint.

The present research aims to develop a psychoeducational module to empower B40 youths' psychological capital and well-being. It has three stages of project implementation to address the three research objectives, such as the following:

1. To analyse the psychological status and the need to develop the psychoeducational module for B40 youths;
2. To compare the scores of family functioning and resilience based on gender;
3. To investigate the relationship between family functioning and resilience;
4. To design and develop a psychoeducational module for B40 youths that can empower their resilience and family functioning and

5. To evaluate the content validity and effectiveness of the psychoeducational module.

## **MATERIALS AND METHODS**

### **Research Approach and Design**

This module development research used quantitative and qualitative data collection methods. In phase 1, a cross-sectional questionnaire design assesses the needs and baseline scores (i.e., psychological well-being, resilience, and family functioning) among B40 youth participants.

In Phase 2, the research adopted the module content framework proposed by Noah and Ahmad (2005), involving a series of discussions to design and develop the psychoeducational module and test its content validity.

Phase 3 aims to evaluate the effectiveness of the module and its reliability. As such, the pre-test and post-test were administered before and after the module implementation phase using survey questionnaires. In addition, program evaluation forms were also administered to get participants' feedback. A 2-day-1-night program was conducted as a module trial run. The activities planned during the programme were based on the psychoeducational module. These activities were run by nine trainee counsellors who are final-year counselling students placed in LPPKN Selangor and Kuala Lumpur, Malaysia.

**Sample**

In Phase 1, the research participants are 315 B40 youths aged from 15 to 30 years old. One hundred eighty-eight females (59.70%) and 127 (40.30%) males were recruited using a simple random sampling technique. They

came from various settings, such as schools, higher education institutions and PPR/PPRT flats/communities. Table 1 outlines the survey participants' demographic characteristics.

Table 1  
*Demographic characteristics of the survey sample (n = 315)*

<b>Characteristic</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>Gender</b>		
Male	127	40.3
Female	188	59.7
<b>Age</b>		
15–18	160	50.8
19–22	116	36.8
23–26	20	6.3
27–30	19	6.1
<b>Area of Residency</b>		
PPR Gombak Setia	53	16.8
Presint 8 Putrajaya	26	8.3
PPR Hiliran Ampang	49	15.6
Rumah Pangsa Seksyen 16	14	4.4
Kampung Pandan Ampang	11	3.5
Other	162	51.4
<b>Ethnicity</b>		
Malay	241	76.5
Chinese	61	19.4
India	13	4.1
<b>Religion</b>		
Islam	241	76.5
Kristian	8	2.5
Buddha	54	17.1
Hindu	11	3.5
Other	1	0.7
<b>Marital Status</b>		
Single	295	93.7

Table 1 (Continue)

Characteristic	Frequency ( <i>f</i> )	Percentage (%)
Married	18	5.7
Widowed	0	0
Divorced	2	0.6
<b>Income</b>		
RM1,000 and below	77	24.4
RM1,000–RM1,999	97	30.8
RM2000–RM2,999	104	33.0
RM3,000–RM3,999	37	11.7
<b>Education Level</b>		
UPSR	39	12.4
PMR/PT3	59	18.7
SPM	151	47.9
STPM	11	3.5
Diploma	20	6.3
Degree	16	5.1
Other	19	6.0
<b>Family Structure</b>		
Two parents (biological)	218	69.2
Two parents (stepfamily)	17	5.4
Two parents (adoptive)	9	2.9
One parent	65	20.6
Other	6	1.9
Total	315	

In Phase 2, the research participants were 11 experts, aged 20 to 50s, and mostly females ( $n = 7$ , 63.9%), recruited using a purposive sampling technique. They were mostly senior practising counsellors ( $n = 7$ ), junior/youth practising counsellors ( $n = 2$ ), clinical psychologists ( $n = 1$ ), and senior counsellor educators ( $n = 1$ ) who have extensive work experience involving B40 youths and families.

In Phase 3, the participants were 39 B40 youths from two states: Selangor ( $n = 17$ ) and Wilayah Persekutuan Kuala Lumpur ( $n = 22$ ). They were recruited using a stratified sampling technique. There are 13 males and 26 females, aged 10 to 19 years old. Unfortunately, only 30 surveys were collected and were not valid for data analysis due to missing data.



## Instrument

The survey questionnaire comprised four reliable and valid instruments:

- a. Participant Demographic (refer to Table 1 for demographic items);
- b. 18-item Brief Psychological Well-being Scale (PWB) (Ryff, 1989; Ryff & Keyes, 1995), which includes six dimensions of well-being such as self-acceptance, autonomy, environment, purpose in life, positive relationships with others, and personal growth. By using factor analysis to identify the scale items of this PWB, the overall Alpha coefficient was .88, ranging from 0.72 to 0.81 for the six subscales, except for the autonomy subscale, which is 0.57 (Lee et al., 2019). The Short-Form PWBS (Ryff & Keyes, 1995) has good concept validity and criterion-related validity;
- c. 30-item Malaysian Family Functioning Scale (MFFS) (Sumari et al., 2021), which comprised four components: communication (e.g., The rules in my family are suitable for all ages), cohesion (e.g., My family members complement each other), rules (e.g., The rules in my family are suitable for all ages), and roles (e.g., My family members talk about the roles that we should play in the family). The Cronbach's coefficient alpha demonstrated an internal consistency that ranged

from 0.93 to 0.97 for the four factors scales. The value of the Average Variance Extracted (AVE) of the four factors is from the range of 0.65 to 0.78, and the composite reliability (CR) of the four factors are from ranges from 0.98-0.99 (Sumari et al., 2021); and

- d. 25-item Resilience Scale (RS) (Wagnild & Young, 1993), translated by Madihie et al. (2011) and consisted of five domains: (1) meaningfulness (e.g., My life has meaning), (2) perseverance (e.g., I am determined), (3) equanimity (e.g., I usually take things in stride), (4) self-reliance (e.g., I usually manage one way or another), and (5) existential aloneness (e.g., I am friends with myself). The Alpha coefficient was 0.91, and the corresponding alpha values for the five factors ranged from 0.87 to 0.95. It suggests that the instrument is highly reliable (Wagnild, 2009).

A pilot study was conducted on 30 B40 youth participants to (1) check the readability and clarity of the survey questionnaire and (2) check the significant difference between two data sets, i.e., using online versus pen-and-paper versions. Results from this pilot study revealed that (1) all items in the questionnaire are clear and readable, and (2) there was no significant difference between the two data sets (online vs hardcopy). The reported Cronbach's coefficient alpha value was 0.79, suggesting the questionnaire is reliable.

### Data Collection Methods and Procedure

Upon approval from the Universiti Malaya Research Ethics Committee (Ref. No.: UM.TNC2.UMREC -1731), LPPKN, and community leaders, data collection from each research phase began and progressed sequentially. First, the researchers conducted a needs analysis survey. The survey was administered to 315 B40 youth participants in Klang Valley by using a stratified sampling method. Thereafter, the answers from the survey were analysed using SPSS. Based on the feedback collected, the researchers developed a psychoeducational module to improve the resilience and family functioning of youths in the B40 group. Experts in module development, resilience, and family counselling were invited to evaluate the module's content validity using online surveys via Google Forms. In order to evaluate the effectiveness of the module, the researchers conducted a pilot study (i.e., a psychoeducational programme) with selected participants ( $n = 39$ ) from the B40 group.

### Data Analysis

The data were analysed using Statistical Software Package for the Social Sciences (SPSS). The analysis includes descriptive (i.e., mean and standard deviation) and inferential statistics (e.g., Independent Samples T-test and Pearson Correlation Test).

## RESULTS

The following sections elaborate on the results from each phase of the research.

### Phase 1: Baseline Analysis & Need Assessment using Survey Research

**Psychological Well-being, Family Functioning and Resilience.** Descriptive statistical analysis (using mean and standard deviation) revealed (1) the mean score for psychological well-being was greater than the cut-off point ( $M = 81.69$ ,  $SD = 12.26$ ), suggesting that the participants had high psychological well-being, (2) the family functioning mean score for family functioning was moderate ( $M = 107.39$ ,  $SD = 24.34$ ), and (3) the mean score for resilience was low ( $M = 119.62$ ,  $SD = 25.55$ ). This result suggests that major resilience empowerment is needed to produce resilient B40 youths. Results from descriptive statistics are shown in Table 2.

### Gender Differences in Family Functioning and Resilience.

The independent-sample t-test was conducted to compare the family functioning and resilience scores for males and females. T-test results showed that there is no significant difference in the Family Functioning scores between males and females ( $M = 105.31$ ,  $SD = 25.692$ ,  $t(315) = -1.243$ ,  $p = .22$ , two-tailed) ( $M = 108.79$ ,  $SD = 23.35$ ). The size of the mean difference is 3.47, with a 95% confidence interval of -8.97 to 2.02, which is extremely modest ( $\eta^2 = .005$ ). Resilience ratings for males ( $M = 117.96$ ,  $SD = 29.081$ ) and females ( $M = 120.74$ ,  $SD = 22.862$ ;  $t(315) = -.91$ ,  $p = .37$ , two-tailed) did not differ significantly from one another. The differences in the means are very slight ( $\eta^2 = .003$ ), with a mean difference of 3.07 and a 95% confidence interval of -8.84 to 3.27.

Table 2  
*Psychological well-being, family functioning and resilience of B40 youth*

	Mean	Std. Deviation
<b>Psychological Well-being</b>	81.69	12.26
Autonomy	13.45	3.38
Environmental Mastery	12.89	3.19
Personal Growth	15.44	3.33
Positive Relations with Others	13.59	3.22
Purpose in Life	12.34	2.51
Self-Acceptance	13.97	3.43
<b>Family Functioning</b>	107.39	24.34
Communication	38.90	9.29
Cohesion	25.55	6.30
Rules	25.17	5.94
Roles	17.77	4.22
<b>Resilience</b>	119.62	25.55
Equanimity	26.91	6.00
Perseverance	14.87	3.59
Self-Reliance	28.43	6.63
Meaningfulness	34.53	8.14
Existential Aloneness	14.88	3.51

**Correlation between Family Functioning and Resilience.** Pearson correlation analysis was performed to examine the distribution of scores between the two variables. Results revealed a statistically significant positive association between resilience and family functioning; however, it is only mildly correlated ( $r = .140$ ,  $n = 315$ ,  $p < 0.05$ ). In other words, a youth's level of resilience (1.96%) is directly proportional to their family functioning, as seen by the  $R^2$  variance value. However, it is impossible to detect 98.04% of the change in youths' resilience related to family functioning.

**Phase 2: Module Design & Development**

**Module Design Stage.** This study adopted Noah and Ahmad's (2005) "Module Creation

Model" to design an efficient and organised module. Figure 1 summarises the stages of module content development. Mahfar et al. (2019) chose this comprehensive model because of its systematic content development technique and reliability and validity tests.

The module included 11 creative art-based activities (for example, expressive arts drawing, emotion-focused reflective writing and colouring, creating poem and song lyrics, and singing motivational songs), which are divided into seven sessions based on R.A.F.I.D.A.H.'s model of creative group counselling (Jaladin et al., 2020). Table 3 highlights the module's content and activities.

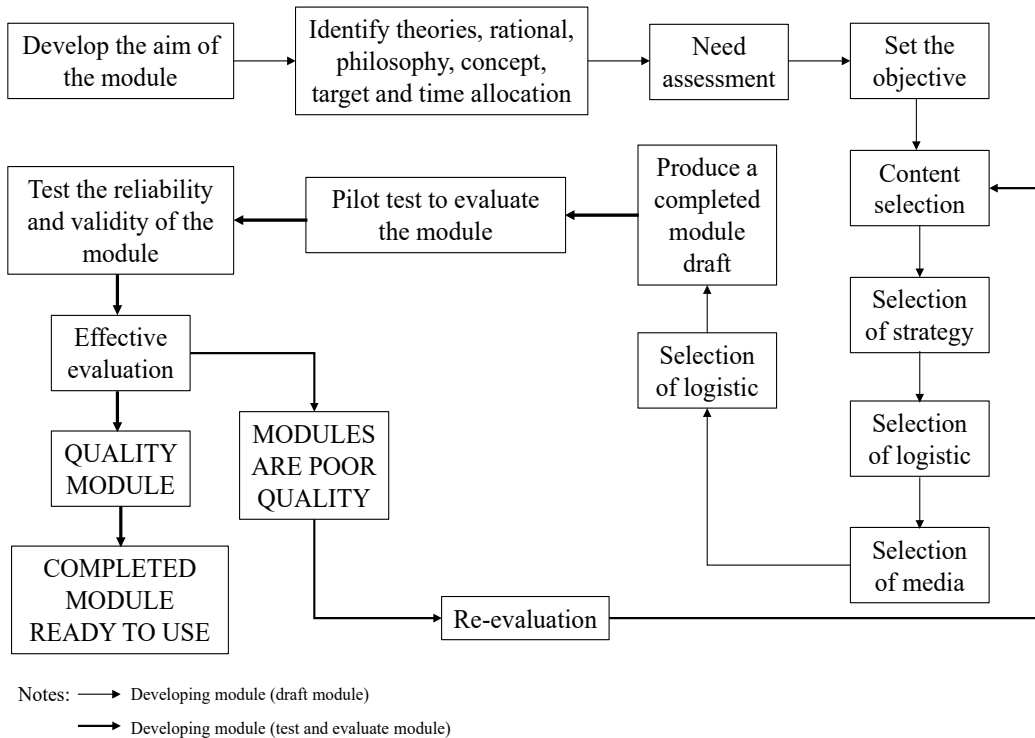


Figure 1. Sidek's module development model (Mahfar et al., 2019; Noah & Ahmad, 2005)

Table 3  
 A summary of module content based on R.A.F.I.D.A.H. model of group process

No / Session	Group Process	Domain / Sub-domain	Activity	Synopsis
1	Relationship building using the RESPECTFUL model.	<b>Family Functioning:</b> Communication	A1: Who Am I?	This activity has two specific objectives: (1) to promote communication among the participants and (2) to elicit information on the cultural background of the participants through exercises using worksheets and group discussions.

Table 3 (Continue)

No / Session	Group Process	Domain / Sub-domain	Activity	Synopsis
1		<b>Family Functioning:</b> Roles 1/Rules	A2: Oh! My Family	This psychomotor activity involves practising drawing one's family portrait. Then, it continued with a writing activity where participants had to make a list of do's and don'ts, focusing on roles and rules in the family. In-depth discussion focused on aspects E (socioeconomic) and F (family dynamics) based on the RESPECTFUL model.
2	Attending to feelings and thoughts and anticipating conflicts and resistance.	<b>Family Functioning:</b> Cohesion/Roles 2	A3: My Family Genogram	This activity involves sketching, colouring, and discussion because the participants have to produce a genogram of their respective families. Next, they will describe the family relationship or closeness between them and other family members.
		<b>Resilience:</b> Perseverance 1/Existential Aloneness 1	A4: Magic Number	This activity focuses on exploring emotions, thoughts, and conflicts experienced by participants based on a numbered scale. Questioning skills using scaled questions are applied to carry out this activity.
3	Finding possible causes: Consequence of actions	<b>Resilience:</b> Perseverance 2	A5: A-B-C Train	This activity is based on a cognitive behavioural theory or model that explains the relationship between the trigger or cause of the problem, the problem faced in irrational thinking or problematic behaviour and the consequences of those thoughts and/or behaviours.
		<b>Resilience:</b> Existential Aloneness 2	A6: Mr Lonely	This activity is an 'auditory' focused activity as it involves participants listening to a song titled "Mr Lonely" and delving into the lyrics of the song (for example, <a href="https://www.youtube.com/watch?v=XL-8MqMgw3s">https://www.youtube.com/watch?v=XL-8MqMgw3s</a> or <a href="https://www.youtube.com/watch?v=dOZ6f1cY8rk">https://www.youtube.com/watch?v=dOZ6f1cY8rk</a> ) and study the lyrics of the song. Then, in groups, the participants will create song lyrics to describe the loneliness they experience.

Table 3 (Continue)

No / Session	Group Process	Domain / Sub-domain	Activity	Synopsis
4	Initiating possible solutions or alternatives.	<b>Resilience:</b> Perseverance 3	A7: Resilient Youth Recipe	This activity focuses on dyadic discussions to produce solutions to become a resilient youth. The proposed solution is based on the group members' shared views and experiences. This activity indirectly helps group members to become resilient youths.
		<b>Resilience:</b> Existential Aloneness 3	A8: Soul Healing Motivation	This activity applies creative elements and high-level thinking because the participants must create a poem that can motivate them to heal their souls.
5	Deciding on the best course of action.	<b>Resilience:</b> Equanimity	A9: SMART Roadmap	This activity applies the principles of problem-solving from a psychological perspective because participants have to choose the best plan of action to help improve their resilience. The chosen plan must be balanced in terms of thoughts, feelings, and actions. The choice must be made according to the SMART Goal (Specific, Measurable, Achievable, Realistic, and Timely.)
6	Acting on the chosen plan.	<b>Resilience:</b> Self Reliance	A10: Lights, Camera, Action!	This activity focuses on the element of imagination because the participants have to explore their level of resilience, especially the attitude of self-reliance (sometimes called a thick soul), based on the hypothetical scenario. In groups, participants have to solve the problem by taking the actions they feel best for their group. If there is time, participants can act out their group action plan.
7	Harnessing hope and optimism for self-empowerment.	<b>Resilience:</b> Meaning	A11: Wheel of Dreams	The facilitator asks each group member to look and think about themselves. How do you see yourself after this program? What exactly is your role? What are your responsibilities? What are your hopes for the future? Then, the facilitator asks each group member to write words of encouragement to themselves.

**Module Development Stage.** Once the research team agreed on the module contents framework, writing the module and preparing worksheets began. The writing procedure started with the topic matrix. For sub-domains with the lowest mean scores, it was agreed that empowerment is needed. As such, one sub-domain (Roles) needs enhancement for the family functioning variable, whereas, for the resilience variable, two sub-domains (perseverance and equanimity) need a series of empowerment.

**Module Content Validation Stage.** Once the first completed draft of the module is ready and finalised by the research team (internal experts), the module contents need to be validated by external experts. Thirty-six experts from various professions who have experience working with the youth community were identified and invited to be part of the expert pool. A Google Forms link was created to obtain experts' responses on the module's content validation. The duration allotted for this moderation procedure is one week.

A copy of the finalised psychoeducational module was emailed to each expert, which included an introduction, background, rationale, objectives, methods, activities, relevant appendices, and a link to an 8-item questionnaire of content validity (e.g., The module content fulfils all the components of resilience; The module content fulfils all the components of family functioning; and The module content meets its target population (i.e., youths in the B40 group) based on Russell's (1974) guidelines.

A 10-point Likert scale ranging from 1 (strongly disagree) to 10 (strongly agree) was the response scale of the questionnaire. The questionnaire also has an open comment section for the experts to provide feedback or suggestions for module improvement.

The data were calculated by dividing the sum of the ratings of the various experts by the rating's overall score to determine the validity of the module's contents. A research module's level of validity will be highlighted by the determined value based on this method, and strong content validity is defined as a value of >70% (Noah & Ahmad, 2005). Results revealed a score of 89.87%, which suggests that this module's overall content validity is high and may be used with the intended audience.

### **Phase 3: Reliability and Effectiveness of Psychoeducational Module**

A set of reliability questions was developed to test the value of the psychoeducational module. The questionnaires were developed based on 11 module activities (Noah & Ahmad, 2005).

Descriptive statistics such as mean and standard deviation were employed in this phase to evaluate the efficiency of the psychoeducational module. The results revealed a significant rise in the mean score for the pre-test ( $M = 115.67$ ,  $SD = 20.90$ ) and post-test ( $M = 115.87$ ,  $SD = 20.97$ ) of family functioning. The same conclusion was reached for the two sub-components, communication and rules. Nonetheless, the sub-components of cohesion and roles have dropped marginally. The result also

demonstrated that the mean scores for resilience among B40 youth significantly increased after they joined the intervention. It means that the B40 youths' resilience is improving. The difference between the mean scores of the pre-test ( $M = 132.17$ ,  $SD = 22.06$ ) and post-test ( $M = 134.30$ ,  $SD = 18.05$ ) was  $M = 2.13$ . Results also revealed a significant rise in the average scores for the subcomponents of equanimity, perseverance, self-reliance, and existential aloneness while indicating a decrease in the mean scores for the subcomponents of meaningfulness. The statistical results indicated that the psychoeducational module was indeed effective.

Pre- and post-test surveys are consistent with results obtained from the evaluation of the overall intervention program. Of 26 respondents, 42.3% evaluated the overall intervention as very satisfactory and 34.6% rated satisfactory. Whereas, for the specific items on the module contents, participants rated the following:

1. Achievement of course objectives: 50% rate excellent, 23.1% rated good, and 7.7% rated satisfactory. In fact, one participant commented, "...this course is very good and there is no need to improve anything."
2. Course capability in fulfilling students'/participants' expectations: 30.8% rated excellent, 46.2% rated good, and 7.7% rated satisfactory;
3. Coverage of subjects in the course: 42.3% rated excellent, 34.6% rated good, and 7.7% rated satisfactory; and

4. Duration of course: 26.9% rated excellent, 34.6% rated good, and 15.4% rated satisfactory. One participant suggested that, "Need to do this course maybe for 3 or 4 days because we feel it is not enough if this course lasted for only 2 days and 1 night."

Overall, results from the pre-and post-test comparison, rating form, and participant feedback provided strong empirical evidence that the psychoeducational module is valid, reliable and effective in an intervention program to empower B40 youth's resilience and family functioning.

## DISCUSSION

Despite having several limitations that may impact the generalisation of results (e.g., low response rate in Phase 3, restricted to few areas in Selangor and Kuala Lumpur), the main findings shed light on significant issues for youth resilience and B40 family functioning. First, the present study revealed that the B40 youth had moderate family functioning and low resilience. There are several explanations to account for this finding. B40 families are greatly affected by the Movement Control Order (MCO) during the COVID-19 pandemic. Thus, several announcements of MCO resulted in unemployment, loss of income, mental distress, and poor health. The transition from pandemic to endemic also affects the B40 families. These stressors negatively impact both the parents and children of the B40 family. Hence, they struggle to bounce back, learn, and grow from this adversity.



Although the findings showed that the B40 youth had low resilience, past studies demonstrated different results. For example, Manaf et al. (2013) stated that the level of resilience among youth who participated in National Service Training is high. A study conducted by Yusoff and Don (2016) also demonstrated that the level of resilience among youth is high. This contradictory finding shows that (1) there is a need for future studies that explore youth resilience, and (2) there is a distinct difference between marginalised B40 youth and mainstream youth. With regard to family functioning, the results of the current study are consistent with those of Desa et al. (2015), who demonstrated a moderate and high level of family functioning in Malaysia.

Secondly, the findings showed no significant difference between males and females in their perceived resilience and family functioning. This result is consistent with previous research findings in Malaysia (Hassan et al., 2017). However, the present finding is also inconsistent with some past studies (e.g., Isaacs, 2014; Katyal, 2014; Yusoff & Don, 2016), showing that females reported higher resilience than males. With regards to family functioning, the current finding is consistent with findings from some previous studies in which the functioning of the family is unaffected by gender (e.g., Desa et al., 2015; Francisco et al., 2015; Pai & Arshat, 2020).

Thirdly, the findings indicated a statistically significant positive relationship between family functioning and resilience. This result is congruent and supported

by previous studies, which also found a significant positive relationship between family functioning and resilience (e.g., Kamaruddin et al., 2016; Narayanan & Onn, 2016; Yusoff & Don, 2016; Yusoff et al., 2019). A good family structure could shape youths to obtain a high level of resilience. Support from parents or family members, especially siblings, could determine adolescent resilience at its best (Kamaruddin et al., 2016; Yusoff & Don, 2016; Yusoff et al., 2019).

Fourthly, the results suggest that the newly developed psychoeducational module is reliable and valid for programme intervention with B40 youth. From a theoretical and practical viewpoint, Phase 2 findings significantly impact the current body of knowledge about resilience and family functioning. Moreover, the module's content validity was verified prior to its implementation for a more significant impact. This proposition is best echoed by Noah and Ahmad (2005). They highlight two essential characteristics that signify the merit of a newly constructed module: (1) content validity and (2) reliability. Content validity is the best predictor of the module's strength between these two.

Lastly, Phase 3 findings revealed that implementing the psychoeducational module had a beneficial influence, as there is an increase in resilience and family functioning among B40 youngsters. Nonetheless, when the module is used in a psychoeducational program, the program organiser must ensure it is delivered by a competent professional counsellor to

enhance its effectiveness. Youth learners prefer trainers with knowledge, respect, applied experience, clear communication skills, and cultural understanding.

### **IMPLICATIONS AND DIRECTIONS FOR FUTURE RESEARCH**

The research findings have implications for resilience theory, module development models, counselling practices, and future research. Firstly, the research findings may affect Wagnild's Resilience Theory (Wagnild, 2009). Since the present study involved disadvantaged youth, the theory may need some cultural modification to suit the cultural background and context of B40 youth. It explains why two resilience dimensions scored the lowest mean among the B40 youth sample. In addition, the finding suggests that family functioning is an external factor linked to an individual's resilience. In the context of Wagnild's theory, the support and dynamics within the family may play a role in fostering perseverance, equanimity, self-reliance, meaningfulness and coping with existential aloneness.

Secondly, Noah and Ahmad's (2005) Module Development Model (SMDM) is utilised to create an effective and systematic module. Sidek's Model is a complete and robust model with precise stages for developing a module and determining its validity and reliability. Several additional local studies have used Sidek's Module Development Model, and their results support its robustness and usefulness (Ahmad, 2002; Jaladin et al., 2020; Mahfar et al., 2019).

Thirdly, the validity of the module's information must be confirmed before adoption for an influence to be more noticeable. The finest articulators of this idea are Noah and Ahmad (2005). They contend that content validity and reliability are the key attributes that best characterise a newly designed module. The importance of content validity among these two factors in determining the robustness of the construct included in the module is paramount. Achieving a high content validity is generally challenging since a newly produced module requires extensive study of pertinent literature (Shah et al., 2013). By employing this technique, a module can be successfully created to meet the requirements of a certain group in society (such as professional counsellors or student groups).

Finally, the findings also have some implications for counselling practice. First, to protect the client's well-being and enhance efficacy, the execution of the psychoeducational module must be overseen by a qualified professional counsellor. Although the developed module was psychoeducational, it can also be used as a screening tool to identify at-risk B40 youths who may need individual or group counselling services. Consequently, it can promote help-seeking behaviours among B40 youth. Second, in working with the B40 juvenile group, especially those with low resilience and low/moderate family functioning, this module can greatly help practitioners, especially counsellors. In view of the module's high content validity and

effectiveness when used in an intervention program, it is hoped that this module would assist the target group (B40 youths) in achieving higher levels of resilience and family functioning.

Future research direction can use the module for any intervention programme involving groups other than B40 youth (for example, disabled youth) to test its external validity. In addition, further research can also investigate the maintenance effects of resilience after using the psychoeducational module in a 3-month or 6-month interval. Finally, the current study recommends that future researchers follow a similar systematic approach when constructing various modules (i.e., psychoeducational, guidance, or therapeutic modules) which involve family functioning and resilience or other psychological constructs.

## CONCLUSION

Indeed, the current study has demonstrated that the newly constructed psychoeducational module is valid and trustworthy for intervention in youth empowerment programs. This paper has documented some research findings that indicated a considerable improvement in the mean scores of family functioning and resilience among B40 youth after they participated in the intervention that utilises the psychoeducational module. To conclude, this module can serve as a platform for future studies on family functioning and resilience among youth or adult populations.

## ACKNOWLEDGEMENTS

The authors thank the Universiti Malaya, Malaysia and the Ministry of Women, Family and Community Development, especially *Lembaga Penduduk dan Pembangunan Keluarga Negara* (LPPKN), for granting us the research grant (GPLPPKN0047) to fund our research-related expenses (Project No.: GA029-2021). Thanks to all co-researchers (Dr Rohana Jani, Dr Rosila Bee Mohd Hussain, Dr Annita Mohd Hedzir, Puan Rasidah Sulaiman, and Puan Ratna Safura Kamal Shari), and Mr. Hamzah Farhan Abdul Rahim who directly or indirectly contributed to the research. We would additionally like to acknowledge all the youths who participated in the study.

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## **Bereavement and Loss in Older Adulthood: Associations Between Meaning-Making, Spirituality and Grief**

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### **ABSTRACT**

Losing a loved one in older adulthood affects one's emotional well-being profoundly. The grief experienced by older adults, who may have shared significant experiences and memories with their loved ones, can be intensified by cumulative losses and is often not acknowledged by themselves or their caregivers. This study uses a descriptive quantitative cross-sectional design to determine the relationships between potential predictors and grief among older adults. This cross-sectional study uses purposive sampling and involves 134 older adults aged 60 years or above who had experienced significant loss within the past 60 months. A self-administered questionnaire assessed participants' demographic characteristics, loss experiences, grief, spirituality, and meaning-making. Multiple linear regression analysis was carried out to determine the significant predictors of meaning-making and spirituality regarding grief. The findings indicated significant negative associations between spirituality, meaning-making, and grief. This study emphasizes the importance of addressing the spiritual and meaning-making dimensions in supporting older adults in effectively managing grief-related distress. Future studies should consider

longitudinal designs and further explore additional predictors to provide a more comprehensive understanding of the complex factors influencing grief and the healing process.

*Keywords:* Bereavement, grief, meaning, older adults, spirituality

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### **ARTICLE INFO**

*Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.03>

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## INTRODUCTION

Grief is a natural and universal response to a significant loss. It encompasses many emotions, such as sadness, anger, guilt, and despair, and can impact an individual's physical, mental, and emotional well-being (Mason et al., 2020; Shear et al., 2011). Each experiences grief distinctly and at their own pace. Most individuals undergo a natural grieving process where the intensity of distress gradually decreases. While bereavement is a substantial and stressful life experience, most individuals have enough internal and external resources to cope with their grief and adjust to life without the deceased. However, for a significant minority of bereaved individuals (approximately 10%), the grieving process can be more complicated (Szuhany et al., 2021). This condition is known as complicated grief (CG), also referred to as prolonged grief disorder (PGD) or persistent complex bereavement disorder (PCBD).

PGD has been recognized as a diagnosis in the 11th revision of the International Classification of Diseases (ICD-11) and has also gained approval for inclusion in the text revision of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (Prigerson et al., 2021). A meta-analysis conducted by Lundorff et al. (2017) reported a prevalence of 9.8% of PGD among bereaved adults, suggesting that about one in ten individuals experiencing bereavement in adulthood may exhibit clinically significant levels of PGD symptoms. Unlike normal grief, which eases over time, PGD persists and can worsen

over the years. It involves persistent and overwhelming emotions, intrusive thoughts related to the loss, a deep longing for the deceased, difficulty accepting the death, and challenges resuming regular activities. People experiencing PGD may isolate themselves and struggle to find meaning or purpose in life.

Bereavement and loss in older adulthood are significant and complex experiences. As individuals age, they may face various losses, including the death of loved ones, declining health, retirement, and the loss of financial security or social connections. These losses can profoundly impact older adults, causing the emotional pain of grief and presenting challenges in adapting to their changing circumstances. Bereaved older adults are at an increased risk of morbidity and mortality, specifically from suicide and cardiovascular events (Meichsner et al., 2020). The highest risk of suicide, deliberate self-harm, or the onset/worsening of psychiatric conditions occurs within the first year after bereavement. A meta-analysis also revealed that high rates of co-occurrence were found between PGD and clinical levels of anxiety, depression, and post-traumatic stress (PTS) (Komischke-Konnerup et al., 2021). The prevalence of co-occurring symptoms of anxiety, depression, and PTS were 52%, 63%, and 49%, respectively. A comprehensive and individualized approach that addresses PGD and co-occurring CG reactions is essential to provide effective support and treatment for bereaved individuals.



Bereavement during older adulthood can be particularly challenging due to various factors, including cumulative losses over time, heightened vulnerability, and feelings of isolation. Older adults are more likely to experience the loss of loved ones while also dealing with chronic illness, disability, reduced physical stamina, and potentially negative cognitive changes. Furthermore, subgroup differences may influence the prevalence of PGD (Lundorff et al., 2017; Trembl et al., 2020). Lundorff et al. (2017) found that age was associated with an elevated prevalence of PGD, suggesting that advanced age is linked to a greater occurrence of PGD. Another study by Trembl et al. (2020) identified associations between PGD, lower education levels, and economic burden among older adults. They reported that increased grief intensity is linked to sociodemographic factors, including being female, experiencing multiple losses, a shorter time since the death or loss of a spouse, child, or sibling, and having diminished social support.

Nevertheless, societal attitudes and the perception that grief is a natural aspect of aging often disregard the grief experienced by older adults, resulting in a lack of recognition and support for them. This neglect hinders the assistance and acknowledgment required for older adults to navigate the grieving process effectively. The accumulation of losses during older adulthood can raise the risk of PGD and hinder the ability to effectively cope with these losses (Meichsner et al., 2020). The grief coping strategies employed by older

adults can have both negative and positive effects on their health.

Some individuals may be overwhelmed by grief and express a desire to die, while others may seek solace and support through spirituality or social connections. For those who struggle to cope with mourning and adjusting to a new reality in the absence of their loved one, seeking counseling can be beneficial in addressing emotional challenges, finding meaning in the loss, and maintaining a connection with the deceased (Worden, 2018). While individuals grieve in unique ways, mental health professionals (MHPs) must possess knowledge about grief, effective ways to provide grief support, and the ability to distinguish grief from depression. This understanding can further aid in developing interventions to assist bereaved older adults in effectively navigating and coping with their grief.

Spiritual coping is also a common approach older individuals use to navigate life challenges. Over the past 30 years, the role of spirituality in gerontology has received increased attention, with studies suggesting that engaging in spiritual beliefs and activities can enhance coping with grief (Chirico, 2021; Lövgren et al., 2019). Older individuals who participate in spiritual activities within their community can foster social connections and a sense of community and positively impact their lifestyle while also searching for the meaning of life. A qualitative study conducted in Australia explored the spirituality of individuals aged 65 and above and found that participants experienced inner peace through their

unique spirituality, characterized by accepting a simpler life, practicing gratitude, reflecting on the meaning of life, and building connections with others (Lepherd et al., 2020).

However, there is some inconsistency regarding the role of spirituality in grief. Some studies have found that older individuals with more daily spiritual experiences may exhibit more symptoms of PGD (Zheng & Wuest, 2019). This inconsistency adds complexity to the understanding of the relationship between spirituality and grief. Further investigation was conducted in this study to explore the role of spirituality in grief among older adults and identify the potential factors contributing to this inconsistency.

The role of meaning-making in grief adaptation following the loss of a loved one has gained significant attention in research and clinical literature (Barboza et al., 2022; Pan et al., 2018; Rozalski et al., 2017; Testoni et al., 2021). Engaging in meaning-making can act as a protective barrier for older adults, helping them mitigate feelings of loss, isolation, and loneliness. Furthermore, maintaining meaning in older adults has been linked to increased well-being, improved quality of life, and potential benefits such as reduced risk of dementia, mild cognitive impairment, and mortality (Beasley et al., 2022). Possessing a sense of purpose and meaning in life can offset the negative effects of stress on physical, social, and emotional health. Lower levels of meaning-making were associated with a higher risk of PGD (Rozalski et al., 2017).

Facilitating the exploration and creation of meaning can help improve adaptation and reduce PGD in bereaved older adults. Meaning-making plays a significant role in the intensity of grief and how individuals cope with it. However, it is crucial to acknowledge that the process of finding meaning in grief may differ based on cultural and diversity factors. Understanding the cultural differences in meaning-making practices is vital to providing appropriate support and facilitating effective coping strategies for individuals navigating the grieving process. The extent to which meaning plays a role in grief among older adults in Asian countries remains unclear.

The primary purpose of this study was to examine the potential variables that influence grief among bereaved older adults in Malaysia. Sociodemographic factors, meaning-making, spirituality, and duration since death were independent variables, while grief was the dependent variable.

## **MATERIALS AND METHODS**

### **Research Design**

The authors employed a descriptive quantitative cross-sectional design. This study was approved by The Ethics Committee for Research Involving Human Subjects at Universiti Putra Malaysia (JKEUPM).

### **Participants**

There are nine districts in Selangor. Each district was assigned a number, and three numbers were randomly generated to determine the chosen districts. Petaling,

Klang, and Hulu Langat districts were selected out of the nine districts. The study population consisted of older adults residing in the selected districts. The authors identified several activity centers in these districts. Participants from the older adult population who visited these centers in selected districts were recruited. Informed consent was obtained from all participants before completing the survey. The authors also assured participants that their responses would remain anonymous and confidential to avoid potential bias in self-report questionnaires. The inclusion criteria were as follows: (1) 60 years old and above, (2) able to respond independently, and (3) experienced the loss of a loved one within the past 60 months. Participants diagnosed with cognitive impairment and psychiatric diseases were excluded from the study to ensure the validity of the collected data.

In 2021, the Malaysian Department of Statistics (<https://www.dosm.gov.my/portal-main/release-content/current-population-estimates-malaysia-2021>) reported that 3.5 million people (10.7% of the population) were aged 60 years old and above. The crude death rate in Malaysia was 6.9 deaths per one thousand people. The study targeted older adults in Selangor who had experienced the loss of a loved one within the past 60 months. The alpha level was set at .05, the effect size was medium, the power was set at .80, and an a priori analysis based on Cohen's sample size table indicated a minimum sample size of 91 respondents for regression analysis

(Cohen, 2016) to determine an appropriate sample size. Purposive sampling was used to recruit samples that met the inclusion criteria. Salkind (2012) recommended increasing the sample size by 40%-50% to ensure an adequate sample size. The authors distributed the survey to 140 eligible participants. However, some participants did not complete the survey or submitted incomplete responses. The final sample included 134 usable surveys.

### **Instruments**

The study used questionnaires to gather data on spirituality, meaning-making, and grief. The respondents completed four sections of the questionnaire, with Section A containing sociodemographic information, section B containing the Spirituality Well Being Scale (SWBS), section C containing the Grief and Meaning Reconstruction Inventory (GMRI), and Section D containing the Prolonged Grief-13-Revised (PG-13-R).

The SWBS questionnaire consists of 20 items used to measure an individual's perceived spiritual well-being (Bufford et al., 1991). The questionnaire assesses two subscales: religious well-being (RWB) and existential well-being (EWB). An example item from the RWB subscale is "I find much satisfaction in private prayer with God," while an example item from the EWB subscale is "I feel that life is a positive experience." Higher total scores on the questionnaire indicate greater spiritual well-being. The instrument's reliability was tested on 134 respondents, resulting in a coefficient alpha ( $\alpha$ ) of .902.

The GMRI questionnaire contains 29 items used to measure perceived meaning made of loss (Gillies et al., 2015). The GMRI measures five subscales: Continuing bonds, with a sample item being "I miss my loved one"; Personal growth, with a sample item being "Since this loss, I'm more self-reflective"; Sense of peace, with a sample item being "This death ended my loved one's suffering"; Emptiness and meaninglessness, with a sample item being "I feel empty and lost"; and valuing life, with a sample item being "I value and appreciate life more." Higher total scores on the GMRI questionnaire indicate a greater sense of meaning made of the loss experienced. The instrument's reliability was tested on 134 respondents, resulting in a coefficient alpha ( $\alpha$ ) of .861.

The PG-13-R questionnaire was constructed as a unidimensional measure of prolonged grief to assess PGD (Prigerson et al., 2021). It is a unidimensional measure of prolonged grief designed to evaluate PGD (Prolonged Grief Disorder). The questionnaire consists of three dichotomous items that explore the following aspects: whether the respondents lost a significant other, the time since the death occurred, and the impairment associated with ten symptoms, including cognitive, emotional, and behavioral aspects. The optimal threshold score on the PG-13-R questionnaire was 30 and above. Individuals who scored 30 and above were considered at increased risk of developing PGD. The instrument's reliability was tested on 134 respondents, resulting in a coefficient alpha ( $\alpha$ ) of .883.

## Data Analysis

The data collected in this study were analyzed using IBM SPSS Statistics version 27. The dependent variable of interest was grief, while the independent variables included spirituality, meaning-making, duration since loss, education, and marital status. Descriptive statistics were conducted for all variables to provide an overview of their distributions and central tendencies. Bivariate correlation analysis examined the relationships between grief and the independent variables. This analysis helped identify any significant associations between the variables. Furthermore, multiple linear regression (MLR) analysis was conducted to explore the factors independently associated with grief after controlling for other variables in the model. The main objective of the MLR analysis was to identify the variables that significantly impact grief when accounting for the effects of other variables in the model. The study aimed to determine the unique contributions of each independent variable by using MLR to explain variances in the dependent variable (grief) while accounting for the potential influence of other variables.

## RESULTS

Table 1 presents the participants' sociodemographic profiles. A total of 140 participants were identified to have experienced the loss of a loved one within 60 months. Of those, 134 questionnaires were completed and returned. The participants in this study are between 60 and 89 years old, with the mean age being 68.

Females comprised 72.4% (n = 97) of the sample. The largest ethnic group reported is Chinese (n = 110, 82%). Buddhism is the most prevalent religion (n = 65, 49%), followed by Christianity (n = 41, 31%). Most participants were married (n = 78, 58%) and had an average of 2.26 children. Widowed individuals accounted for 36 (27%) participants, while 18 (13%) were single. Tertiary education held the highest count (n = 69, 52%), indicating that many participants had advanced educational backgrounds. There are also seven individuals (5%) who had no formal education, representing a small but notable portion of the sample. Regarding living arrangements, most participants reside with

their spouse or adult child (n = 95, 71%), followed by 32 individuals (24%) living alone.

Table 1 also provides information on the relationship with the deceased and the duration since their death. The largest group experienced a loss duration between 49 and 60 months (n = 48, 36%), while the smallest group of 16 individuals (12%) experienced a loss duration between 37 and 48 months. The most common relationship with the deceased is with parents (n = 56, 42%). Partners/spouses and siblings accounted for a similar percentage, with 32 individuals (24%) grieving the loss of their partners/spouses and 31 individuals (23%) experiencing the loss of a sibling.

Table 1

*Sociodemographic profiles of the respondents (N=134) and a summary of the duration since death and the relationship with the deceased*

Variables	Frequency (f)	Percentage (%)	Mean (M)	Standard Deviation (SD)
Age			68.28	6.48
Gender				
Male	37	27.60		
Female	97	72.40		
Ethnicity				
Malay	13	9.70		
Chinese	110	82.10		
Indian	8	6.00		
Others	3	2.20		
Religion				
Islam	13	9.70		
Buddhist	65	48.50		
Hindu	7	5.20		
Christian	41	30.60		
Others	8	6.00		
Marital Status				
Married	78	58.20		

Table 1 (Continue)

Variables	Frequency (f)	Percentage (%)	Mean (M)	Standard Deviation (SD)
Divorced or separated	2	1.50		
Widowed	36	26.90		
Single	18	13.40		
Education				
No formal education	7	5.20		
Primary	11	8.20		
Secondary	47	35.10		
Tertiary	69	51.50		
Living Arrangement				
Living alone	32	23.90		
Living with a spouse or adult child	95	70.90		
Living with siblings or other relatives	3	2.20		
Others	4	3.00		
Number of children			2.26	1.51
Duration since death (months)				
< 12	23	17.20		
13–24	27	20.10		
25–36	20	14.90		
37–48	16	11.90		
49– 60	48	35.80		
Relationship with the deceased				
Parents	56	41.80		
Partner/ Spouse	32	23.90		
Siblings	31	23.10		
Child	3	2.20		
Best Friend	12	9.00		

Multiple linear regression (MLR) examined the associations between grief and potential predictors. Table 2 summarizes the final regression model. The multiple regression model with all five predictors produced  $R^2 = .161$ ,  $F(5, 128) = 5.862$ ,  $p < .001$ . The regression model demonstrated that spirituality and meaning-making yielded a significant negative association, indicating that bereaved individuals with higher scores on these scales were expected to have a reduced risk of PGD. However, variables such as duration since death,

marital status, and education did not exhibit a significant relationship with grief.

The final prediction model equation is as follows:

$$Y = B_0 - B_1X_1 + B_2X_2 + \varepsilon$$

$$Y(\text{grief}) = 32.096 + (-.080)(\text{spirituality}) + (-.130)(\text{meaning-making}) + \varepsilon$$

The adjusted R-square value of .161 indicates that the predictor variables in the model can account for approximately 16% of the variability in grief.

Table 2  
The final regression model

Variables	R	b	B	T	Sig.
Constant		32.096		6.495	< .001
Spirituality	-.314**	-.080	-.184	-2.067*	.041
Meaning-making	-.403**	-.130	-.244	-2.794**	.006
Marital status		.758	.140	1.743	.084
Education		-.782	-.102	-1.238	.218
Duration since death		-.343	-.082	-1.018	.310

\* $p < .05$ , \*\* $p < .001$

Dependent variable: Grief

## DISCUSSION

This study represents one of the first investigations into the relationship between grief, spirituality, and meaning-making among older adults who have experienced the loss of significant individuals within 60 months in Malaysia. The present study aims to explore participants' sociodemographic profiles and examine the associations between grief and potential predictors. The participants in this study primarily consisted of older adults, with a mean age of 68 years.

Most participants were female and Chinese, practicing Buddhism, married, and living with their spouse or adult child. Notably, a significant proportion of individuals had tertiary education, while a smaller but notable portion had no formal education. It is common for older adults in their sixties to face the loss of significant individuals, including parents, partners/spouses, and siblings.

Based on our findings, most older adults ( $n = 132$ , 98.5%) experience normal grief.

However, a small but significant proportion of individuals ( $n = 8$ , 6%) reported experiencing significant impairment in functioning due to their grief symptoms. While these individuals did not meet the optimal threshold for prolonged grief, they still faced challenges in various aspects of their lives due to their grief. These challenges included disruptions in daily activities, difficulties in maintaining relationships, changes in social functioning, and emotional distress that hindered their ability to cope with the loss effectively.

This study's results revealed no significant relationship between marital status, education, duration since death, and grief. These findings contradict the findings of Trembl et al. (2020), which suggested that individuals with higher education qualifications and longer durations since death were associated with a lower risk of PGD. One possible explanation for this disparity in the results could be the difference in the duration since death between this and Trembl et al.'s studies. In this study, the duration since death was limited to five years, while their study included individuals with an average time since the loss of 18.23 years. This discrepancy in the duration of grief experiences may have contributed to variations in the observed relationships between variables.

Furthermore, our findings revealed that many older adults perceived a moderate level of spiritual well-being ( $n = 93$ , 69%), while a considerable portion reported a high level of spiritual well-being ( $n = 41$ , 36%).

Interestingly, spirituality was found to be negatively associated with grief, suggesting that spiritual well-being may be a protective factor in bereavement. These findings contradict the suggestion that Zheng and Wuest (2019) proposed that more daily spiritual experiences may lead to increased symptoms of PGD. Instead, our results align with previous studies demonstrating that engaging in spiritual or religious beliefs and activities is associated with better grief outcomes (Chirico, 2021; Lephed et al., 2020; Lövgren et al., 2019). These findings contribute to the existing literature, highlighting the potential benefits of spirituality in the context of grief and loss among older adults. Further research is required to explore the underlying mechanisms and processes through which spirituality influences grief outcomes and to examine potential moderators or mediators of this relationship. By gaining a deeper understanding of these relationships and effects, mental health professionals can better integrate spiritual and existential considerations into grief interventions, ultimately enhancing bereaved older adults' well-being and resilience.

In addition, the older adults in this study reported a greater sense of meaning-making from their experiences of loss, with a mean score of 109.82 ( $SD = 12.05$ ). A significant negative correlation was observed between meaning-making and grief, indicating that older adults with a stronger sense of finding meaning in their loss were less likely to experience severe symptoms of PGD. These findings align



with a previous study by Barboza et al. (2022), highlighting the role of meaning-making as a buffer for managing grief, loss, isolation, and loneliness. Bereaved older adults who struggled to find meaning or benefits from their loss were likelier to experience prolonged grief and significant impairment in various areas of functioning. The results of this study are consistent with the findings of Beasley et al. (2022), suggesting that meaning-making helps older adults reduce the risk of mental health disorders and improve overall well-being. These findings underscore the importance of meaning-making in navigating the grieving process among older adults and indicate that fostering a sense of meaning can have significant implications for their mental health and general adjustment to loss.

These findings offer valuable insights into the sociodemographic profiles of individuals who have experienced loss and illuminate the potential influence of spirituality and meaning-making on grief among older adults. The results indicate notable negative associations between spirituality and meaning-making with grief. However, it is critical to acknowledge that these variables explain only a small amount of the variability in grief, suggesting the presence of unexplained factors. It is essential to consider that other unexplored factors may contribute to grief in this population. Further research is needed to investigate additional factors and better understand the grieving process among older adults.

## IMPLICATIONS

This study has several implications. Firstly, it highlights the importance of integrating spirituality and meaning-making into interventions for supporting bereaved older adults in Malaysia. MHPs should incorporate strategies that enhance spiritual well-being and help individuals find meaning, which could lead to better overall well-being and coping.

Additionally, the study suggests that spirituality might serve as a protective factor against severe grief symptoms. This finding contributes new insights to existing research and emphasizes the need to consider spirituality in designing grief interventions. The strong correlation between meaning-making and reduced grief symptoms also aligns with previous studies, emphasizing the significance of promoting a sense of meaning for bereaved older adults.

Nevertheless, although the research demonstrates the interplay between spirituality, meaning-making, and grief, it also acknowledges the limitations of these variables in fully explaining the complexity of grief experiences. It implies that other factors might influence grief in this population, prompting further investigation into unexplored areas.

## CONCLUSION

In conclusion, this study highlights the negative relationship between spirituality, meaning-making, and grief in older adults who have experienced loss. It emphasizes integrating spirituality and meaning-making into this population's grief therapy and

healthcare interventions. Mental health professionals can play a crucial role in helping older adults find meaning in their losses. However, the study has limitations, including the restriction of cross-sectional design and the need to consider additional factors contributing to grief experiences. Future research should include longitudinal studies that examine both death and non-death losses, develop targeted interventions to support older adults in coping with grief and promote their well-being.

## ACKNOWLEDGEMENT

We sincerely thank the participants who generously dedicated their time and effort to participate in this study.

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## Influence of Depression and Loneliness on Suicidal Behaviour Among Public University Students in Malaysia

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### ABSTRACT

Suicide is a serious and curable public health issue that is alarming towards early adults like university students who are undergoing personal and social phase changes and pressures. This study investigates the influence of depression and loneliness on the suicidal behaviour of public university students in Malaysia. The quantitative study involved 406 public university students in Malaysia, including early teens aged 20 years and below and adults aged 40 years and above. Three instruments were used: *Suicide Behaviours Questionnaire-Revised* (SBQ-R), *Beck Depression Inventory* (BDI), and *UCLA Loneliness Scale Version 3*. Data analysis involves examining basic statistical information. For this study, a stratified and proportional random selection method was used. The results indicated that public university students in Malaysia generally exhibited minimal levels of depression, loneliness, and suicidal behaviour. Depression and loneliness emerged as significant positive

predictors influencing suicidal behaviour, accounting for 49.3% of the variance, while loneliness contributed to 0.3%. These non-significant findings suggest that overall, the mental well-being of the students is good. The study also highlights the role of cultural and societal factors unique to Malaysia in promoting positive mental health outcomes.

**Keywords:** Depression, loneliness, suicidal behaviour, university students

### ARTICLE INFO

#### Article history:

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.04>

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## INTRODUCTION

Suicide has become a leading cause of fatalities worldwide. Approximately one million lives are claimed by suicide each year, equating to one death every forty seconds, on average. Notably, China, India, and Japan collectively account for over 40% of all suicides globally, with Asia, the largest continent, contributing to nearly 60% of these statistics (Wu et al., 2012). According to Lew et al. (2022), Malaysia recorded a suicide incidence of 5.8 per 100,000 individuals in 2019, resulting in an estimated 1,841 suicide deaths, or an average of 5 cases per day. Malaysia holds the second position among countries with a predominantly Muslim population. It is situated in the middle of ASEAN and has a suicide rate lower than that of all other G7 countries except Italy.

While most individuals who experience depression do not commit suicide, the Centre for Disease Control and Prevention (2022) discovered that depression can significantly increase one's risk of suicide compared to those without depression. The severity of depression may also play a crucial role in determining the likelihood of suicide. According to a recent study on depression, 2% of patients receiving outpatient care for their depression eventually die by suicide. This risk is twice as high, at 4%, for individuals who had received inpatient treatment for depression.

It is well-known that poor mental health, such as depression, is high among university students in both developed and developing nations (Pedrelli et al., 2015). A few studies

show that stress, anxiety and depression among university students are higher than in other general populations (Alshehri et al., 2023; Gilbert et al., 2014). The students entering the university are from different socioeconomic backgrounds, which can bring a variety of mental health risk factors (Mofatteh, 2021).

The Burrell (2023) research discovered that one in five college students, out of a sample of over 67,000 students from more than a hundred institutions, had suicidal thoughts, with 9% engaging in probation and nearly 20% admitting to self-harm. Additionally, one in four pupils reported having received a mental illness diagnosis. These alarming statistics underscore the significance of the issue, particularly considering that suicide is the second most prevalent cause of death among individuals aged 17 to 24 and ranks among the top 10 causes of death across the entire population (Fakorzi, 2021).

One of the primary ways that depression can lead to death is through a person's decision to commit suicide. Suicide may appear to be the only option for someone suffering from depression, as they often feel helpless and powerless (Schimelpfening, 2022). Social seclusion and loneliness have the same negative impacts on one's physical and mental health as obesity and smoking 15 cigarettes per day combined. Loneliness can have detrimental effects on the immune system, exacerbate depression, lead to sleep disturbances, and contribute to cognitive decline. As previously mentioned, social seclusion is a primary risk factor for suicide (Chen et al., 2023; Methodist, 2020).

According to the previous literature, there are still significant gaps in the study of suicidal behaviour. In the context of university students, the connection between depression and suicidal behaviour has not been widely studied (Kadir et al., 2018). Most studies (Azhar et al., 2021; Bahar, 2015; Chen et al., 2005; Hussin et al., 2021; Sulaiman, 2021) have concentrated on the prevalence of depression and suicide attempts among Malaysian adolescents. For instance, prior research indicated that from 2014 to 2019, the prevalence of depressive symptoms among adolescents in Malaysia grew from 17.7% to 33.1%. According to the study, the suicide rate rose from 4.90 in 2014 to 5.77 in 2019—a 17.8% rise (Lew et al., 2022). Mohamad et al. (2022) revealed that the prevalence of depression among adolescents is 21.5%, which is close to many previous prevalence studies in Malaysia.

A study by Mushtaq et al. (2014) identified a lack of research concerning the connection between depression and loneliness among university students, which is an important research gap. Therefore, it is crucial to identify depression and loneliness as significant factors in preventing suicide, particularly among college students.

This research examines the level of depression, loneliness, and suicidal behaviour among students in Malaysian public universities. It investigates the relationship and influence between depression, loneliness and suicidal behaviour among these students. Therefore, if a connection between these variables is established, this study can provide valuable

insights and direct guidance for authorities and counsellors to take immediate action in the fight against alarming suicidal behaviour among university students in Malaysia. Therefore, if a link between these variables is established, this study can directly guide authorities and counsellors to take immediate action in addressing suicidal behaviour among university students in Malaysia.

### **Depression and Loneliness**

According to Raypole (2020), depression is a complex mental health disorder that often results from the interplay of various factors. Loneliness can also arise from social seclusion or dissatisfaction with interpersonal connections. Some individuals who live alone and do not socialise frequently may not necessarily feel lonely. Conversely, those who interact with others daily may experience loneliness at times. When this loneliness is left unaddressed, it can eventually lead to depression (Franklin et al., 2017; Klonsky et al., 2021).

Ceyhan and Ceyhan (2008) investigated the levels of depression and loneliness among college students. The study involved 550 university students in Türkiye. According to the results, 25% of all pupils experienced severe loneliness. Male students reported higher levels of depression and loneliness compared to female students. Additionally, a weak but significant link between the student's level of loneliness and depression was discovered.

Rahman et al. (2012) conducted a study to investigate the connection between

loneliness and depression. When pupils' alpha levels were set at  $p < 0.01$ , a positive correlation ( $r = .29$ ) between loneliness and depression was observed. It suggests a marginally significant link between student depression levels and loneliness, indicating that loneliness and depression symptoms can coexist in students. A study on loneliness during the COVID-19 pandemic may provide insights into the relationship between social and interpersonal factors-related depression among college students (Alsubaie et al., 2019). Future melancholy and depression in college students have been linked to loneliness (Pervin & Ferdowshi, 2016; Richardson et al., 2017; Wei et al., 2005; Wright et al., 2014).

The connection between college students' experience of depression and loneliness was particularly notable during the COVID-19 pandemic (Elmer et al., 2020; Son et al., 2020). Studies examining the temporal relationship between loneliness and depression in four samples of college students have found that, while the effects of depression on future loneliness were either non-existent or much smaller, loneliness predicted future depression. (Rich & Scovel, 1987; Richardson et al., 2017; Vanhalst et al., 2012). Although one study suggests that the link between depression and loneliness in college students weakens over time, these studies collectively suggest that the relationship between depression and loneliness is stronger in one direction than the other (Ren et al., 2022).

### **Beck's Cognitive Triad Model of Depression (1967)**

According to Beck's Cognitive Triad Model of Depression (1967), negative self-referencing thoughts (helpless or critical) spontaneously occur in depressed individuals. They can be categorised into three groups: negative thoughts about oneself, negative thoughts about the outside world, and negative thoughts about the future. According to Beck's cognitive dimension, three major themes of dysfunctional beliefs are identified: (1) I am flawed or insufficient, (2) Every encounter I have ended in failure or defeat, and (3) There is no hope for the future. These three core beliefs, which encompass feelings of worthlessness and hopelessness, interact with cognitive processing, leading to impairment in memory, problem-solving, and perception while fuelling an "obsession" with negative thinking. When these ideas dominate a person's cognition, it significantly increases the likelihood of experiencing depression.

The inability to process information correctly could lead to a depressed state of mind. For instance, individuals who are depressed tend to focus on information that confirms their negative expectations. They often exaggerate the importance and significance of negative events while downplaying the importance and significance of positive events. Despite evidence suggesting that things will improve, these unnoticed cognitive biases enable depressed individuals to cling to their core negative beliefs and assumptions, even



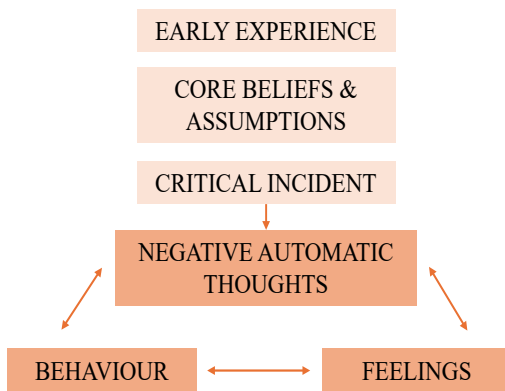


Figure 1. Cognitive triad model of depression (Adapted from Beck, 1967)

in the face of contradictory information. Consequently, they continue to harbour hopelessness about the future (Beck, 1967). Figure 1 provides a simplified overview of Beck's Cognitive Triad Model of Depression (1967).

Cognitive control enables flexible behaviour modification in response to the moment's needs, particularly in confusing, complicated, or changing environments (Marchetti & Pössel, 2023). Numerous studies have hypothesised that the increased likelihood of suicide among those who suffer from depression may be related to decreased cognitive control abilities (Paulus, 2015; Richard et al., 2015).

A previous study's findings revealed a strong connection between students' current depressive condition and the negative processing of their personal information (Jacob et al., 2019). These findings suggested that students' cognitive thinking has a significant impact, leading to the feeling of loneliness and the manifestation of depressive symptoms that can lead to

suicidal behaviour (Akram et al., 2023; Urme et al., 2022). Applying Beck's theory provides a fresh perspective on exploring university students' cognitive abilities.

## MATERIALS AND METHODS

### Research Design

This research employs a quantitative method in a descriptive study to investigate correlations and influences. This descriptive correlation research aims to establish the relationship between depression, loneliness, and suicidal behaviour among Malaysian university students in public institutions. Simple regression is used to analyse the influences of loneliness and depression towards suicidal behaviour. The population of the study is Malaysian public university students. The total sample of 406 Malaysian public university students who participated in the research was chosen using stratified and proportional random sampling methods. The Questionnaires are used as the primary data-gathering tool.

### Instruments

The Beck Depression Inventory (BDI), the UCLA Loneliness Scale Version 3, and the Suicide Behaviours study-Revised (SBQ-R) are the measurements used in the other section of the study. English and Bahasa Malaysia were employed for the questionnaires in this research. Language translation experts from the Faculty of Educational Studies, UPM, assisted in forward translating this instrument's English-language source.

A psychological self-report questionnaire known as the Suicide Behaviours Questionnaire-Revised (SBQ-R) is employed to assess the risk factors for suicide in both adults and children. The four-item survey inquiries about four aspects of suicidal behaviour: lifelong suicidal thoughts and attempts, the frequency of recent suicidal thoughts, suicide threats, and the likelihood of engaging in suicidal behaviour in the future. A total score between 3 and 18 is derived from evaluating these four items, rated on a Likert scale with varying lengths.

The Beck Depression Inventory (BDI) was developed through clinical studies of behaviours and symptoms commonly seen in both depressed and non-depressed psychiatric patients. These observations were condensed into 21 items, each rated on a severity scale from 0 to 3. The BDI-II consists of 21 items, scored on a 4-point scale ranging from 0 for no symptoms to 3 for severe symptoms. It encompasses affective, cognitive, somatic, and vegetative symptoms in line with the DSM-IV criteria for major depression, but it does not assess symptom-related anxiety.

The UCLA Loneliness Scale Version 3 instrument, created by psychologist Daniel Russell, assessed loneliness (1996) (Russell et al., 1978). Participants responded to 20 questions, including items such as “How often do you feel sidelined?” and “How often do you feel part of a group of friends?” using a rating system of 1 to 4 Likert (1 = never; 4 = always). After reversing the coding of positive word items to ensure

that high scores indicate greater loneliness, the researcher calculated a score for each respondent based on their average ratings.

### **Sample**

A total of 406 Malaysian public university students participated in the research, representing a range of ages from early teens (20 years and younger) to adults (40 years and above). Individual respondents were selected for the study and willingly participated without compensation. Public universities in Selangor, including Universiti Putra Malaysia (UPM), Universiti Kebangsaan Malaysia (UKM), Universiti Teknologi Mara (UITM) and Universiti Islam Antrabangsa Malaysia (IIUM) in Kuala Lumpur were chosen using stratified and proportional random sampling methods. This sample size of 406 was determined based on the guidelines of Manion & Morrison (2001) and the Yamane sample calculation formula (1967), which recommend 400 samples for a population of 209,649 according to Cohen’s sample size table. The distribution of respondents was as follows: UiTM had 231 participants, accounting for 56.9% of the total; IIUM had 61 participants (15.0%); UKM had 59 participants (14.5%), and UPM had 55 participants (13.5%).

## **RESULTS AND DISCUSSION**

### **Analysis of Levels of Depression, Loneliness, and Suicidal Behaviour among Students**

The researchers utilised Nunnally and Bernstein's (1994) interpretation of the

minimum score as a reference when analysing the data about the study problem. As Nunnally and Bernstein (1994) proposed, the measurement framework of the min score stage is founded on four stages of min score measurement.

The study's findings revealed that public university students in Malaysia displayed low levels of depression, loneliness, and suicide behaviour, with a mean score of 1.04 (low) for depression, 2.72 (moderate low) for loneliness, and 1.18 (low) for suicidal behaviour. The study further concluded that public university students in Malaysia generally exhibited normal and positive levels of sadness, loneliness, and suicidal behaviour.

The interpretation of the mean score used in this study indicates that public university students in Malaysia have varying levels of depression: low levels of depression ( $n = 390$ , 96.1%), moderate levels (3.4%,  $n = 14$ ), and high levels ( $n = 2$ , 0.5%). This finding aligns with research by Shukor et al. (2019), which investigated the association between academic achievement and the levels of stress, anxiety, and depression among college students. It is also comparable to a study by Puerta et al. (2022), which identified mild to moderate levels of depression, anxiety, and stress among university students in Spain and Costa Rica.

According to this study, 297 students, or 73.2% of the total, reported feelings of loneliness, as opposed to 105 students, or 25.9%, and four students, or 1.0%. The high loneliness can be attributed to these students

feeling isolated and distant from their loved ones. However, based on Nunnally and Bernstein's (1994) interpretation of the mean score, the mean loneliness score is 2.72, indicating a moderately low level of loneliness.

A study by Dagnev and Dagne (2019) revealed that first-year students at the University of Gondar experience a higher level of loneliness than their peers in other academic years. Loneliness is associated with lower family income, middle-income countries, and low levels of organised religious activities. Loneliness also manifests in various ways, with lonely students reporting lower subjective health statuses, sleep disturbances, inadequate rest, and a higher likelihood of engaging in smoking. It is crucial for educational institutions, government bodies, and all stakeholders in the education sector to address this prevalent issue, given its significance. The development of comprehensive policies aimed at preventing and mitigating loneliness is essential.

The outcomes of this study indicate that suicidal behaviour among Malaysian public university students can be categorised into three levels: low ( $n = 33$ , 82.3%), medium ( $n = 69$ , 17.0%), and high ( $n = 3$ , 0.7%). The relatively low rate of suicide behaviour among university students in Malaysia may be linked to the low prevalence of depression among this demographic. According to Lindberg et al. (2022), serious depression stands out as a significant risk factor for suicidal tendencies.

According to Santos et al. (2017), students at the Federal University of Mato Grosso reported low levels of suicidal ideation in the previous 30 days. The current study, which focused on students aged 15 and 19, found that young people with a friend with a history of suicide attempts were twice as likely to exhibit suicidal ideation compared to those without such associations.

From this study, most university students with a low level of depression, moderately low level of loneliness and low level of suicidal behaviour show a few factors, such as their awareness towards mental illness. Raising mental health awareness can help a person recognise their symptoms, get care from a professional, and end the stigma around mental illness that keeps many people from seeking help (Ajayi & Syed, 2021; Marthoenis et al., 2023).

### **The Relationship Between Depression and Loneliness on Student Suicidal Behaviour**

Pearson's correlation is used to examine the significant relationship between depression and efficacy towards suicide behaviour among Malaysian public university students. The analysis explores the relationship between depression, loneliness and suicide behaviour among Malaysian university students attending public institutions.

The results reveal a negative correlation (-0.50) between loneliness and suicidal behaviour and a positive correlation (0.699) between depression and suicidal behaviour. According to Cohen's assessments, these

emotional responses demonstrate strong associations.

Numerous studies have established a significant link between depression and suicidal behaviour ( $r = 0.699, p < 0.01$ ). There is a significant correlation between depression and suicidal behaviour characteristics. Consequently, Malaysian students attending public universities are more likely to exhibit suicidal tendencies when experiencing severe depression. However, when students' depression levels are low, the incidence of suicidal behaviour decreases. In her research, Sulaiman (2020) discovered that untreated and misdiagnosed depression can increase the likelihood of suicidal behaviour.

Suicidal behaviour is a pressing concern for colleges and universities, as highlighted by the Suicide Prevention Resource Centre (2020). Consequently, the university is taking proactive steps to reduce depression among students and increase awareness about mental health. These measures aim to effectively manage mental health conditions and reduce the risk of suicide.

Loneliness and suicidal behaviour did not exhibit a significant correlation ( $r = -0.50, p > 0.01$ ). Whether experiencing high or low levels of loneliness, Malaysian students attending public universities showed no significant impact on their suicidal behaviour.

This finding aligns with the study by Shaw et al. (2021), which suggested that living alone or not living with one's parents hurts men's suicidal behaviour. Additionally, a study conducted by Lamis

et al. (2014) found that loneliness among college students may lead to increased drug use, thereby raising the risk of having suicidal thoughts.

Future studies on suicidal behaviour in college students could explore family-related questions to examine further the significant relationship between loneliness and suicidal behaviour among Malaysian public university students. A study by Purcell et al. (2012) study discovered that stronger family ties were associated with a reduced likelihood of students reporting suicidal thoughts.

**The Effect Between Depression and Loneliness on Student Suicidal Behaviour**

Linear regression is used to estimate the relationship between two quantitative variables, depression and loneliness, about the suicidal behaviour of public university

students in Malaysia. These results indicate that depression has a strong influence, while loneliness has a weaker influence on suicidal behaviour.

Table 1 displays a study of the simple regression relationship between depression, loneliness, and suicidal behaviour among Malaysian university students. The results of the simple regression study indicate that depression is a significant predictor of suicide behaviour among Malaysian public university students ( $B = 1.22, t = 19.64, p < 0.05$ ). According to regression models with depressed associations ( $F = 385.72$  and a 0.05 significance level), 49% of the variation in suicide behaviour among Malaysian public university students can be significantly explained. Thus, this study suggests that the depression component influenced 49% of the suicide behaviour among Malaysian public university students in this study.

Table 1  
*Regression analysis summary for depression and loneliness towards suicidal behaviour among students*

Variable	B	SE	$\beta$	$t$	$p$
Depression	1.22	0.62	0.70	19.64	0.00
Loneliness	-0.22	0.22	-0.50	-1.02	0.31

Note: \* $p < 0.05$

This result aligns with the findings of Kielan et al. (2021), who identified several risk factors for suicidal behaviour in men with depression. These factors include unemployment, student status, the presence of mental illnesses in the family, and a desire for supportive assistance. The study by Ribeiro et al. (2018) also supported these findings, highlighting that

depression and hopelessness are risk factors for suicide behaviour, although the overall prediction was somewhat weaker than expected. Additionally, Melhem et al. (2019) discussed the specific predictions of suicide attempts that doctors make during regular psychiatric evaluations of individuals exhibiting depressive symptoms.

According to Table 1, loneliness is a significant predictor of suicidal behaviour among Malaysian students attending public universities ( $B = -0.22$ ,  $t = -1.02$ ,  $p > 0.05$ ). It suggests that, in this study, the impact of loneliness on Malaysian public university students' suicide behaviour was 0.3%. Loneliness can explain 0.3% of the variation in the range of suicidal behaviour among Malaysian public university students.

This result is consistent with the research conducted by McClelland et al. (2020), which found that depression acted as a mediator between loneliness and suicide ideation and behaviour. To anticipate suicidal ideation, Kim and Lee (2022) also discovered that machine learning techniques can be valuable in addressing social isolation and depression to prevent suicidal ideation.

Even though the study showed that loneliness had a relatively small impact, increasing suicide behaviour by 0.3%, it remains a concerning factor among Malaysian public university students. Therefore, institutions must identify signs of loneliness displayed by students as part of their efforts to prevent suicidal behaviour.

Depression and loneliness, two mental health issues that, if left untreated, can lead to suicidal behaviour, are closely associated with the mental well-being of students. An investigation into how feelings of sadness and loneliness affect suicidal behaviour among students at public colleges in Malaysia was conducted to contribute to the early prevention of mental health issues among students. The findings indicate that the levels of suicidal ideation

and depression were both relatively low. Currently, loneliness levels range from low to moderate. It suggests that the mental health of Malaysian students enrolled in public universities is generally good and typical.

The analysis concluded using Pearson Correlation and Cohen's value of collaboration to assess the relationship between depression, loneliness and suicidal behaviour among Malaysian students enrolled in public institutions. These findings demonstrated a strong connection between these emotions, as indicated by Cohen's assessment. It suggests that loneliness and depression can indeed influence suicidal behaviour among Malaysian public university students.

To explore how depression and loneliness affect suicidal behaviour among students in Malaysian public institutions, researchers relied on the findings from a simple regression analysis. The research indicates that loneliness and sadness may indeed have an impact on an individual's suicidal behaviour.

According to research, Malaysian University Students show good mental health overall. This positive result can be built upon to further improve their well-being. To continue supporting the mental health of university students, counselling and support services could implement specific strategies, particularly in the area of higher education counselling services in Malaysia.

While current mental health levels are on the positive side, it is crucial to

maintain and reinforce them. Counselling services should concentrate on tackling existing mental health concerns and on preventive counselling and educational programs. It can involve stress management, resilience-building, and life skills training to equip students with the tools to navigate challenges effectively.

Emphasise a comprehensive approach to student well-being, encompassing physical health, social connections, and personal growth. Offering seminars, workshops, or wellness programs on nutrition, physical fitness, and work-life balance can complement mental health support.

The research indicates that university students in Malaysia, immersed in their rich cultural and religious traditions, tend to have good mental health. This positive outcome highlights the significant impact of Malaysian cultures and religious practices on students' well-being. Counselling services should implement culturally and religiously informed strategies to maintain and improve this positive mental health state.

Acknowledging and appreciating the cultural and religious diversity among university students in Malaysia is important. To ensure effective counselling, counsellors must be culturally competent and sensitive to different cultural and religious groups' values, beliefs, and practices. Therefore, providing training to counsellors to help them understand and respect these differences is essential.

Counselling should involve and engage the family and community support networks to strengthen the student's sense

of belonging. The Malaysian culture is family-oriented and places great importance on the social structure. It can strengthen the student's sense of belonging and support and help them feel less lonely.

It is crucial to recognise and respect the positive influence of Malaysian cultures and religion on the mental health of university students. By implementing culturally and religiously informed strategies, universities can better foster good mental health and support their students' unique well-being needs. It is also important to conduct ongoing research into the intersection of culture, religion, and mental health to refine counselling approaches and ensure their relevance.

This study has two limitations. First, it involved students from public universities and did not consider students at private universities. Therefore, it is crucial to consider this aspect in future studies.

Future research should not limit itself to only a subset of the variables examined in the current study; instead, it should incorporate the additional variables. Bullying, physical abuse, and sexual abuse are examples of variables that would be valuable subjects of study.

## CONCLUSION

Suicidal behaviour among university students is a matter of concern, particularly due to its association between depression and loneliness, both of which could contribute to such behaviour. The study's results on depression and suicidal behaviour among Malaysian university students did not show

any significant findings. However, these findings gave us valuable insight into the mental health status of the population; most students in this study are currently experiencing good mental health. It is important to note that while the prevalence might be low, some individuals still require support. Malaysia's positive cultural and societal influences should be utilised to promote well-being further. At the same time, accessible mental health services should be maintained and expanded to help those in need. Moving forward, the research community should continue exploring the complexities of mental health among Malaysian university students. It will help them better understand the unique factors contributing to their well-being. The research will also help develop targeted interventions and support systems to ensure the holistic health of this student population.

## ACKNOWLEDGEMENT

We want to acknowledge all the respondents who voluntarily became a sample for this research. No external grant was received for this study.

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## **Predictors of Depression Among Trainee Counselors: The Role of Coping Styles and Resilience**

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### **ABSTRACT**

Training to become a counselor is a uniquely challenging process, and trainee counselors report depressive symptoms, although most are not diagnosed with mental illness. This study investigates whether coping strategies and resilience predict depression among trainee counselors. The sample consisted of 182 participants, all enrolled as trainee counselor students at public universities in Malaysia. Remarkably, within this study, 46.2% of trainee counselors were found to be grappling with moderate to severe depressive symptoms. The study brings to light significant associations among trainee counselors between coping mechanisms, such as emotion-focused and avoidant coping, resilience, and depression. Nevertheless, only avoidant coping and resilience emerged as robust predictors of depressive symptoms. These findings underscore the heightened vulnerability of trainee counselors to the development of depressive symptoms, emphasizing the potential benefit of addressing avoidant coping strategies to alleviate these symptoms. Furthermore, these results underscore the critical significance of nurturing resilience and fostering positive coping skills among counselor trainees, especially those exhibiting heightened levels of depressive symptoms.

### **ARTICLE INFO**

#### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.05>

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*Keywords:* Coping styles, depressive symptoms, resilience, training counselors

### **INTRODUCTION**

Graduate programs in counseling are unique due to the combination of students' personal,

clinical, and academic expectations. Consequently, trainee counselors (TCs) are exposed to emotional and psychological demands that can lead to stress and anxiety (Dye et al., 2020; Richardson et al., 2020). The emotional needs of their job, exposure to client pain, and pressure to satisfy academic and professional requirements all contribute to TCs' greater sensitivity to mental health problems. Although accreditation requirements show that counseling and wellness practices are being integrated (CACREP, 2015; LKM, 2011), counseling programs may not always incorporate mental health practices within the counselor development process (Wolf et al., 2012). Similarly, counselor educators are responsible for demonstrating mental health practices for students in programs (Pincus et al., 2020). However, they frequently face difficulties in their wellness, including work-related pressures and time constraints, when pursuing tenure (Scupham & Goss, 2020).

The mental well-being of TCs has become a significant concern in the fields of counseling and psychology, with studies examining various mental health issues they experience, including depression, anxiety, burnout, and stress (Davies et al., 2022; Jones & Edwards, 2023; Yip et al., 2023). Research has found higher levels of depressive and anxiety symptoms among TCs compared to the general population (Basma et al., 2021; Hymavathee et al., 2016a; Puig et al., 2012; Richardson et al., 2020; Thompson et al., 2011; Wardle & Mayorga, 2016). Many TCs report depressive symptoms, although most are not

diagnosed with mental illness (Hobaica et al., 2021; Richardson et al., 2020; Rummell, 2015). Approximately 25% of participants out of the clinical psychology doctoral students surveyed reported moderate to severe anxiety symptoms, while 20% indicated moderate to severe depressive symptoms or suicidal ideation (Hobaica et al., 2021).

The arduous nature of their training, inherent vulnerabilities, and the emotional strain associated with therapeutic work are potential contributing factors. TCs may encounter obstacles when seeking assistance, which can be perceived as evasive coping. Inadequate mental well-being has been linked to diminished academic self-efficacy and satisfaction with studies among university students, including TCs, despite lacking specific mention (Esteban et al., 2022). Moreover, it can adversely affect overall therapeutic efficacy, compromising the quality of care provided and harming clients (Posluns & Gall, 2020). Furthermore, aside from the personal suffering it entails, it can also have detrimental effects on the clinical performance of TCs. Humphreys et al. (2017) discovered that within a sample of postgraduate students enrolled in clinical and forensic psychology training programs, symptoms of depression hindered the development of clinical competencies, while stress and anxiety were present but did not impede such development.

According to the diathesis-stress model, various risk factors increase the likelihood of depression when individuals face high anxiety and stress levels, as shown

in situations such as doctorate training (Richardson et al., 2020). Given that anxiety and stress are unavoidable components of training (Choi et al., 2021), it is critical to evaluate susceptibility characteristics such as depression and anxiety that may impede coping strategies and contribute to bad outcomes. The presence of appropriate coping mechanisms is one such aspect that has been highlighted as a diathesis for favorable findings (Sassaroli et al., 2022). Different coping styles, such as problem-focused coping and emotion-focused coping, have been studied concerning depressive symptoms. Bullare @ Bahari et al. (2015) explored coping strategies among TCs in Malaysia, finding a significant positive correlation between avoidant coping and depressive symptoms and a negative correlation between problem-focused coping and depressive symptoms, suggesting its potential protective effect. On the other hand, maladaptive and avoidant coping strategies, such as denial and disengagement, are linked to negative psychological well-being and depression. A previous study by Berkel (2009) examined coping strategies and depressive symptoms among graduate students in a counseling program. It found a positive association between avoidant coping strategies (e.g., denial or distraction) and depressive symptoms. In contrast, problem-focused coping, involving active problem-solving and seeking social support, showed a negative association.

Resilience has also been discovered to impact mental well-being, which may

be defined as personality traits that protect individuals against the harmful effects of stress and poor mental health (Mcdermott et al., 2020). A study indicates resilience positively correlates with adaptive coping, problem-oriented coping, emotional coping, and psychological well-being among TCs (Bahmani et al., 2022). Research has demonstrated that resilience correlates negatively to depression (Poole et al., 2017; Shapero et al., 2019; Wu et al., 2020) and has been found to mediate the relationship between stress and depressive symptoms (Anyan & Hjemdal, 2016; Lara-Cabrera et al., 2021). A study by Zhao et al. (2021) indicated that coping style mediated the impact of resilience on depression among medical students. However, understanding the relationship between coping styles, resilience, and depression symptoms among TCs remains limited.

Moreover, most studies investigating coping styles, resilience, and depressive symptoms have been conducted in Western contexts, where the characteristics and needs of the population differ from those in Eastern cultures, particularly in terms of coping styles and the understanding of resilience in Eastern countries. For example, individuals from Western cultures might employ problem-focused coping strategies more frequently in an individualistic culture. In contrast, individuals from Eastern cultures might rely more on emotion-focused coping strategies in a collective culture. Consequently, there is a need for culture-specific research to expand the existing knowledge on coping styles and

resilience from a non-Western perspective. Numerous studies have found a link between mental health issues and resilience or coping styles in college students (Ayala & Manzano, 2018; Azmitia et al., 2018). However, comparatively few investigators have examined the depressive symptoms, resilience, and coping styles among TCs in Malaysia.

This study aims to investigate whether coping styles and resilience predict depressive symptoms among TCs. A notable aspect of this article is its emphasis on developing evidence-based interventions to support the mental health and professional effectiveness of TCs. By examining the relationships between coping styles, resilience, and depression symptoms, the study aims to provide insights that can inform the design of interventions tailored to the unique needs of this specific population. This practical orientation towards intervention strategies adds originality and practical value to the research.

## LITERATURE REVIEW

The study conducted by Hymavathée et al. (2016a) unveiled a noteworthy prevalence of clinically significant depressive symptoms among trainee counselors (TCs) in their Malaysian research. It underscores that TCs are more susceptible to experiencing depressive symptoms, thereby accentuating the imperative for specialized treatments to bolster their mental well-being. In a parallel vein, Basma et al. (2021) delved into the levels of depression, anxiety, and stress among graduate counseling students,

identifying elevated levels of depressive symptoms. It accentuates the urgency of addressing the mental health concerns of TCs and implementing interventions aimed at enhancing their overall well-being.

Wardle and Mayorga (2016), in their investigation into the nexus between burnout, depression, and self-care among accredited counselors and trainees, unearthed data revealing that TCs exhibited higher levels of burnout and depressive symptoms in comparison to certified counselors. It underscores the requisite for instituting self-care practices and support systems tailored to aid TCs in managing their mental health. It has been established that counseling students with a lower baseline mental health face an elevated risk for depression, anxiety, and early signs of burnout (Smith et al., 2008). TCs are tasked with partaking in training programs that necessitate self-awareness, reflection, the ability to navigate ambiguity, and the acquisition of new skills for interpersonal interaction (Bohecker et al., 2014). This demand for personal and professional growth renders graduate counseling programs more demanding than other academic pursuits, albeit potentially gratifying.

Simultaneously, Puig et al. (2012) conducted a qualitative exploration into the lived experiences of TCs in developing nations. The revelations shed light on the adversities and emotional challenges that TCs confront, thus enriching the comprehension of their mental health predicaments. In a complementary vein, Thompson et al. (2011) undertook a comprehensive literature



review to scrutinize the impact of personal therapy on TCs. According to their review, personal therapeutic interventions can substantially enhance the well-being of TCs and mitigate depressive symptoms. It serves as a testament to the potential effectiveness of individual counseling as a therapeutic modality for facilitating the mental health of TCs.

These studies underscore the critical importance of addressing depressive symptoms within the TC community and executing tailor-made interventions, fostering self-care regimens, and establishing support networks to facilitate their mental well-being. They significantly contribute to the burgeoning body of literature in this domain, affording invaluable insights for formulating efficacious strategies aimed at fortifying the mental health of TCs.

Coping is a multifaceted concept resembling self-care, aiming to mitigate stress's impact. It is characterized by transient responses to distressing or adverse stimuli, encompassing emotional reactions (Lazarus & Folkman, 2004). Coping strategies are shaped by an individual's personality and perceptions of life experiences and can vary significantly from person to person. Nevertheless, the overarching objective remains consistent: to alleviate stress and attain a state of equilibrium (Abouammoh et al., 2020). The academic realm imposes a substantial physiological and social burden on students, potentially impairing their learning and overall performance. A profound understanding of coping strategies is instrumental in devising effective

counseling interventions to facilitate students' personal development and foster academic and professional achievements (Yousif et al., 2022). In a quantitative study by Kausar (2010), academic pressures were identified as a predictor of stress among students. Students' stress levels tend to escalate as they allocate more time to demanding academic obligations. Zong et al. (2010) underscored the imperative of equipping undergraduate students with practical stress-coping skills, as maladaptive coping mechanisms have been associated with an increased susceptibility to depression.

Conversely, Zanardelli et al. (2015) examined functional coping strategies but did not establish a significant association with overall well-being. They posited that functional coping strategies merely sustain a baseline level of functioning without necessarily enhancing perceived well-being. It indicates that most coping strategies have minimal effects on depression screening scores and a modest impact on stress levels. It is important to note that such coping mechanisms play a crucial role in reducing mental health problems during times of crisis. Bhattacharyya et al. (2018) conducted a study demonstrating that active coping was correlated with lower symptoms of depression, anxiety, and stress. Similarly, the positive reframing strategy aligns with previous research findings, linking it to active coping and negatively associating it with depression (Alsolais et al., 2021; Scott et al., 2015).

A dynamic development model in master's level trainees also indicates a cycle process of growth, which adds to the development of confidence and identity (Wagner & Hill, 2015). Trainees must build competence and confidence in becoming therapists (Roebuck & Reid, 2020). Similarly, Rønnestad et al. (2019) argue that beginning students must manage the high emotional emotions that develop when participating in role-play under the scrutiny of peers and supervisors, as well as when meeting their first clients in practicum under the supervision of their supervisor. They may, however, have encountered a variety of challenges along the way, including the following: difficulties related to feeling and being evaluated, as well as acute performance anxiety (Rønnestad et al., 2019), feelings of depression, stress, and burnout (Basma et al., 2021; Hymavathee et al., 2016b; Richardson et al., 2018; Wardle & Mayorga, 2016). There is, therefore, an impetus to identify how trainee therapist resilience might be fostered.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (<https://www.apa.org/topics/resilience>). It entails an individual's capacity to navigate stressful situations and recover from setbacks (Connor & Davidson, 2003). Cultivating resilience is of utmost importance for TCs, especially when managing their well-being and addressing or mitigating symptoms of depression. Notably, both experienced and novice counselors may encounter divergent experiences in their client interactions, as

posited by Skovholt and Rønnestad (1992), where factors such as personal beliefs, values, and accumulated professional experience vary across practitioners. Furthermore, Clemons (2017) proposes that the effectiveness of counseling sessions relies not solely on the skills possessed by TCs but also on their emotional intelligence and self-resilience.

Resilience can be regarded as a trait that exhibits individual differences while simultaneously being interactive and dynamic, drawing from the multi-system model. Liu et al. (2017) elaborate on this perspective, highlighting three distinct components: core resilience, which encompasses intra-individual factors and trait-like characteristics that inherently facilitate resilience; internal resilience, which emphasizes inter-individual and interpersonal differences as well as personality characteristics developed or acquired over time; and external resilience, which contextualizes an individual's unique circumstances within a larger socio-ecological framework.

The professional ethical and competency framework (British Association for Counseling and Psychotherapy, 2018) recognizes the need for resilience in practice. Extensive research shows that self-care benefits counselors and counseling trainees (Friedman, 2017). Resilience can be maintained using psychological resources, including motivation and reframing life adversities as learning opportunities (Kotera et al., 2021; Robertson et al., 2015; Trigueros et al., 2019; Walsh et al., 2020). Murphy's

(2005) study highlights the mandatory experience of personal therapy for trainee counselors so they can demonstrate longevity, adaptability, a sense of growth, and authenticity in their counseling endeavors, as also supported by Egunjobi et al. (2021) for the benefits of personal therapy in promoting both professional and general well-being. As such, Clark (2009) previously recommended that trainees critically reflect on their motivations for pursuing a career in therapy, as experienced practitioners frequently exhibit a strong affinity for the therapeutic position. Similarly, the current study's findings imply that trainees have a similar resonance and connection with the counseling profession.

## METHODOLOGY

### Participants

This study involved the participation of a total of 182 trainees in counseling. The inclusion criteria were as follows: (1) all participants must be enrolled in a bachelor's or master's degree program in counseling or a similar postgraduate program offered by the listed public universities in Malaysia; (2) all participants must be currently undertaking a practicum or internship subject at the time of the study; and (3) the program they are enrolled in must be accredited by the Malaysian Qualifications Register (MQA) and the Lembaga Kaunselor Malaysia (LKM).

Of the total respondents, 146 are female (80.2%), while 36 are male (19.8%). The age range of the respondents varied from 19 to 66 years old. The age group with

the highest representation was 31 to 40 (8.8%), followed by those aged 41 years and above (3.3%). Respondents aged 20 years and below accounted for 1.6% of the total. In terms of racial composition, the largest group of respondents identified as Malay (54.9%), followed by Chinese (29.7%), Indian (8.2%), and other races (7.1%). Among the respondents from other races, the majority are from various ethnic backgrounds in Sabah and Sarawak, while a small percentage consisted of Bengali (1.1%) and Pakistani (0.5%) individuals.

The respondents were affiliated with 13 different public universities in Malaysia. Most were from universities located in the central region of Peninsular Malaysia (54.4%), including UPM (28.0%), UM (11.5%), UKM (11.5%), USIM (3.3%), UPSI (2.7%), and UIAM (2.2%). Approximately 26.9% of the respondents were from universities in the northern region of Peninsular Malaysia, which included UUM (14.3%), USM (11.0%), and USAS (1.6%). Additionally, 9.9% of the respondents were from universities in East Malaysia, namely UNIMAS (6.6%) and UMS (3.3%), followed by UMT (6.6%) and UTM (2.2%), situated on the east coast and south of Peninsular Malaysia, respectively. Of all the respondents, 52.7% were master's students, 47.3% were pursuing their bachelor's degree, and 0.5% held a postgraduate diploma.

### Instruments

The self-report questionnaire used in this study consisted of four sections or measures,

namely demographic information, Patient Health Questionnaire-9 (PHQ-9), followed by the Brief Resilience Scale (BRS), and the Brief COPE inventory.

**Demographic Information.** The research team designed the demographic section to collect the general characteristics of counseling students, including gender, age, race, institution, program of study and study mode.

**Patient Health Questionnaire (PHQ-9).** The PHQ-9 is a brief self-administered instrument used to assess and monitor the severity of depression in adults. It was developed to measure the symptoms corresponding to the criteria for identifying depressive disorders listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV) (American Psychiatric Association, 1994) and International Classification of Diseases, 10th Edition (ICD-10). The questionnaire consists of nine items that focus on the diagnostic criteria of the DSM-IV for major depressive disorder (MDD) and that remained unchanged in the DSM-V (American Psychiatric Association, 2013). The questionnaire assesses how often the subjects had been disturbed by any of the nine items immediately preceding two weeks. To list some, "Little interest or pleasure in doing things," "Feeling down, depressed, or hopeless," and "Trouble falling or staying asleep, or sleeping too

much." Each item of PHQ-9 was scored on a scale of 0–3 (0 = not at all; 1 = several days; 2 = more than a week; 3 = nearly every day). A local study recommended a cut-off score of  $\geq 10$  for the PHQ-9 in a primary healthcare setting, yielding a sensitivity of 60.9% and a specificity of 80.7% (Azah, 2005). The internal consistency of PHQ-9 is  $\alpha = .87$ , similar to the one in its original study ( $\alpha = .89$ ), which is regarded as a reliable instrument.

**Brief Resilience Scale (BRS).** The BRS measures an individual's ability to bounce back from an adverse event and focuses on the ability to recover (Smith et al., 2008). The BRS consists of six items, with three positively worded items (1, 3, and 5) and negatively worded items (2, 4, and 6). For instance, a positive item states, "It does not take me long to recover from a stressful event," while a negative item states, "It is hard for me to snap back when something bad happens." Each item is scored on a 5-point Likert scale from 'strongly disagree' (1) to 'strongly agree' (5). The scale was scored by reverse coding the negative items and then averaging the total score for the six items. Final scores range from 1.0 to 5.0. Scores below 3.00 are considered low resilience, scores above 4.30 are considered high resilience, while the rest are considered normal (Smith et al., 2013). The BRS showed fair internal consistency  $\alpha = .65$ , although its internal consistency was higher in the original study ( $\alpha = .80-.91$ ).

**Brief-COPE.** The Brief-COPE (NovoPsych, 2020) determines the respondents' common coping styles. The scale is a 28-item self-reported questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. It was developed as a short version of the original 60-item COPE scale, which was theoretically derived based on various models of coping. Respondents are required to rate themselves on a 4-point Likert scale (1 = I have not been doing this at all, 2 = A little bit, 3 = A medium amount, 4 = I've been doing this a lot) in each statement, indicating how often they used the strategy in responding to the stress events or experiences. The following three subscales could be determined from the scale: (1) problem-focused coping (sample item: "I've been taking action to try to make the situation better"); (2) emotion-focused coping (sample item: "I've been getting emotional support from others."), and (3) avoidance coping (sample item: "I've been saying to myself, this isn't real"). Scores are presented for three overarching coping styles as average scores (sum of item scores divided by several items), indicating the extent to which the respondent has used that coping style (NovoPsych, 2020). The higher the total score on the number of uses of the coping styles indicates the higher frequency of use. In this study, the Cronbach alpha for all its subscales meets or exceeds the value of .50, regarded as minimally acceptable (Carver, 1997).

### Sample Size

Considering the estimation of 440 TCs across Malaysia in a semester, the researcher used

G\*Power software version 3.1 to conduct a power analysis to determine the minimum sample size needed to have enough power to detect an effect. In this study, the significant criterion ( $\alpha$ ) was to have at least 95%. Thus, the standard alpha level of 0.05 is used. Cohen (1992) proposed a power ( $1-\beta$ ) of 0.8, where  $\beta = 20$ ; a value smaller than 0.8 possesses a greater risk of a Type II error to occur. Thus, a power of 0.8 is applied in this study. In any behavioral science research, a medium effect size is more appropriate than a large effect size (Welkowitz et al., 2012); thus, medium effect sizes were used in this study. The maximum sample size of 68 was taken. A 20% increment was applied from the minimum sample size to compensate for possible missing data and non-response. A final total of 82 respondents was expected to be included in this study. We received responses from 182 respondents upon completion and fulfilled the minimum sample size.

### Data Collection

Data collection for this study was conducted from November 2022 to January 2023. In order to obtain permission for data collection, requests were sent via email to the Faculty Dean and Counseling Program Coordinator at the relevant public universities. The questionnaire was distributed online for two primary reasons: (1) to mitigate the risk of COVID-19 transmission and (2) to overcome geographical constraints, as TCs were engaged in internship placements across various locations throughout the country.

In compliance with the Personal Data Protection Act 2010, the researcher was prohibited from obtaining a comprehensive list of TCs' contact details. Therefore, the individual in charge at each institution (such as the program coordinator or a student representative) assisted in disseminating the survey link to potential students who met the inclusion criteria. Additionally, the researcher shared the survey link in relevant Facebook groups accessible to TCs, including the Malaysia Counseling & Psychology Peer Group, Kaunseling, Psikologi, Terapi Malaysia (KPTMsia), and Kaunselor Pelatih. TCs who consented to participate in the study completed all measures online using the Qualtrics survey system. However, the response rate remains unknown due to the lack of precise information regarding the number of students who received the survey link. Thus, to ensure an optimal response rate is achieved, academics are involved during data collection to promote participation among the student respondents (Nulty, 2008). Additionally, given that the sample size exceeds the minimum required for a regression study, the current response count is considered sufficient.

### **Data Analysis**

Both descriptive analyses and inferential analyses were involved. Socio-demographic variables were described using appropriate methods. Pearson Correlation was used to study the relationship, while simultaneous multiple regression was used to determine the effect of coping styles and resilience

toward depression symptoms. In this study, data is collected using the survey method in the form of a questionnaire. These analyses were conducted in SPSS 23.0 (SPSS Inc., Chicago, USA, IL), with a significant  $p$ -value of 0.05.

### **Ethics Consideration**

This study is approved by the ethical standards of Universiti Putra Malaysia's Ethics Committee for Research Involving Human Subjects (JKEUPM-2022-556). We provided written informed consent online at the beginning of the online questionnaire. Participation was voluntary, and students were informed about the purpose of the study. The survey began after participants agreed to participate in this study and filled out the informed consent.

## **FINDINGS AND DISCUSSION**

### **Depression**

PHQ-9 total score for the nine items ranges from 0 to 27. 5, 10, 15, and 20 scores represent cut points for mild, moderate, moderately severe and severe depression, respectively. A total score larger than nine was recommended as the cut-off score to distinguish between none or mild and moderate or severe depression (Kroenke et al., 2010). Table 1 showed that the respondents' scores ranged from 0 to 24, and the mean was 9.7 (SD = .44). When nine was used as the cut-off score, it was found that 46.2% of the respondents suffered moderate or severe depression.

Table 1  
*Depression*

Variable	n	%	Range	Min	Max	Mean	SD
Depressive symptoms			24	0	24	9.70	.44
None – Minimal	44	24.2					
Mild	54	29.7					
Moderate	44	24.2					
Moderately Severe	29	15.9					
Severe	11	6.0					

**Coping Styles and Depression**

Table 2 shows the relationship between coping styles and depressive symptoms based on Pearson Correlation analyses. Problem-focused coping was not significantly correlated with depression symptoms,  $r = -.13$ ,  $n = 182$ ,  $p > .05$ . A significant relationship was found between emotion-focused coping and avoidant coping with depressive symptoms. The correlation between emotion-focused coping

with depression symptoms was interpreted as a very weak positive relationship,  $r = -.19$ ,  $n = 182$ ,  $p = .01$ , whereby high levels of emotion-focused coping were associated with high levels of depressive symptoms. There was a moderate, positive correlation between avoidant coping with depressive symptoms,  $r = .51$ ,  $n = 182$ ,  $p < .001$ , with high levels of avoidant coping linked with high levels of depressive symptoms.

Table 2  
*Relationship between coping styles and depression*

Coping Styles	Pearson Correlation	Sig.
Problem-focused coping	-.128	.085
Emotion-focused coping	.192	.010
Avoidant Coping	.507	< .001

**Resilience and Depression**

Table 3 showed a weak, negative correlation between resilience and depressive symptoms,  $r = -.38$ ,  $n = 182$ ,  $p < .001$ . It demonstrated that high levels of resilience were associated with low levels of depressive symptoms.

Table 3  
*Relationship between resilience and depression*

	Pearson Correlation	Sig.
Resilience	-.376	< .001

**Coping Styles and Resilience as Predictors of Depression**

Simultaneous multiple regression was used to assess the ability of coping styles and resilience measures to predict depression. Only the independent variables with a significant correlation with the dependent variable were included in the regression analysis. Hence, problem-focused coping ( $r = -.13, n = 182, p > .05$ ) was excluded from the regression analysis of the present study. The results of regression indicated all selected variables explained about 29.7% (adj.  $R^2 = .285$ ) of variance in depressive symptoms among TCs in public universities in Malaysia,  $F(3,178) = 25.05, p < .001$ .

Avoidant coping scored the largest Beta coefficient (.41) among all the variables, indicating that avoidant coping makes the

strongest unique contribution to explaining the dependent variable when the variance explained by all other variables in the model is controlled. It uniquely explains 13 percent of the variance in depressive symptoms (total PHQ-9 scores). The Beta value for resilience was slightly lower (-.21), indicating that it made less of a unique contribution in a different direction. The resilience variable explained the percentage of the variance in depression symptoms. The sig. value of emotion-focused coping as the independent variable was greater than .05, suggesting that this variable was not making a significant unique contribution to the prediction of depression symptoms. Table 4 summarizes a standard multiple regression analysis of coping styles and resilience variables on depression.

Table 4  
Summary of standard multiple regression analysis of coping styles and resilience variables on depression

Variables	Unstandardized Coefficients		Beta	t
	B	Std. Error		
(constant)	2.69	4.06		.663
Emotion-focused coping	.699	.966	.048	.725
Avoidant coping	6.07	1.05	.411	5.80***
Resilience	-2.07	.671	-.210	-3.08**
R <sup>2</sup>		.297		
Adj R <sup>2</sup>		.285		
F		F(3,178) = 25.05***		

\*\* Correlation is significant at the .05 level

\*\*\* Correlation is significant at the .001 level



## DISCUSSION

The findings of the study reveal significant associations between emotion-focused coping and avoidant coping with depressive symptoms among TCs. However, no significant relationship is found between problem-focused coping and depression symptoms, which contrasts with the findings reported by other researchers (Bullare @ Bahari et al., 2015). This unexpected result challenges the existing literature and underscores the need for further investigation. Problem-focused coping was shown to be the most common ( $M = 3.07$ ,  $SD = .04$ ). In contrast, avoidance coping was the least common ( $M = 1.95$ ,  $SD = .03$ ). Similar findings have been reported in non-clinical populations, including the Swedish urban population (Cronavist et al., 1997), medical students (Johari & Hassim, 2009; Yusoff et al., 2011), and university students (Brandy, 2011). In contrast, emotion-focused coping was reported as the most utilized coping style among the clinical population, as demonstrated in a study by Naing @ Noor Jan et al. (2010). These variations in coping styles between clinical and non-clinical populations may be explained by the tendency to employ problem-focused strategies when constructive action is possible (Carr & Pudrovska, 2007). In contrast, in clinical cases, situations may be perceived as unchangeable, leading to a preference for emotion-focused coping, especially in circumstances such as terminal illnesses.

Significant relationships were identified between emotion-focused coping, avoidance

coping, and depression symptoms among TCs from public universities in Malaysia. However, no significant relationship was found between problem-focused coping and depression symptoms, which contradicts the findings of other researchers (Berkel, 2009; Chou et al., 2011). The association between avoidance coping and depression symptoms aligns with previous studies (Bullare @ Bahari et al., 2015). The weak relationship observed between emotion-focused coping and depression symptoms can be attributed to the aggregation of all five strategies or facets of emotion-focused coping into a single variable despite their differing effects. Notably, this study deviates from previous research findings in terms of the relationship between problem-focused coping and depression symptoms.

In summary, this study contributes novelty to the field by examining the relationships between coping styles, resilience, and depression among TCs in Malaysia. The emphasis on practical implications and intervention development adds value to the research, while the unexpected findings regarding problem-focused coping call for additional exploration and consideration. Furthermore, the present research uncovered a significant negative correlation between resilience and depression among TCs from public universities in Malaysia, supporting the previous studies (Jones & Edwards, 2023; Richardson et al., 2020; Shapero et al., 2019; Wu et al., 2020). High resilience TCs have a reduced tendency to exhibit depressive symptoms, and, arguably, one can exhibit

a good mental state if one has effective coping styles. High level of resilience has become essential for new and experienced counselors who seek to protect themselves against negative well-being (Mcdermott et al., 2020) and advance personally by developing a passion and dedication for working with clients. Low resilience is thus undesirable in this manner since it is linked to a poor mental state.

In the overall model, the combination of emotion-focused coping, avoidance coping, and resilience accounted for 29.7% of the variance in depression. Similar to other studies, avoidant coping emerged as a significant predictor of depression among TCs from public universities in Malaysia (Bistricky et al., 2019; Carnahan et al., 2021; Fisher et al., 2020). As opposed to the Western culture, which adopts a more direct approach to psychological problems, the Eastern culture is more private; this may account for why both emotional- and avoidance coping become typical, as shown in the current findings. It is thus crucial that further research be done to fully understand how coping styles and resilience affect depression in trainee counselors.

The interpretation of the findings should be approached cautiously due to several limitations inherent in this study. Firstly, using an internet survey as the primary data collection method may have limited the depth of comprehension regarding the scale items. Secondly, the sample selection was confined to public universities, potentially diminishing the generalizability of the results. Additionally, individuals grappling

with depression might exhibit a negative bias and encounter memory-related challenges, influencing their self-reports of coping behaviors. In future research, it would be beneficial to incorporate alternative measures of psychological distress, such as anxiety, and even explore the role of emotion regulation capacities. This broader approach would contribute to a more comprehensive understanding of the intricate mechanisms underlying coping strategies, resilience, and their impact on mental health.

## CONCLUSION

The findings of the study demonstrated a high susceptibility of trainee counselors (TCs) to develop depressive symptoms during their counseling practicum or internship, with nearly 50% of respondents reporting moderate to severe levels of depression symptoms. This research calls into question the widely held belief that mental health practitioners have superior psychological well-being and coping capacities than the general population. It is critical for TCs to be mindful of their psychological well-being throughout their practicum or internship and to actively seek treatment when needed without feeling ashamed. Furthermore, the study found a negative relationship between avoidant coping and depression symptoms, implying that higher levels of avoidant coping were associated with increased depressive symptoms. However, no significant relationship was found between problem-focused coping and depression symptoms. These findings suggest that rather than emphasizing

problem-focused coping, reducing avoidant coping may be a more effective approach to alleviate depression symptoms and improve psychological well-being.

## IMPLICATIONS

Based on the findings of this study, particularly considering the heightened susceptibility of trainee counselors (TCs) to manifest depressive symptoms, several noteworthy ramifications exist for the field of counseling in Malaysia. Firstly, it becomes imperative to instigate heightened awareness among TCs regarding the potential mental health challenges during their practicum or internship. TCs should be actively encouraged to prioritize their psychological well-being and, when necessary, seek assistance or support. Educational institutions and counseling programs should institute initiatives focused on mental health education and support structures tailored to the specific needs of TCs.

Secondly, considering the observed negative correlation between resilience and depression symptoms, counseling programs must embed resilience-enhancing strategies within their training curriculum. TCs should be equipped with the competencies required to more effectively navigate the exigencies they may confront within their counseling roles. Thirdly, considering that problem-focused coping did not exhibit a significant relationship with depression symptoms among TCs, there arises a need to emphasize the imparting of a diverse array of coping strategies, encompassing,

among others, emotion-focused coping. TCs should undergo training that enables them to discern when each variant of coping strategy is most apt and efficacious.

Fourthly, the study intimates that attenuating avoidant coping may be a more efficacious strategy in mitigating depression symptoms. TCs should be encouraged to confront issues directly rather than evading them. Supervisors and mentors within counseling programs play a pivotal role in shepherding TCs toward adopting healthier coping mechanisms. Finally, considering the unanticipated findings of problem-focused coping, further research is necessary to comprehend the specific factors that influence coping strategies among TCs in Malaysia. Such research endeavors can lay the foundation for formulating bespoke interventions aimed at bolstering the mental health of TCs. Furthermore, to acquire a more comprehensive insight into the mental health of TCs, forthcoming research should contemplate integrating alternative measures of psychological distress, such as anxiety, and investigate the role played by capacities related to emotion regulation. This more expansive approach can furnish a holistic perspective on the mental well-being of TCs.

In conclusion, this study underscores the significance of addressing the mental health and coping methodologies of TCs in Malaysia. By offering support, training, and heightened awareness in these domains, the counseling field can make substantive contributions to the welfare of TCs, subsequently enhancing the quality of counseling services dispensed to clients.

## ACKNOWLEDGEMENTS

The authors express deepest gratitude to the respondents willing to participate and cooperate fully in this study.

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## **Personal and Academic Multicultural Experiences, Perceived Multicultural Counselling Competence and Multicultural Counselling Self-efficacy Among Malaysian Counsellor Trainees**

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### **ABSTRACT**

The counsellor trainees' self-efficacy is indirectly influenced by what they have experienced in their personal or academic lives, and the experience does contribute to their knowledge, beliefs, and attitudes. Nevertheless, sufficient evidence to elaborate on the reciprocal interactions in the context of counselling is still limited. Therefore, this descriptive-correlational study intends to investigate the connection between Malaysian counsellor trainees' perceived multicultural counselling competence and self-efficacy and their personal and academic multicultural experiences. All four instruments had been adapted and translated into Malay before being completed by 208 randomly selected counsellor trainees. According to the study's findings, counsellor trainees scored high on academic multicultural experience but low on personal multicultural experience. They also gained high scores for multicultural counselling self-efficacy and moderate perceived multicultural counselling competence. Importantly, findings revealed substantial correlations between perceived multicultural counselling competence and self-efficacy with academic multicultural experience. Overall, the finding highlights the practice of experiential pedagogy in the multicultural counselling course and encourages collaborative efforts involving faculty members and programme providers in developing and sustaining students' or counsellor trainees' multicultural counselling competency and self-efficacy growth.

#### ARTICLE INFO

##### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.06>

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*Keywords:* Academic, counsellor trainees, personal, multicultural experiences, multicultural counselling competence, multicultural counselling self-efficacy

## INTRODUCTION

Behaviourists believe human functioning primarily results from external stimuli and internal processes that transmit behaviour (Nabi & Prestin, 2017). Bandura (1990), on the other hand, disagreed with the behaviourists' reduction of human potential. The importance of cognition roles in humans' ability to construct reality, self-regulate, encode information, and act has differentiated the Social Learning Theory from the re-labelled Social Cognitive Theory (Nabi & Prestin, 2017). The SCT views humans as self-organising, proactive, self-reflecting, and self-regulating. Contrary to behaviourists who focused more on biological factors, Bandura (1986) emphasised the introspection mechanism. This mechanism relates to how people make sense of their psychological processes, which predict the influence of environmental factors on behaviour. Empirically, individuals from distinct cultural origins experience self-related constructs differently (Gebauer et al., 2021). What counsellor trainees experience in their environment may relate to their behaviours in counselling.

The SCT also posits that environmental factors such as economic conditions, socioeconomic status, and educational and familial structures do not affect human behaviour directly. Instead, they influence human behaviour through psychological mechanisms of the self-system. The degree to which these factors influence behaviour can be observed in people's aspirations, self-efficacy beliefs, personal standards, emotional states, and other self-regulatory

influences (Pajares & Urdan, 2008). The reciprocal interaction between personal behaviours and environmental factors produces human functioning (Bandura, 1986). Personal factors include cognition, affection, and biological events (e.g., learned experiences, self-belief such as self-efficacy beliefs, and intervening affective, cognitive, and motivational processes) (Bandura, 1989). Behaviour or action refers to individuals' responses to stimuli, and environmental factors refer to the external social context (Bandura, 1986). Therefore, as an example of the interchange in a counselling context, the counsellor trainees' self-efficacy is indirectly influenced by what they have experienced in their personal or academic lives, which the experience contributed to their knowledge, beliefs, and attitudes.

Nevertheless, sufficient evidence to elaborate on the reciprocal interactions in the context of counselling is still limited. The extent of multicultural counselling competence components infusion in current training is still vague. The evidence is important as it will provide insight into the learning and teaching practices in multicultural training. It is assumed that if there is a significant correlation between counsellor trainees' experiences, perceived multicultural counselling competence, and multicultural counselling self-efficacy, it implies that multicultural training is conducted using experiential strategies that align with the Association for Counsellor Education and Supervision's (2016) recommendation. However, knowledge

of the exposure or experience counsellor trainees receive from multicultural training is limited. The pedagogical methods for multicultural training are also in question (Daud et al., 2021; Sumari et al., 2021). Thus, the evidence will also motivate multicultural training instructors, counsellor educators, and faculty members. This study attempts to assess the connection between local counsellor trainees' personal multicultural experience, academic multicultural experience, and perceived multicultural counselling competence with multicultural counselling self-efficacy.

### Literature Review

To date, 12 empirical research papers focus mainly on multicultural counselling competence in Malaysia, which are accessible through Scopus, Ebscohost, and Google Scholar (e.g., Amat et al., 2013, 2020; Baharuddin, 2012; Dagang et al., 2013; Harun et al., 2021b; 2022b; Jaladin, 2013; Kamarul et al., 2017, 2019; Noor et al., 2018; Ping & Jaladin, 2013; 2017). The ten papers are about multicultural counselling competence with different focuses, and two relate to multicultural counselling self-efficacy. Among the 12 papers, two focused on the perception of multicultural counselling and the barriers and challenges to practising multicultural counselling. Seven papers measured multicultural counselling competence and its correlation with other variables such as age, ethnicity, years of working experience, client satisfaction, spiritual competence, and multicultural counselling self-efficacy.

Three papers reported on the multicultural counselling competence instrument for school counselling teachers and counsellor trainees.

In terms of research design, most of the studies embodied a quantitative paradigm, in which survey and correlational research designs were frequently reported (e.g., Amat et al., 2013, 2020; Dagang et al., 2013; Harun et al., 2021b; 2022b; Jaladin, 2017; Kamarul et al., 2017, 2019; Noor et al., 2018; Ping & Jaladin, 2013). Except for two papers, each by Baharudin (2011) and Jaladin (2013), they were conducted using the qualitative paradigm. School counsellors were the most frequently studied population, followed by professional counsellors, and the least studied population was the counsellor trainees. In short, most multicultural counselling competence studies in Malaysia were conducted using survey and correlational research designs, and school counselling teachers gained the most attention from the researchers. This analysis suggests that although the framework for comprehending multicultural counselling competence is continuous, the development of multicultural counselling competence is significant, which can be easily observed through associations between related variables. Historically, counselling has been stronger in educational institutions like schools, and efforts are mostly concentrated on school counselling teachers serving as frontline mental health providers.

The ten quantitative studies used a self-report instrument to measure multicultural

counselling competence. For instance, the Multicultural Counselling Inventory, the Multicultural Counselling Competence Survey-Malaysian Counsellor Edition, the Multicultural Counselling Competencies Scale for Malaysian School Counsellors, and the Cross-Cultural Counselling Inventory-Revised were used in the studies. Findings from studies by Ping and Jaladin (2013) and Dagang et al. (2013) reported that poor to moderate levels of multicultural counselling competence reflect that multicultural training needs to be enhanced to improve the practising counsellors' multicultural counselling competence. Moreover, studies have reported that professional experience did not significantly impact counselling teachers' multicultural counselling competence (Kamarul et al., 2017, 2019; Noor et al., 2018). These studies also consistently found that the level of education significantly impacted counselling teachers' multicultural counselling competence. These findings showed that counsellors who attended only one multicultural counselling course tended to score low levels of multicultural counselling competence, even though they had years of working experience.

In conclusion, multicultural counselling competence is consensually perceived as an important variable in local multicultural counselling research. Nevertheless, research endeavours to holistically understand this construct need to involve more counsellor trainees in either correlational research design, qualitative, or mixed methods approaches. The synthesis of the findings

implies that a multicultural counselling course is important in developing multicultural counselling competence as it provides a medium for trainees to engage with meaningful multicultural experiences in an academic setting.

According to reports, local research demonstrates that measuring the experience construct—a variable examined alongside multicultural counselling competence—is restricted to working experience. As a result, searches for literature about the experience construct are typically conducted in a global context. Still, literature on personal and academic multicultural experiences in the context of multicultural counselling research is limited, especially research that studies their relationship with multicultural counselling self-efficacy. Most literature examined different kinds of experiences, such as cultural immersion experience (Barden et al., 2014; Kuo et al., 2020), direct clinical experience (Haktanir et al., 2022; Rigali-Oiler, 2013), years of working experience (Adams, 2015; Gori et al., 2022; Nice et al., 2020; Smith et al., 2023), or teaching experience and caseload diversity (Adams, 2015). Most recent studies focus only on exploring the relationship between experiences and self-efficacy (Gori et al., 2022; Haktanir et al., 2022; Nice et al., 2020; Smith et al., 2023).

Most of the studies were conducted according to a correlational research design (Rigali-Oiler, 2013; Subarimaniyam et al., 2020; Smith et al., 2023), with one study conducted using a mixed-methods research design (Kuo et al., 2020). In terms of

the sample, similar to the local situation, most studies involved school counsellors, compared to counselling education students and counsellor trainees. The difference between counselling students and counsellor trainees was their level of graduate study (Barden et al., 2014; Pieterse et al., 2016). The counselling students were still going through their graduate studies, while the counsellor trainees had almost finished theirs and were already in the counselling internship (Chaichanasakul, 2011; Rigali-Oiler, 2013). However, counsellor trainees in most literature were in their postgraduate studies. These studies also mostly used self-report instruments such as the Multicultural Counselling Inventory, the Multicultural Counselling Knowledge and Awareness Scale, and the Multicultural Counselling Self-Efficacy Scale-Racial Diversity Form.

Besides multicultural counselling competence and self-efficacy, the exploration of counsellor trainees' multicultural experience is also noteworthy, as counsellor trainees' cultural empathy may improve through training in the class or practicum/internship (Lu et al., 2020). In fact, according to Levitt et al. (2022), counsellors' empathy experiences and expressions may vary depending on their culture of origin. The multicultural experience refers to counsellor trainees' perceptions of multicultural exposure and interaction in their personal lives and during multicultural counselling courses.

Literature showed a wide range of distinctive experiences correlated with multicultural counselling self-efficacy. Direct

clinical experience (Rigali-Oiler, 2013) and cultural immersion experience (Barden et al., 2014; Kuo et al., 2020) were the forms of multicultural experiences studied with multicultural counselling self-efficacy. For instance, Barden et al. (2014) hypothesised that cultural immersion experiences might increase overall multicultural counselling self-efficacy compared to conventional and clinical training. Similarly, Kuo et al. (2020) found that trainees scored higher levels of multicultural efficacy after participating in a supervised multicultural practicum dealing with culturally diverse refugee clients during a cultural immersion programme.

Interestingly, Adams (2015), who also studied a few forms of experience, including years of experience, teaching experience, and caseload diversity, found that general forms of experience did not contribute to multicultural counselling self-efficacy compared to teaching experience and caseload diversity. Therefore, it seems that cultural immersion experience, teaching experience, and caseload diversity, which are specific experiences, can contribute better to multicultural counselling self-efficacy. Perhaps, in measuring specific self-efficacy, a specific type of experience is also needed as an independent variable.

A growing body of literature currently discusses the relationship between multicultural counselling self-efficacy and competence. Only Barden and Greene (2015) examined the association between multicultural counselling competence and self-efficacy. However, most articles or academic writings examined the correlation

between self-efficacy (some authors referred to it as general or counselling self-efficacy) and multicultural counselling competence (e.g., Bakioglu & Turkum, 2020; Subarimaniam et al., 2020). Bakioglu and Turkum (2020) and Subarimaniam et al. (2020) conducted correlational research on counsellor trainees and found a positive correlation between multicultural counselling competency and counselling self-efficacy. Barden and Greene's (2015) research on the correlation between multicultural counselling self-efficacy and competence is the most comparable.

According to Barden and Greene (2015), research is needed to understand better self-reported multicultural counselling competence, self-efficacy, and the factors that affect these variables because self-reported multicultural counselling competence has limitations, and there are conflicting empirical findings about the relationship between self-reported multicultural counselling competence and multicultural counselling self-efficacy. Findings showed a statistically significant positive association between multicultural counselling self-efficacy and self-reported multicultural counselling competence scores. This result implied that when multicultural counselling self-efficacy ratings of counsellor education students rose, so did self-reported multicultural counselling competence scores.

All reviewed studies discovered a substantial relationship between experiences, multicultural counselling self-efficacy, and multicultural counselling competence.

In other words, a person with certain experience levels may exhibit stronger self-efficacy and higher skills in multicultural counselling. It suggests that before one believes they can accomplish an array of knowledge, awareness, and skills, they must first be convinced of their capacity and digest their experience.

## **MATERIALS AND METHODS**

### **Population and Sample Size**

The local undergraduate counsellor trainees doing their internship training in both education (secondary and tertiary education institutions) and non-education settings (government organisations such as the Social Welfare Department) constitute the population of interest in this descriptive-correlational study. Through cluster random selection (Figure 1), the counsellor trainees were randomly chosen from six local universities that offered undergraduate counselling programmes. At the beginning of their years of study, they participated in a multicultural counselling course that met the qualifications and standards for counsellor training authorised by the Malaysian Board of Counsellors.

For Structural Equation Modelling (SEM), there was no consensus on the best formula to determine the sample size. Iacobucci (2010) recommended a minimum of 50 participants. Meanwhile, Kline (2023) maintained that SEM required a substantial sample size, and as a rule of thumb, most studies involved 200 cases. On the other hand, the statistical power analysis recommended 166 respondents



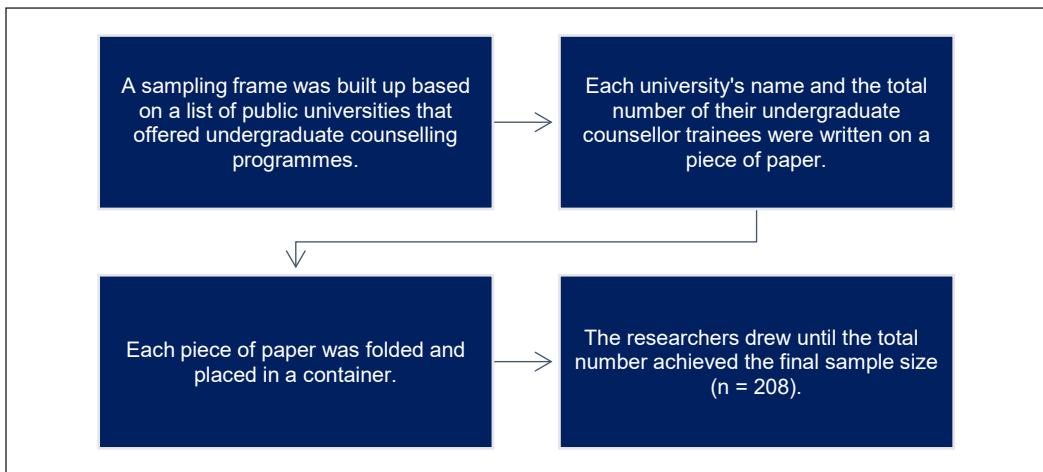


Figure 1. Cluster random sampling process

with a statistical significance of .05, an effect size of .30 and statistical power rejecting the null hypothesis of .95. Nevertheless, this study cautiously took into consideration the assertions by Yung and Bentler (1996), Byrne (2016), and Koopman et al. (2015) of a moderate sample size of 100–200 (Kline, 2023) for Bootstrapping. Thus, the final sample size used in this study is 208 (1.25% × 166) after considering the suggestion by Mitchell and Jolley (2012) for 25% more

names to ensure the returned questionnaires are sufficient for analysis.

After the data collection procedure, 205 responses were prepared for the following stage. Following data cleaning, the final 200 data were obtained. Table 1 displays the distribution of 200 trainee counsellors. The majority were between the ages of 22 and 24 (n=159, 79.5%), Malay (n=154, 77.0%), female (n=159, 79.5%), and Muslim (n=167, 83.5%).

Table 1  
Distribution of respondent's demographic

Demographic variables	Categories	Frequency	Percentage
Age (years)	22–24	159	79.5
	25–27	36	18.0
	28–30	5	2.5
Ethnicity	Malay	154	77.0
	Non-Malay	56	33.0
Gender	Male	41	20.5
	Female	159	79.5
Religion	Muslim	167	83.5
	Non-Muslim	32	16.0
	No Religion	1	0.50

## Instruments

The questionnaire used in the present study is a combination of four measurements and a demographic sheet, as described below:

**Multicultural Experience Inventory (MEI).** The MEI (Ramirez, 1998) measures participants' degree of multicultural experience. The items were then divided into Type A and Type B, according to two types of scoring. This study particularly used the Type A items, which comprised 17 items. For instance, the sample item of the instrument is "My childhood friends who visited my home and related well to my parents were of..." In this study, the MEI was translated, adapted, and validated to fit its use in the Malaysian context. The Confirmatory Factor Analysis (CFA) confirmed seven items in the adapted MEI. On a five-point Likert scale, the ratings ranged from 1 (primarily my ethnic group) to 5 (primarily all other ethnic groups). The following criteria were used to rate the respondents' answers: A rating of 1 or 5 was awarded one point; a rating of 2 or 4 was awarded two points; and a rating of 3 was awarded three points. The aggregate of all item scores yielded a Multicultural Experience Score, which ranged from 7 to 21, reflecting an individual's level of multicultural experience (Ramirez, 1998). The adapted MEI possessed fair psychometric properties, high internal consistency,  $\alpha = .875$ , and sufficient convergent validity,  $AVE = .520$  (Harun et al., 2022a).

**Multicultural Course Racial Experiences Inventory (MCREI).** Pieterse et al.

(2016) developed the MCREI to evaluate several features of students' experiences in multicultural counselling courses connected to their racial group membership. The instrument was created in light of the author's individual experiences as multicultural course instructors and students, as well as a review of the literature on intercultural counselling training. The MCREI comprised 19 items, and all items were scored in a positive direction. One sample item of the MCREI is "My racial identity has been more positive as a consequence of my multicultural course." In this study, the MCREI was translated, adapted, and validated to fit its use in the Malaysian context. Twelve items in the adapted MCREI were confirmed through CFA. The response options ranged from 1 (Strongly Agree) to 5 (Strongly Disagree), with a total score that ranged from 12 to 60. The overall score of the MCREI is calculated by adding the responses to all items. It reflects the degree of intercultural experience the individual receives from attending a multicultural counselling course. The adapted MCREI possessed fair psychometric properties, high internal consistency,  $\alpha = .842$ , and sufficient convergent validity,  $AVE = .574$  (Harun et al., 2021a).

***Multicultural Counselling Competence Training and Survey-Revised (MCCTS-R).***

Based on the American Multicultural Development (AMCD) multicultural competencies, Holcomb-McCoy and Day-Vines (2004) used the MCCTS-R to evaluate counsellors' perceived multicultural

counselling competence. The MCCTS-R originally had 32 items. The MCCTS-R was translated, adapted, and validated in this study to fit its use in the Malaysian context. One sample item from MCCTS-R is “Giving examples of how stereotypical beliefs impact the counselling relationship.” Twelve items in the adapted MCCTS-R were confirmed through CFA, and a 4-point scale representing the level of agreement (1 to 4 score) was utilised, with a range of 0 to 80 for the total score. The total score of the MCCTS-R represents an individual’s perception of their ability to demonstrate multicultural skills or behaviours during counselling sessions. The adapted MCCTS-R possessed fair psychometric properties and had excellent internal consistency,  $\alpha = .952$ , and convergent validity,  $AVE = .714$  (Harun et al., 2021b).

### **Multicultural Counselling Self-Efficacy-Racial Diverse Scale**

**(MCSE-RD).** The MCSE-RD is a 37-item questionnaire designed to assess counsellors’ perceived ability to work with diverse clients, exclusively to measure counsellors’ multicultural skills (Sheu, 2005). Sample items include “help the client clarify how cultural factors (e.g., racism, acculturation, racial identity) may relate to her or his maladaptive beliefs and conflicted feelings”. In this study, the MCSE-RD was translated, adapted, and validated to fit its use in the Malaysian context. Sixteen items in the adapted CCCI-R were confirmed through CFA. It utilised a score of 0 (No confidence) to 9 (Complete Confidence). The total score

of the MCSE-RD represents individual perceptions of their ability, with an overall score range of 0 to 112. The adapted MCSE-RD possessed fair psychometric properties and had excellent internal consistency,  $\alpha = .984$  and convergent validity,  $AVE = .859$  (Harun et al., 2020).

**Demographic Sheet.** The demographic sheet attached to the last page of the questionnaire included details on the respondents’ age, gender, race, and religion.

### **Procedure**

Data collection commenced after the grant of ethical clearance from Universiti Putra Malaysia’s Ethical Committee and permission approved by the Deputy Vice-Chancellor of selected universities to conduct the study involving their counsellor trainees. Additionally, formal letters were addressed to the department head, dean, and internship coordinators to request help accessing the supervisors’ and counsellor trainees’ data. The relevant data were the total number of counsellor trainees, counsellor trainees’ names, student numbers, email addresses, and addresses of internship locations, as well as the supervisors’ names and email addresses. A sampling frame was built upon the universities that offered counselling programmes at the degree level. The university name was written on folded paper and placed in a bowl. The researcher drew upon it until the total number of samples achieved was 208 participants.

A cover letter and consent form were attached to the questionnaire booklets.

Questionnaire Set A was for the counsellor trainees and Set B for the supervisor, and they were mailed individually to the respondents. The questionnaires for supervisors and trainee counsellors were coded to guarantee confidentiality. Three sets of coded questionnaires would be sent to the supervisor if that supervisor was in charge of three counsellor trainees. The supervisor's cover letter listed the code for each trainee counsellor. Five weeks before the internship period ended, the questionnaires were emailed out. There were 205 trainee counsellors, and 38 supervisors successfully responded. Finally, the data was analysed by computing and organising the scores based on the specific variables studied. Inferential statistics and descriptive analysis were used to analyse the 200 viable responses. The descriptive statistics were calculated using SPSS 25. Then, the SEM through AMOS 23 was used to test the hypothesised relationships and inter-relationships between the studied variables. The SEM is preferred as it is an affirmative approach whose principal function is determining and validating a proposed causal process and model based on a priori model. It also could explain how much of the variance in the dependent variables, manifest or latent, is accounted for by the independent variables.

## RESULTS

There are two research objectives derived from the main purpose of the study: (1) to measure the level of personal multicultural experience, academic, multicultural

experience, and perceived multicultural counselling competence with multicultural counselling self-efficacy, and (2) to assess the relationship between local counsellor trainees' personal multicultural experience, academic, multicultural experience, and perceived multicultural counselling competence with multicultural counselling self-efficacy. Both descriptive and inferential statistics were utilised to achieve the research objectives. The findings are exhibited in Tables 1 and 2.

As presented in Table 2, the mean score of personal multicultural experience was 1.869, lower than mid-point 2. Therefore, the overall personal multicultural experience among the counsellor trainees was low. According to the mean score of 3.873, greater than the midpoint of 3, the general degree of academic, multicultural experience among counsellor trainees was high. With a mean score of 2.545 or the midpoint of 2.5, the counsellor trainees' overall perceived multicultural counselling competence was moderate. In addition, the mean score of multicultural counselling self-efficacy was 5.850, higher than the midpoint of 3.5. Overall, counsellor trainees have a high mean score for academic, multicultural experience and multicultural counselling self-efficacy. As illustrated in Table 3, there was no significant relationship between personal academic, multicultural experience and multicultural counselling self-efficacy ( $\beta = .074$ ,  $p > .05$ ). Instead, the academic, multicultural experience was found to have a significant relationship with multicultural counselling self-efficacy

Table 2

*The mean and standard deviation of each variable*

Constructs	Mid-point	Mean	Standard Deviation
PME	2	1.869	.602
AME	3	3.873	.565
PERMCC	2.5	2.545	.501
MCSE	4.5	5.850	1.301

*Note.* PME - Personal Multicultural Experience; AME – Academic Multicultural Experience; PERMCC – Perceived Multicultural Counselling Competence; MCSE – Multicultural Counselling Self-Efficacy

Table 3

*Relationships between variables*

Hypothesised Relationship	Beta	S.E.	C.R	p-value
MCSE PME	.074	.614	1.105	.269
MCSE AME	.514	.693	5.064	***
MCSE PERMCC	.333	.211	4.614	***

*Note.* PME - Personal Multicultural Experience; AME – Academic Multicultural Experience; PERMCC – Perceived Multicultural Counselling Competence; MCSE – Multicultural Counselling Self-Efficacy

( $\beta = .514$ ,  $p < .05$ ). Similarly, the results indicated that the perceived multicultural counselling competence was found to have a significant relationship with multicultural counselling self-efficacy ( $\beta = .333$ ,  $p < .05$ ). To summarise, only academic, multicultural experience and perceived multicultural counselling competence were found to have a significant relationship with multicultural counselling self-efficacy.

## DISCUSSION

This study found no significant relationship between personal multicultural experience and multicultural counselling self-efficacy. This finding contradicts Barden et al. (2014), who reported that immersion experience moderately affects counsellor trainees' multicultural counselling self-efficacy. Even though immersion experience occurs during the counsellor trainees' in-training

programme, the process occurs outside the classroom and involves personal internalisation. It is somehow similar to the concept of personal multicultural experience. This study measured personal multicultural experience as a natural process around the counsellor trainees' microenvironment. In contrast, in Barden et al.'s (2014) study, immersion experience happened in a selected culture different from that of the counsellor trainees. Thus, in a planned and structured experience, counsellor trainees may become more mentally prepared and better able to recognise and digest differences as they immerse themselves in a different culture.

As noted, a counsellor trainee's multicultural experience echoes their early multicultural experiences. This study found no correlation between the participants' self-belief in working with diverse clients and their lived experience

in their neighbourhood. Even though there is little research on a similar variable in the counselling literature, the study's findings are compatible with Strickland's study on multicultural education (2018). Strickland (2018) reported no connection between personal multicultural experience and multicultural self-efficacy, often known as experience with diversity. Because self-efficacy or confidence to adapt to a new culture requires cognitive flexibility, there may not be a substantial association between these two variables (Ramirez, 1991).

Cognitive flexibility develops from social cognition processes that make individuals aware of choices and alternatives. Those processes of social cognition will provide them with a reason to adapt and motivation to do so, as well as a strong sense of self-efficacy to act appropriately in a particular circumstance (Chaichanasakul, 2011). Nevertheless, as Aydin and Odaci (2020) reported, there is a significant relationship between cognitive flexibility and counselling self-efficacy; the personal multicultural experience is assumed to be a moderator between the two variables. This relationship is worth further examination.

The findings of this study revealed a significant and positive relationship between academic multicultural experience and multicultural counselling self-efficacy. It implies that multicultural exposure and interactions, due to class activities, assist in developing better confidence of counsellor trainees in working with multicultural clients. Sheu and Lent's (2007) and Sheu et al.'s (2012) findings

support this finding. Sheu and Lent (2007) found a significant and positive correlation between multicultural training experiences and multicultural counselling self-efficacy among counsellor trainees. They concluded that their finding supports the assumption of SCT that multicultural training experience, particularly based on direct mastery, helps to develop multicultural counselling self-efficacy. In a more recent study, training significantly contributed to trainees' multicultural counselling self-efficacy in helping clients experiencing homelessness (Camp et al., 2019). A positive relationship between the two variables was also found in non-counselling literature. For instance, a positive correlation exists between pre-service Finnish teachers' self-efficacy in multicultural classrooms and their study-abroad experiences (Mo et al., 2021).

Multicultural exposure and interaction in the classroom give counsellor trainees mastery experience, particularly in verbal and nonverbal communication, which are part of basic counselling skills. For instance, counsellor trainees can learn verbal and non-verbal communication styles through classroom discussions regarding their ethnicity and heritage. Other activities, such as role-playing with multicultural clients or field assignments, also facilitate a higher academic multicultural experience. Through the experience, counsellor trainees will develop confidence in interacting with and dealing with future multicultural clients. It is in line with Sheu et al. (2012), who reported that prior multicultural experience (contact with diverse clients) positively

correlated with self-efficacy in performing multicultural counselling behaviours. They maintained that higher multicultural experience would help counsellor trainees feel more confident, even though prior exposure and interaction are not an ideal proxy for performance accomplishments (mastery experiences).

According to this study, self-efficacy and perceived multicultural counselling competence correlate positively and significantly. Therefore, it is evident that the multicultural knowledge and awareness learned in the classroom also help aspiring counsellors feel more confident while counselling clients with different backgrounds. As was already mentioned, the terms perceived multicultural counselling competence and multicultural knowledge and awareness correspond to the two elements of the multicultural counselling competence model (Sue et al., 1992; 2019). In contrast, multicultural counselling self-efficacy refers to counsellor trainees' confidence in applying multicultural skills to achieve counselling goals with diverse clients. In addition, multicultural skills manifest counsellor trainees' multicultural knowledge and awareness that the supervisor can observe.

This finding aligns with a study by Barden and Greene (2015), which found a significant relationship between perceived multicultural counselling competence and multicultural counselling self-efficacy. The respondents in their study and this current study shared similar characteristics, specifically, their age (between 23 and 27),

and most of the respondents were female. Thus, they share the same level of maturity and experience related to multiculturalism. In light of these facts, counsellor trainees with wider multicultural knowledge are more alert to cultural differences and similarities among clients. They know and understand that every client has a unique worldview and values. This acknowledgement leads to counsellor trainees' effort to integrate them into intervention planning, assessment, and session management. By implementing a culturally sensitive counselling session, counsellor trainees can do counselling effectively, and clients will feel more committed to the counselling relationship.

## **IMPLICATIONS AND FUTURE SUGGESTIONS**

The counsellor trainees' high academic and multicultural experience scores indicated that their multicultural counselling course had provided them with sufficient multicultural exposure and interaction. As mentioned earlier, through academic multicultural experience, counsellor trainees can develop multicultural knowledge and awareness, especially about their cultural group. It, in turn, will catalyse the development of multicultural knowledge and awareness of other cultural groups. Besides relevant content and activities, this kind of experience can only be achieved through in-depth and safe discussion during class activities. In addition, Greene et al. (2014) mentioned that it is highly complex, potentially unpredictable, and can also be transformative in teaching multicultural

awareness. Thus, it is important to actively encourage counselling students to discuss the difficult aspects of diversity, such as oppression and discrimination, in an environment of appreciation and acceptance during the course.

Experiencing life in a similar context may lead counsellor trainees to assume that their approach to life is how things are (Donohue, 2022), resulting in a low personal multicultural experience and raising concerns about their knowledge and awareness of their culture and heritage. Counsellor trainees need to be aware and embrace the cultural identity that could allow them to recognise and acknowledge cultural elements affecting the client's issues. It is in line with the positive relationship between ethnic identity and counselling self-efficacy, as Interiano-Shiverdecker et al. (2019) reported. Moreover, counsellor cultural awareness significantly predicted multicultural case conceptualisation ability (Rigali-Oiler, 2013). The counsellor trainee's multicultural knowledge and awareness can be increased through academic, multicultural experience from multicultural counselling courses by including experiential pedagogies (Barden et al., 2014). Experiential pedagogies get students acquainted with diverse worldviews and encourage cultural sensitivity (Barden et al., 2014; Greene et al., 2014). Recently, scholars have also recommended more experiential learning activities such as digital storytelling (Parikh-Foxx et al., 2020), historical site visits, and photography (Duffey, 2022).

The Malaysian Board of Counsellor's Code of Ethics (2016) addressed the importance of considering the clients' cultural backgrounds. For example, Section C.5 (Discrimination) is maintained so that counsellors can consider their client's cultural elements, such as age, disabilities, ethnicity, religion, gender, marital status, language, or socioeconomic status. Thus, counsellors need to have the ability to be sensitive and consider these elements together with the generation gaps that may affect the outcomes when working with 21<sup>st</sup>-century clients, especially for school counselling teachers, the closest mental health professionals for vulnerable clients in primary or secondary schools. Thus, being culturally competent and ethically sound is imperative to ensure the effectiveness of the counselling sessions. The Registered Counsellor Continuous Professional Development Programme Guidelines (*Garis Panduan Program Perkembangan Profesional Berterusan Kaunselor Berdaftar*) was established by the Malaysian Board of Counsellors in 2019. This guideline is an integrative effort to make sure registered counsellors provide themselves with knowledge, skills, and professional practice to provide their best services professionally and ethically to the community. The study's findings also reflect the importance of teaching multiculturalism in continuous professional development (CPD) programmes.

As a suggestion to increase and enrich counsellor trainees' multicultural experiences, departments and faculty can



also play an important role. Basma and Chen (2022) reported that counselling students who already have the confidence to work with clients still need more institutional and programmatic support and a curriculum that includes various cultures. Thus, the department and faculty members should encourage student club activities to focus on recognising, understanding, and appreciating culture. It would supplement or address the lack of personal multicultural experience due to the counsellor trainees' ethnic homogeneous environments. The planned programme should challenge their stereotypes and help them to feel more comfortable with differences. The ongoing external programmes or activities involving faculty members significantly impact how students perceive their faculty's multicultural counselling and social justice competence (Koch et al., 2018). Therefore, counsellor trainees' confidence will be more intact and more prepared when facing possible cultural impasses when working with diverse clients.

Since this study only involved local undergraduate counsellor trainees at the end of their internship, the findings might not be generalised to experienced counsellors. Therefore, future research is suggested to be conducted on experienced counsellors, such as school counsellors or professional counsellors. Since they comprise a larger population, future studies could strive for a more diverse demographic representation, including a more balanced gender ratio and broader ethnic representation. In addition, mixed methods or qualitative components for future studies could provide richer

insights, particularly regarding personal multicultural experiences. Furthermore, this study also agrees with Gonzalez-Voller et al. (2020) in addressing the need to measure specific training factors such as instructor training and competence, cultural immersion experiences, and classroom activities. These factors may influence the development of counsellor trainees' multicultural counselling self-efficacy and multicultural counselling competencies.

## CONCLUSION

This study confirms the significant relationship between the variables, which are academic, multicultural experience, perceived multicultural counselling competence, and multicultural counselling self-efficacy among counsellor trainees. In addition, this study also reported that counsellor trainees scored at a low level of personal multicultural experience and a high level for both academic multicultural experience and multicultural counselling self-efficacy. All in all, based on the findings, this study highlights the practice of experiential learning in the multicultural counselling course as well as encouraging collaborative efforts involving faculty members and programme providers in developing and sustaining students' or counsellor trainees' multicultural counselling competency and self-efficacy growth.

## ACKNOWLEDGEMENT

The authors sincerely thank the universities, faculties, and counsellor trainees who participated in this study.

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## **Effect of Transactional Analysis Intervention on Parent-adolescent Conflict and Emotional Regulation Among Adolescents in Bangladesh**

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### **ABSTRACT**

Transactional Analysis (TA) focuses on the paradigm of the parent, adult, and child ego states. TA therapy tools have successfully reduced conflicts between parents and adolescents, emotional regulation, and depression. The main objective of this study is to examine the effect of transactional analysis intervention on parent-adolescent conflict and emotional regulation. This research uses pre-test, post-test control and experimental group design. The subjects were 60 students randomly allocated to one of two groups: experimental (TA Intervention) or control (non-TA Intervention). The descriptive analysis described the participants' demographic profile, including age, gender, education grade, and parental marital status. The independent sample t-test evaluated the mean scores of parent-adolescent conflict, emotional regulation, and depression between the experimental and control groups' post-test findings. The MANOVA determined the considerable effect of groups and genders on Parent-adolescent conflict, emotional regulation, and depression. The findings demonstrated that Transactional Analysis was more successful for adolescents dealing with parent-adolescent conflict, emotional regulation, and depression in the experimental group than in the control group. The current study is a pioneer experimental investigation in Bangladesh to determine the effect of

TA on parent-adolescent conflict, emotional control, and depression, which will assist mental health professionals in better treating adolescent conflict, emotional regulatory strategies, and depression in Bangladeshi adolescents.

*Keywords:* Emotional regulation, parent-adolescent conflict, transactional analysis intervention

### **ARTICLE INFO**

#### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.07>

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## INTRODUCTION

Adolescence is a stage of human development and maturation in the life cycle. It refers to transitioning from childhood to adulthood, around 12 to 18 years old, and from puberty to adulthood. During the transition, most adolescents will encounter rapid changes and growth in their lives, as well as physical, emotional, cognitive, and social elements (Vijayakumar et al., 2018). Adolescents will monitor and ensure parents' availability to meet the former's attachment needs in the context of co-parenting conflict, thereby affecting the development of parent-adolescent attachment during adolescence (Zou et al., 2019). During the transition, parent-adolescent relationships become increasingly egalitarian, with adolescents striving for more autonomy (Hadiwijaya et al., 2017). Previous research indicated that inter-parental conflict has an indirect effect on adolescents' psychological disadvantage through experienced threat (the cognitive component) and perceived mother and paternal disapproval (contextual factor) (Khaleque et al., 2016). School-based group therapy is found to help decrease parent-adolescent conflict. Moreover, intervention with parents and adolescents effectively reduces stress at home (Haddad & Shechtman, 2019). Transactional analysis can help adolescent pupils to manage their conflicts and depressive symptoms. Even though this empirical investigation found that TA reduced parent-adolescent conflict and aggressiveness, the control group received no intervention (Kulashekara & Kumar, 2014). The current study includes

structured treatment for the control group to obtain meaningful and trustworthy results. Despite the need to examine the usefulness of transactional analysis in improving parent-adolescent relationships, relatively few studies have been undertaken in Bangladesh.

Emotional regulation is a process that people use to manage the emotions they experience when they happen and how they are experienced and expressed. It is indispensable to adapt to social dynamics, maintaining good physical and psycho-emotional health, and healthy and productive interpersonal relationships (Bonilla et al., 2020). Two types of emotional regulation are adaptive and maladaptive, where adaptive emotional regulation is a reassessment of positive or neutral interpretations of events and problem-solving abilities (Aldao & Nolen-Hoeksema, 2010). Meanwhile, maladaptive regulation of emotions refers to repression and prevention (Gross, 1998). Several studies have found a link between parenting approaches and children's emotional regulation abilities. Harsh parenting and poor upbringing impact children's ability to regulate and be accountable for emotional dysregulation (Chang et al., 2003; Morris et al., 2007). According to a recent survey conducted in Bangladesh, prevention and intervention of psychopathology have been proven to be practical techniques for improving maladaptive cognitive strategies such as ruminating, overthinking, and self-blame into more adaptive systems such as productive thinking and positive reappraisal



(Hossain et al., 2017). More research is needed to confirm that psychological intervention is essential for improving adolescent mental health in Bangladesh. Almost 7 million people in Bangladesh experience depressive and anxiety disorders respectively (World Health Organization, 2020). In Bangladesh, depression, anxiety, and stress levels have been reported to be as high as 54.3%, 64.8%, and 59.0%, respectively (Mamun et al., 2019, 2021). A family history of depressive symptoms, bad domestic parental connections, sexual abuse, and reproductive sickness have caused adolescent depression. Research indicates that a counseling intervention program helps reduce depressive symptoms in Bangladesh; however, it is essential to investigate the impact of transactional analysis on depression in addition to other treatments in Bangladesh (Nasreen et al., 2016).

Depression has been seen as a significant public health problem. Depression implies a sad, vacant, or irritable mood characterized by physical and cognitive alterations affecting individuals' functions. The American Psychiatric Association (2013) describes depressive disease as a classic condition. It defines the symptoms over a similar timespan of two weeks, which implies a change from the initial state with at least one sign: i) a depressed mood or ii) a loss of interest or pleasure. Depression frequently occurs in painful situations with a sense of melancholy, soft feelings, emptiness, impatience, and loss of interest or pleasure (Hanafiah & Bortel, 2015). The therapeutic methods of transactional analysis have been

demonstrated to reduce separation anxiety, dysfunctional mood, and avoidant decision-making patterns (Rahmanian et al., 2019). The effectiveness of group transactional analysis intervention improves disruptive adolescents' capacity for dealing with stress and their communication abilities (Jabbari et al., 2019). The transactional analysis was similar to brief strategic family therapy in dealing with negligence and misconduct and improving the relationship (Darbani et al., 2019). However, research on transactional analysis in the Asian cultural context was restricted. Considering the gaps discussed above, this study aims to investigate the effectiveness of the transactional analysis technique on parent-adolescent conflict and emotional regulation with depression. The study also aimed to examine the significant gender differences regarding the effects of transactional analysis. It will establish a broader scope for future professionals in Bangladesh to accelerate applying the transactional analysis approach as an intervention and counseling approach in dealing with mental health crises.

## LITERATURE REVIEW

### Parent-adolescent Conflict

Conflicts among parents and adolescents may be among the most aggravating family experiences of adolescence for parents and adolescents alike. The parent-adolescent relationship is meaningfully associated with adolescent and parent adaptation (Tanni et al., 2021). Hadiwijaya et al. (2017) performed a study to examine how the development of adolescents' perceived

relationship with their parents aligns with the four viewpoints. The findings reported turbulent relationships with their parents, low support, and high conflict. In contrast, most adolescents had the same conflicting relationship with their parents throughout their studies. Furthermore, Mastrotheodoros et al. (2019, 2020) explained that parent-adolescent conflict was studied throughout adolescence. According to the findings of this study, under-controlling fathers and over-controlling adolescents had more father-adolescent disparities. The Network of Relationships Inventory (NRI) assessed conflict intensity. Their findings revealed that parents and adolescents had different perspectives on conflict severity, thus leading to inconsistencies.

Haddad and Shechtman (2019) studied movie intervention as a potential therapeutic technique in school-based counseling groups to reduce parent-adolescent conflict. The findings found that group counseling aimed at reducing parent-adolescent conflict was beneficial among Arab adolescents. Xu et al. (2017) investigated the family structure, family cohesiveness, family conflict differences between parents and adolescents, and their relationship to adolescence deficit. Tanni et al. (2021) findings show that the relationships between emotional regulation and depression, greater extents of 'suppression-focused' emotional regulation styles appear to be related to the reporting of more borderline clinical depression, while more cognitive 'reappraisal-focused' styles are not significantly associated with the symptoms of depression.

## **Emotional Regulation**

Emotional regulation (ER) is a set of extrinsic and internal mechanisms for tracking, assessing, and changing emotional reactions, particularly their intensity and temporal characteristics, to achieve a goal. It is defined as "shaping which emotions one has when they occur, and how one feels or displays them" (Gross, 2013). A study by Bailey et al. (2020) investigated the impact of age on emotional regulation, empathy, and prosocial conduct. The results implied that less spontaneous suppression as an emotional regulation technique is linked to more significant pain replication in older individuals, possibly because suppression efforts overload their cognitive resources. It also examined the bonding and emotional control methods of depressed adolescents. The findings of this study indicated that depressed adolescents exhibited fewer secure attachments to their mothers and peers than healthy adolescents, as well as less secure attachments to their fathers as compared to the other two groups.

Clear et al. (2020) studied the attachment and emotional regulation of sadness and anger based on common and distinct depression, anxiety, and aggression correlations. The findings of this study showed that more anxious attachment was related to more emotional dysregulation, whereas more avoidant attachment was associated with more emotional suppression. In addition, more sorrow dysregulation was linked with depression and social anxiety but not aggressiveness, whereas greater anger dysregulation was connected with

aggression but not depression and anxiety. On the other hand, Zhang et al. (2019) attempted to establish trait mindfulness profiles and investigate their relationships with emotional regulation. The findings revealed varied patterns of trait mindfulness in early adolescents, and the connections of trait mindfulness with emotional regulation should be examined holistically rather than individually. Several studies have investigated emotional regulation in the context of Bangladesh. Hossain et al. (2017) explored the connection between cognitive emotion control techniques and psychopathology among Bengali adolescents. The findings suggested a link between cognitive emotion control techniques and psychopathology among Bangladeshi adolescents.

### **Depression**

Depression is a persistent and debilitating illness that usually begins during childhood or early adulthood (Stevanovic et al., 2011). Major depressive disorder is the leading cause of years lived with disability worldwide, and it is expected to become the second most significant cause of disability-adjusted life years in the future (Olin et al., 2012). Clayborne et al. (2019) illustrated that adolescents' depression is linked to a higher risk of failing to complete secondary school, unemployment, pregnancy, and parenting, and a lower risk of being employed or attending tertiary training and postsecondary education. Verma et al. (2019) reported that 40% of depression incidents happened among adolescents. According to Perchtold

et al. (2019), adolescent girls may feel or perceive more stress than boys and/or respond to stress in ways that are more likely to raise the likelihood of depressive symptoms. Hanspal et al. (2019) found that adolescents between 15 and 19 years old were discovered to be substantially linked with depression. It was also reported that parents who fought regularly were shown to be strongly related to depression.

Grover et al. (2019) conducted a review study that revealed that the prevalence of depression/affective disorders ranged from 1.2% to 21% in clinic-based research, 3% to 68% in school-based studies, and 0.1% to 6.94% in community studies. Adding to the discussion, Verma et al. (2019) investigated the incidence of stress and depression among adolescents within the Udupi taluk district in Karnataka. Cross-sectional research was conducted involving teenagers between the ages of 14 and 17. The findings reported that the prevalence of stress and depression among teenagers was 30.5% and 40%, respectively. Furthermore, this study discovered that females were more likely to suffer from anxiety and sadness than males. Moreover, research conducted by Rentala et al. (2019) showed that the impact of the holistic group health promotion program lasted for three months. The outcome variables were assessed using the self-reporting method.

### **Transactional Analysis Counselling**

Transactional analysis counseling is defined by the European Association for Transactional Analysis (2008) as a

professional activity that occurs within a contractual partnership. Through improving its abilities, resources, and functioning, the counseling process allows clients or client systems to acquire awareness, alternatives, and skills for issue management and personal growth in daily life. Its goal is to give people more control over their social, professional, and cultural environments. During World War II, Bern began performing group therapy at a United States military hospital, and these discussions with warriors were officially recognized as ‘therapeutic’ by the Ministry of War (Berne, 1966). Berne then proceeded to visit his patients in groups. Transactional analysis was therefore created in a group environment following Berne’s findings on the relational dynamics that evolved among group members. Since then, transactional analysis approaches have been used in fields other than medicine. Non-psychotherapy usage was classified as a particular area until the 1990s (Cornell, 2013).

However, Rahmanian et al. (2019) examined the efficacy of TA in decreasing illogical beliefs and the avoidant decision-making style. The findings indicated that transactional analysis could be beneficial in reducing irrational beliefs and reliant and avoidant decision-making styles. In addition, intervention might improve adolescents’ logical decision-making abilities. TA was also helpful in reducing separation anxiety symptoms among participants in conjunction with emotional control (Heyrat & Fatemeh, 2021; Rajabi & Nikpoor, 2018). Tanni et al. (2021) findings show that the relationships between emotional

regulation and depression, higher extents of ‘suppression-focused’ emotional regulation styles appear to be related to the reporting of more borderline clinical depression, while more cognitive ‘reappraisal-focused’ styles are not significantly associated with the symptoms of depression.

Adolescence is a critical stage of development characterized by significant physical, emotional, cognitive, and social changes (Khalili et al., 2022). In Bangladesh, like in many other cultures, parent-adolescent conflict, emotional dysregulation, and depression among adolescents pose substantial challenges to their well-being and overall development. Despite the recognition of these issues, there is a gap in understanding the effectiveness of transactional analysis intervention in addressing parent-adolescent conflict, improving emotional regulation, and alleviating depression among adolescents in the specific cultural context of Bangladesh. Therefore, the problem at hand is to investigate the effect of transactional analysis intervention on parent-adolescent conflict, emotional regulation, and depression among adolescents in Bangladesh and provide insights into the potential benefits and implications of this intervention in improving adolescent mental health. The objectives of the study are:

1. To examine the difference in parent-adolescent conflict between the experimental and control groups.
2. To examine the difference in emotional regulation between the experimental and control groups.

**Theoretical Framework of the Study**

The theoretical framework of this study showed a link connecting Transactional Analysis theory (life script) and Attachment theory (attachment type with parental Figure 1). It also explained the underlying principles of transactional analysis intervention and attachment theory. Furthermore, this theoretical framework explained how the two theories are associated with dealing with communication patterns, improving self-esteem, and comprehending the correlation between the implementation of life script and attachment style. A script is a continuing pattern, created in infancy underneath family involvement, which governs the participant’s conduct in the most significant

elements of his life (Berne, 2011) based on choices taken at any growth phase that stifle originality and restrict versatility in problem-solving and interpersonal interactions.

According to Bowlby (1973), a child’s inner working model gives him a feeling of seeing if he is desirable or unsuitable from the perspective of primary caregivers. To make some effort toward meeting needs, they adapt and accommodate the relationship between the attitudes of prominent people. Consistent with earlier identity physical and affective responses, attachment patterns are unconsciously sub-metaphoric operational memory methods (Bowlby, 1988). Individual scripts are generated

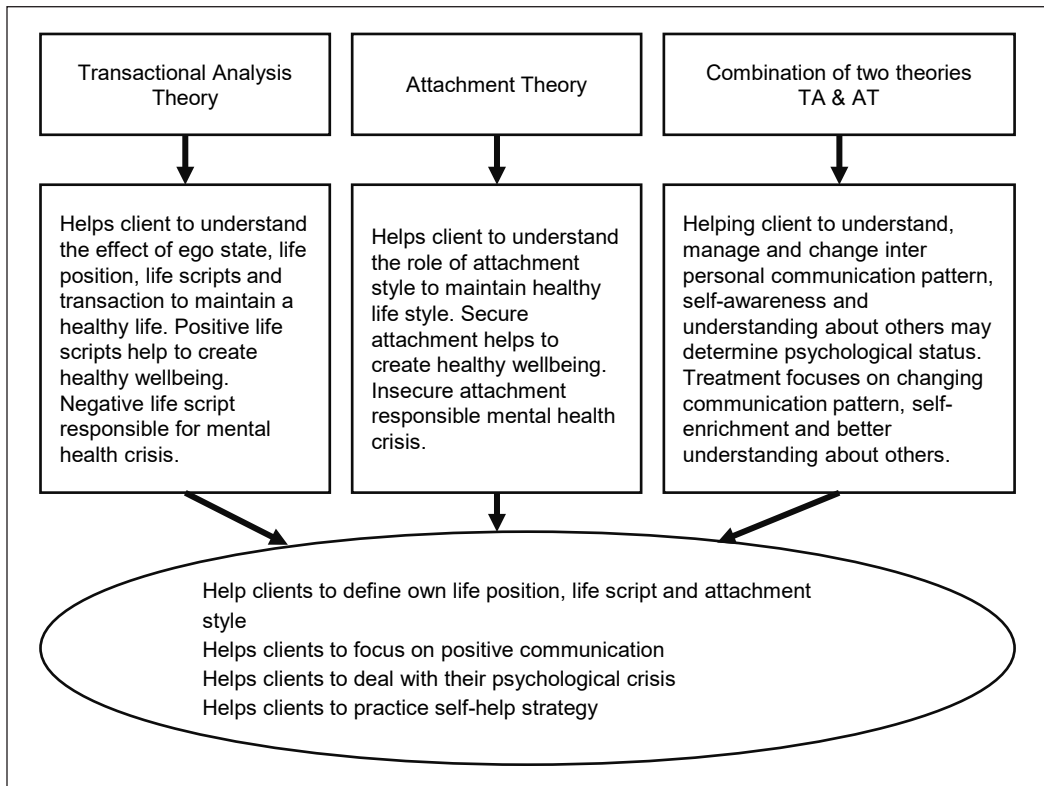


Figure 1. Theoretical framework of the study (Tanni, 2020)

by people's formative experiences, even if they may not know them. Core beliefs are formed because of these experiences. These beliefs shape individual identities, interpersonal relationships, and positions in society. Adolescents build their opinions of themselves on how their parents or other primary caregivers treat them. People learn how relationships work by watching how their parents interact and handle the situation, authority, closeness, and interaction. In this research, the ideas of life scripts and attachment styles were combined to support each client's good functioning.

## **MATERIALS AND METHODS**

This study employed a quantitative research method through experimental design using the pre-test and post-test control and experimental group design to investigate the effectiveness of the transactional analysis intervention following the conceptual framework previously discussed. This randomized control trial comprised one experimental and one control group to assess the independent and dependent variables. In a randomized design, participants are randomly assigned to the experimental and control groups (Maxwell et al., 2017). The scores of the dependent variables were determined using a pre-test and post-test trial. A pre-test was given to all study subjects to assess their level of parent-adolescent conflict, emotional regulation, and depression. The target population of this study is adolescent students in Dhaka, Bangladesh. A simple random sampling using the lottery method selected one high-

achieving secondary school from Dhaka's 15 high-achieving secondary schools with a counseling support unit. The lottery method also randomly assigns participants to different groups or conditions (Creswell, 2002). It helps ensure that the groups are comparable and that any observed differences are not biased by pre-existing characteristics. Most schools in Bangladesh practice gender-segregated classrooms where it is common to have a single-sex classroom. So, four classrooms (two male-oriented classes and two female-oriented classes) were selected as the subjects of this study.

## **Instrumentations**

The study employed three scales to evaluate the dependent variables (i.e., parent-adolescent conflict, emotional regulation, depression) to obtain the answers to the research questions. For this purpose, the Conflict Behavior Questionnaire (Robin & Foster, 1984) was used to assess parent-adolescent conflict, the Emotion Regulation Questionnaire (Gross & John, 2003) was used to assess emotional regulation, and the Beck's Depression Inventory (Beck et al., 1996) was used to assess depression. These three scales have been commonly used in past studies and literature.

## **Data Collection Procedure**

The data collection process consists of three phases. Phase 1 comprised the screening process, pre-test, intervention program, and post-test. The pre-test involved administering the Conflict Behavior Questionnaire, Emotion Regulation Questionnaire, and

Beck's Depression Inventory. Phase 2 involved administering the intervention. Six sessions were conducted separately with the experimental and control groups. The sessions were scheduled every week for a maximum of 90 minutes per session, which were done throughout twelve weeks. Meanwhile, the control group received standardized group counseling. Phase 3 involved a post-test that was conducted after the twelfth session.

## RESULTS

### Respondent Profile

The subjects were 13 to 14-year-old adolescents who experienced conflicting issues with their parents, emotional regulation, and depression. A total of 60 adolescents were randomly selected and assigned to the two experimental groups and two control groups based on gender.

### The Difference of Parent-adolescent Conflict Between Groups

The first objective is to see the difference in parent-adolescent conflict between the experimental and control groups. The mean scores of these two questionnaires differed in the experimental and control groups. The mean scores for both father and mother were higher in the control group. They lowered in the experimental group, mainly due to the transactional analysis treatment provided to the latter. It indicates that the experimental group had lower parent-adolescent conflict than the control group.

An Independent sample t-test was conducted to compare the post-test scores

of the experimental and control groups, where the former received transactional analysis therapy. At the same time, the latter was provided with the usual treatment. A significant mean score difference related to the parent-adolescent conflict with father and mother, as evident by the post-test scores between the experimental group ( $M = 8.37, 7.40; SD = 1.809, 1.958$ ) and control group ( $M = 10.00, 10.87; SD = 1.174, 1.736$ ). The results indicated that the experimental group's mean scores for conflict behavior with father and mother were ( $M = 8.37, 7.40$ ). In contrast, the control group's mean scores were ( $M=10.00, 10.87$ ), showing that the experimental group's scores were lower than the control group's. It indicates that after completing the post-test questionnaire, participants in the experimental group had a more contentious connection with their parents than those in the control group.

Furthermore, the results indicate that transactional analysis therapy influenced the parent-adolescent conflict between parents and adolescents, particularly among the experimental group, as their lower score on the Conflict Behavior Questionnaire represented lower conflict with parents. The independent sample t-test showed a significant difference between the mean scores of parent-adolescent conflict with father between the experimental and control group ( $t(49) = -4.147; p < .05$ ). Therefore, the null hypothesis is rejected. The results showed that the control group had a higher mean score ( $M = 10.00$ ) compared to the experimental group ( $M = 8.36$ ), thus representing less conflict in the experimental group than the control group. There is also a significant difference in the mean scores of

conflict with father between the experimental and control group, with the latter scoring higher than the former 1.63(95% CI, -2.42 to -.84),  $t(49)=-4.15, p=.000$ .

Similarly, the independent sample t-test results showed a significant difference between the mean scores of parent-adolescent conflict with mother between the experimental and control group ( $t(58) = -7.255; p < .05$ ). The null hypothesis is thus rejected. It was found that the control group had a higher mean score ( $M = 10.86$ ) compared to the experimental group ( $M = 7.40$ ), hence representing less conflict in the experimental group than the control group. There was also a significant difference in the mean scores in conflict with the mother between the experimental and control group, with the latter scoring higher than the former,  $-3.47(95\% \text{ CI}, -4.42 \text{ to } -2.51)$ ,  $t(58)=-7.25, p=.000$ ) as in Table 1.

The hypothesis investigated whether the experimental and control groups' post-test mean scores differed significantly. The results showed that the experimental group's mean scores for conflict behavior with father and mother were ( $M = 8.37, 7.40$ ).

In contrast, the control group's mean scores were ( $M=10.00, 10.87$ ), indicating that the experimental group's scores were

lower than the control group. It signifies that the conflicted relationship experienced by subjects in the experimental group with their parents was better than that experienced by those in the control group after completing the post-test questionnaire. Furthermore, results of the independent sample t-test revealed a significant mean score difference between the experimental and control groups, indicating that transactional analysis counseling effectively reduced parent-adolescent conflict behavior with the father and mother for the experimental group. According to Saberinia and Niknejadi (2019), transactional analysis training is beneficial in improving parent-child contact with the mother and increasing the parents' psychological state; good and long-term efforts may be implemented to eradicate or ameliorate children's behavioral issues.

**The Difference of Parent-adolescent Conflict in the Experimental Group**

A paired sample t-test was utilized to compare the outcome of the transactional analysis therapy on the parent-adolescent conflict between the experimental and control groups. The Conflict Behavior Questionnaire scores were collected from the pre-test and post-test. Table 2 shows the mean value of the parent-

Table 1  
*Independent sample t-test of Parent-adolescent Conflict with Father and Mother for experimental and control group*

Questionnaire	Group	N	Mean	Mean different	SD	df	t	p
PAC(Father)	Experimental	30	8.36	-1.63	1.81	49	-4.147	.000
	Control	30	10.00		1.17			
PAC(Mother)	Experimental	30	7.40	3.47	1.96	58	-7.255	.000
	Control	30	10.87		1.74			



adolescent conflict (CBQ-Father) for the pre-test and post-test of the experimental group. The mean value of the parent-adolescent conflict scores recorded by the experimental group during the pre-test was 11.10 before dropping to 8.37 after the therapy. Such a decrease indicates the therapy's positive effect and a reduction in the parent's conflict with the father.

A similar procedure was implemented to compare the mean scores of parent-adolescent conflicts with the father during the pre-test and post-test that were recorded by subjects who had undergone the transactional analysis counseling therapy. Results show a significant difference between the mean scores of parent-adolescent conflict before ( $M = 11.10$ ,  $SD = 1.35$ ) and after ( $M = 8.37$ ,  $SD = 1.81$ ) the treatment in the experimental group ( $t(29) = 6.298$ ,  $p < 0.05$ ). Therefore, the null hypothesis is rejected. The results also showed a higher pre-test mean score for conflict with father ( $M = 11.10$ ) than the post-test ( $M = 8.37$ ) for the experimental group. It indicates that the conflict scores in the experimental group decreased after receiving the treatment. There was a significant difference in the pre-test and post-test mean scores for conflict with the father, with the pre-test scoring higher than the post-test, 2.73 (95% CI, 1.84 to 3.62),  $t(29) = 6.298$ ,  $p = .000$ .

Meanwhile, Table 2 shows that the mean score of parent-adolescent conflict for mothers in the experimental group during the pre-test was  $M = 10.70$ , and it later decreased to  $M = 7.41$  after the therapy. Such decline suggests that the therapy has a positive effect and reduces parent-adolescent conflict with the mother. A paired sample t-test was conducted to compare the pre-test and post-test mean scores of parent-adolescent conflicts with mothers among subjects who underwent the transactional analysis counseling therapy. Results in Table 2 show a significant difference between the mean scores of parent-adolescent conflict before ( $M = 10.70$ ,  $SD = 1.56$ ) and after ( $M = 7.41$ ,  $SD = 1.96$ ) the treatment for the experimental group ( $t(29) = 7.415$ ,  $p < 0.05$ ). Therefore, the null hypothesis is rejected. There was a significant difference in the pre-test and post-test mean scores in conflict with the mother, with the former scoring higher than the latter, 3.30 (95% CI, 2.39 to 4.21),  $t(29) = 7.415$ ,  $p = .000$ .

### The Difference in Emotional Regulation Between Groups

The independent sample t-test was used to compare the experimental and control groups' outcomes of transactional analysis therapy on emotional regulation. The experimental and control group scores

Table 2  
*Paired sample T-test of parent-adolescent conflict with father and mother for experimental group*

Outcome	Pre-test		Post-test		n	95% ci for the mean difference	t	df	sig
	M	SD	M	SD					
PAC Father	11.10	1.35	8.37	1.81	30	2.733	6.298	29	.000
PAC Mother	10.70	1.56	7.40	1.96	30	3.300	7.415	29	.000

were calculated from the post-test of the Emotional Regulation Questionnaire (ERQ). Table 3 shows that the mean scores of emotional regulations (i.e., cognitive reappraisal and expressive suppression) were different in the experimental and control groups. In this regard, the mean score for cognitive reappraisal was higher in the experimental group and lower in the control group, indicating that subjects in the experimental group used cognitive appraisal more in their behavior than the control group. On the other hand, a lower mean score in expressive suppression was recorded by the experimental group than the control group, thus suggesting that subjects in the experimental group used minimal expressive suppression time compared to the control group after receiving transactional analysis counseling therapy. Following the transactional analysis of counseling therapy, the experimental subjects used more cognitive reappraisal and less expressive suppressive behavior than those in the control group.

An independent sample t-test was conducted to compare the post-test scores of the experimental and control groups, where the former received the transactional analysis therapy. At the same time, the

latter underwent the standardized treatment. Results in Table 3 show a significant mean score difference of cognitive reappraisal in the post-test scores between the experimental ( $M = 26.10$ ,  $SD = 2.23$ ) and control group ( $M = 21.70$ ,  $SD = 2.51$ ), as well as in expressive suppression (experimental group:  $M = 8.73$ ,  $SD = 2.56$ ; control group:  $M = 19.47$ ,  $SD = 2.43$ ).

Furthermore, the results in Table 3 show that transactional analysis therapy influences the experimental group's emotional regulation (cognitive reappraisal), as the higher score recorded by the cognitive reappraisal facet represents a higher functional emotional regulation strategy. At the same time, the lower score obtained by the experimental group in emotional regulation (expressive suppression) suggests a lower dysfunctional emotional strategy. Such finding indicates that following the transactional analysis therapy, the experimental subjects used a more functional and less dysfunctional emotional regulation strategy than those in the control group. Moreover, the independent sample t-test results illustrate a significant mean score difference in emotional regulation (cognitive reappraisal) between the experimental and control group ( $t(58) = 7.17$ ,  $p < .05$ ).

Table 3

*Independent sample t-test of emotional regulation (Cognitive Reappraisal and expressive suppression) for experimental and control group*

Questionnaire	Group	N	Mean	Mean different	SD	df	t	Sig. p
Cognitive Reappraisal	Experimental	30	26.10	4.40	2.23	58	7.17	.000
	Control	30	21.70		2.51			
Expressive Suppression	Experimental	30	8.73	-10.74	2.56	58	-16.65	.000
	Control	30	19.47		2.43			

Therefore, the null hypothesis is rejected. The higher mean score obtained by the experimental group ( $M = 26.10$ ) compared to the control group ( $M = 21.70$ ) thus represents more functional emotional regulation among the former. There was also a significant mean score difference in cognitive reappraisal between the experimental and control groups, with the latter recording a higher score of 4.50 (95% CI, 3.17 to 5.63),  $t(58) = 7.17, p = .000$ .

The independent sample t-test also showed a significant mean score difference in emotional regulation (expressive suppression) between the experimental and control group ( $t(58) = -16.65, p < .05$ ). This posits that the control group had a higher mean score ( $M = 19.47$ ) than the experimental group ( $M = 8.73$ ), in which such higher mean score represents more dysfunctional emotional regulation. Furthermore, there was also a significant mean score difference in expressive suppression between the experimental and control group, with the latter obtaining a higher score than the former, -10.74 (95% CI, -12.02 to -9.44),  $t(58) = -16.65, p = .000$ .

The experimental group's mean scores for cognitive reappraisal and expressive suppression were ( $M = 26.13, 8.73$ ), while the control group was ( $M = 21.70, 19.47$ ), which indicates that upon completing the post-test questionnaire, the emotional regulation mechanism of the experimental group was functioning more effectively than that of the control group. Furthermore, the independent sample t-test revealed a significant difference between the mean

scores of the experimental and control groups, indicating that transactional analysis counseling helped regulate functional and emotional regulation among the experimental group.

Previous research has shown that transactional analysis intervention can mitigate dysfunctional emotional regulation and promote optimal emotional regulation. Properly functioning emotion regulation strategies can assist individuals in identifying specific emotions and selecting the appropriate strategy to regulate them (Keshavarzi et al., 2016). The TA intervention assists individuals in being free of the influence of their psychological states and life script on individual relations with other people, as well as preventing the establishment of inadequate emotional regulation and unawareness decisions. The effects of TA on psychological disruption indicators, consciousness, and personality states were shown to be stable. Previous findings also confirmed that, following TA intervention, an individual might balance their feelings and sense of self-worth regarding love in their child and parent states by being in their adult state. People learn to place themselves in the best possible state (I'm OK, you're fine) to avoid self-doubt, remorse, low self-esteem, or even blaming the other side and retaining ill willpower and disdain for it (Rajabi & Nikpoor, 2018).

## DISCUSSION

The findings of this study resume that TA intervention effectively reduces parent-adolescent conflict among adolescents in

Bangladesh. It signifies that the conflicted relationship experienced by subjects in the experimental group with their parents was better than that experienced by those in the control group after completing the post-test questionnaire. Furthermore, results revealed a significant mean score difference between the experimental and control groups, indicating that transactional analysis counseling effectively reduced parent-adolescent conflict behavior with father and mother for the experimental group. Similar findings from Saberinia and Niknejadi (2019) showed how transactional analysis therapy helped adolescents reduce hostile behavior with their parents. The first objective is for the person to get self-knowledge, an insight that will allow him or her to explain the patterns of action and behavior in various life situations. One of the critical outcomes of gaining this knowledge is the improvement of communication abilities, which has been supported by various empirical research. In terms of effectiveness, transactional analysis psychotherapy is comparable to cognitive behavioral therapies used in the United Kingdom to treat anxiety and depression. For clients in the clinical range of depression and anxiety, transactional analysis psychotherapy in a group or individual setting resulted in good outcomes and high effect sizes (Rijn & Wild, 2016).

The results of this research are linked to other past transactional analysis research that documented its advantage on parameters such as conflict between parents and adolescents, aggression, and depression.

Transactional, analytical therapy has been reported as effective counseling to promote improvement in parent-adolescent conflict and as a treatment for adolescent aggressive behavior (Kulashekara & Kumar, 2014). Additionally, prior research suggested that mindfulness techniques helped parents reduce parenting stress and improve adolescents' emotional well-being (Burgdorf et al., 2019). Further research revealed that school group counseling could influence the relationship between young people and their parents, thus reducing home anxiety (Haddad & Shechtman, 2019).

In addition, the therapist provided several psychoeducation slots on how to deal with a crisis scenario. Transactional analysis therapy has been identified as a successful counseling treatment to strengthen the connection between parent-adolescent conflict and coping with aggressive adolescent behavior (Kulashekara & Kumar, 2014). The goal of the TA treatment was to rescue the adult ego-state from the negative influences of the parent and child ego-states, resulting in the desired behavioral improvements. Adolescents can examine the challenges and consequences of ego in a safe and supportive atmosphere through TA group therapy. Addressing ego-related concerns and concepts thus leads to insight, self-awareness, and resistance reduction and ultimately serves as a treatment to decrease depressive symptoms.

The findings of this study are consistent with the findings of Rajabi and Nikpoor

(2018) that the TA approach assists individuals in being independent of the influence of their psychological states and life script on their interactions and relationships, preventing the creation of inefficient relationships and the general ignorance of decisions. Transactional analysis treatment is beneficial in reducing irrational beliefs as well as dependent and avoidant decision-making styles (Rahmanian et al., 2019). Furthermore, emotion dysregulation plays a significant role in psychopathology, directly and indirectly, by channeling the harmful influence of anxious attachment (Clear et al., 2020). Košutić et al. (2019) discovered that emotional dysregulation was directly linked to adolescent depression regardless of gender, age, or the family's birth order. As a result, treatment programs for adolescents with depressive illness need to prioritize and empower cognitive reappraisal as a social skill for emotional control. The intervention also considerably enhanced the mean score of the experimental group's functional emotion control techniques. It advocates previous research that TA can help people avoid self-criticism, feeling guilty, undermining their self-esteem, or even blaming the other side and feeling angry (Rajabi & Nikpoor, 2018). Results of the means comparison and paired sample t-test showed that subjects in the experimental group showed improved emotional control after receiving the transactional analysis treatment, particularly in improved cognitive reappraisal and less expressive suppression than the control group.

## IMPLICATIONS

Psychiatrists and therapists can benefit from findings on how effective transactional analysis treatments are, which highlight the need for a change in communication skills and increase adolescent awareness about parental and child ego contamination, script life, and psychological awareness of games (Berne, 1961). The results can assist professionals in mental health in better treating the conflict between adolescents and parents, emotional regulatory strategies, and depression. The therapy sessions using the TA method generally investigate how a person's personality has been influenced by their experiences, particularly those from infancy. It helps to shed light and awareness on harmful feelings and behaviors, which can be altered to produce better results. Throughout the transactional analysis psychotherapy, the therapist assisted the adolescents in locating solutions to present difficulties. Therapists have also created valuable everyday tools that may be utilized to identify future answers, allowing adolescents to keep autonomous control over their lives in the future and as a potential to improve self-awareness. In this study, the transactional analysis therapy encouraged personal introspection, assisted adolescents in finding more effective communication methods, and assisted in eliminating unhelpful thoughts, feelings, and behaviors in taking responsibility for their thoughts and actions (Berne, 2016).

Furthermore, adolescents learned to recognize the three ego states (Parent, Adult, and Child) in which they functioned

to attain this aim. They also studied how the rules they acquired and assimilated as youngsters influence their current behavior and how to identify the life script that governs their behaviors. Early in childhood, people frequently create a script they will follow throughout their lives without even realizing it. The therapist offered psychoeducation reading TA throughout the session that children and adolescents reacted to environmental stressors, received injunctions, and made early judgments about themselves and others based on such signals. Such fundamental decisions are manifested in the contemporary ways of thinking, feeling, and behaving. The therapist urged the adolescent to recollect and re-experience early circumstances when incorrect learning occurred. Adolescents eventually realize that they can re-decision and begin a new course in life and may alter what is not working while keeping what does. The constructive learning regarding TA will help them to deal with practical life stressors productively.

## CONCLUSION

Transactional analysis (TA) is a well-known outcome of modern psychology, and it is also one of the most accessible theories in the field. It is intended to assist people in growing and changing. Thus, it is considered a cornerstone treatment for improving well-being and supporting people in reaching their full potential in all aspects of life. The transactional analysis provides a framework for assisting clients in therapy and actively providing treatment to address

behavior patterns noticed and indicated in the ego dynamical system. The evidence reported in this study indicates that TA significantly influences the settlement of crisis relationships, dysfunctional emotional issues, and depression. The current study's findings contribute to the expanding body of information concerning the effectiveness of TA in resolving parent-child conflict and emotional regulation. Furthermore, the findings indicate that Transactional Analysis therapy is an effective treatment for parent-adolescent conflict, emotional control, and depression. The attitude conflict among adolescents with their parents improved after the TA intervention. The participants of this study also used more functional emotional regulation rather than dysfunctional emotional control, thus improving their depressed mood. It provides a new perspective on the relevance of using TA to address mental health issues among adolescents in Bangladesh.

## ACKNOWLEDGEMENT

The authors would like to express their gratitude to all participants involved in this study. There is no funding for this study.

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# Multicultural Academic Experience and Multicultural Counselling Competency in Addressing Polygamous Family Structures Among Registered Counsellors in Malaysia

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## ABSTRACT

To effectively conduct counselling sessions, professional counsellors in Malaysia need to possess multicultural competence, especially considering the discrepancies between the ideal and the actual understanding of polygamous marriages. This study examines the relationship between multicultural academic experience, multicultural counselling competency, and the competency of counsellors in addressing polygamous family structures among 370 registered counsellors in Malaysia. The collected data was analysed using Pearson Correlations, One-Way ANOVA and Multiple Regressions. The findings indicate that the respondents demonstrated high multicultural academic experience and multicultural counselling competency. There was a significant positive correlation between multicultural academic experience and multicultural counselling competency, as well as the competency of counsellors in handling polygamous families. Moreover, there were noteworthy variations in competency levels based on ethnicity. This study highlights the crucial role of multicultural academic experience and multicultural counselling competency in predicting the competency of counsellors when dealing with

polygamous families. Further validation of the Counselors' Multicultural Competency on the Polygamous Family Structure Scale is recommended in future studies encompassing larger and more diverse populations.

**Keywords:** Counselling, competency, multicultural, polygamous family structure, registered counsellor

## ARTICLE INFO

### Article history:

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.08>

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## INTRODUCTION

Malaysia has a population of about 33.2 million (Department of Statistics Malaysia, 2023). Malaysia is a multi-racial, multicultural, and multilingual society comprised of different ethnic groups. The ethnicities in Malaysia mainly consist of the Malays, Chinese, Indians, indigenous communities, and natives of Sarawak and Sabah. Multicultural counselling competence is essential for counsellors who work with clients from diverse ethnic and cultural backgrounds. It plays a crucial role in their professional practice in developing competent counsellors (Sue, 1992). Consequently, universities in Malaysia must incorporate at least one multicultural counselling course within their counselling programs (Harun et al., 2021; Lembaga Kaunselor Malaysia, 2016)—these courses and training in multicultural counselling aim to reduce racism when counselling clients from diverse cultural backgrounds. According to Hill et al. (2013), a counsellor's competence in establishing a therapeutic relationship with clients from different cultures is influenced by their training, academic background, and experience. The social cognitive theory postulates that learning happens within a social context, where individual behaviours and environments interact reciprocally and dynamically (Bandura, 1986). The competence can be enhanced by counselling culturally diverse clients and gaining multicultural academic experiences. Multicultural counselling competencies consist of three components:

awareness, knowledge, and skills. These competencies are essential for counsellors to effectively work with diverse cultural groups (Sue et al., 1992).

### **Polygamous Family Structure and Cultural Diversities**

Polygamy, a widely debated and controversial topic, has garnered significant scholarly attention around the globe (Kent, 2023; Naqvi, 2023). It is a family structure practised not only by Muslims but also by others, such as Mormons, a sect of Christians (Watson, 2022). In Malaysia, a Muslim man can legally marry up to four wives, provided he can demonstrate financial capability, fairness to the wives, and a justifiable reason according to Islamic provisions as stated in the Qurán (4:3). Positive roles of polygamy have been highlighted by Yasin and Jani (2013). However, research indicates that the stigma of polygamous families can contribute to mental health issues among wives and negatively impact children (Kee & Hassan, 2020). Nevertheless, more neutral findings on the impact of polygamy have been illuminated by some in-depth studies (Zeitzen, 2018; Razif & Huda, 2017).

### **Multicultural Counselling Competency in Addressing Polygamous Family Structures**

For counsellors to effectively address the needs of clients from polygamous families, it is essential to have competency in multicultural counselling. However, limited attention has been given by the counselling profession to the specific challenges posed

by polygamy. The cultural values and social norms associated with polygamy in Malaysia make it a sensitive and delicate issue within the counselling context (Jaladin et al., 2020). Moreover, there is a scarcity of research on polygamy-related issues, particularly within the counselling field in Malaysia. Previous studies have predominantly focused on measuring multicultural counselling competency in specific areas, such as counselling for the LGBTQ+ community (Bidell, 2014; Jamal et al., 2018; Pereira et al., 2019). Therefore, it is crucial to expand counselling competency studies to encompass other domains, specifically the competency to effectively counsel clients from polygamous families.

### **Problem Statement**

In light of these considerations, this study aims to investigate the relationship between multicultural counselling academic experiences and multicultural counselling competency regarding the polygamous family structure among registered counsellors in Malaysia. By exploring this under-researched area, we can gain insights into how counsellors can enhance their competence in assisting clients from polygamous families. This research seeks to bridge the knowledge gap and contribute to the professional development of counsellors in handling the unique challenges associated with polygamy.

### **Study Objective**

This study examined the relationship between multicultural academic experience,

multicultural counselling competency, and the counsellor's competency in the polygamous family structure among registered counsellors (RCs) in Malaysia. There were five hypotheses in this research.

H1: There is a significant relationship between multicultural academic experience and multicultural counselling competency among RCs.

H2: There is a significant relationship between multicultural academic experience and counsellors' competency in the polygamous family structure among RCs.

H3: There is a significant relationship between multicultural counselling competency and counsellors' competency in the polygamous family structure among RCs.

H4: Counsellors' competency in the polygamous family structure is significantly predicted by multicultural academic experience and multicultural counselling competence among RCs.

H5: There is a significant difference between the ethnicities among RCs in multicultural counselling competency and counsellors' competency on polygamous family structure

## **MATERIALS AND METHODS**

The research design utilised in this study was correlational, either to elucidate significant human behaviours or to forecast probable outcomes (Gay et al., 2012; Lee & Khawaja, 2012). The data for this study was obtained through a set of questionnaires. The researcher deliberately adopted a

correlational approach to examine the relationships between the studied variables. Three distinct instruments were employed to measure the variables studied: multicultural academic experience, multicultural competency, and counsellors' competency within polygamous family structures.

### **Population and Sampling Procedures**

The sample for a correlational study should be selected carefully and, if possible, randomly. Formulas and published sample size tables were used to determine the reasonable sample size according to the total population. The total number of registered counsellors in Malaysia is 9243. According to the sample size table published by Barlett et al. (2001), with a prior significant level = .01, the effect size of  $r = .30$ , and a statistical power of .99, the required sample size is 209. However, the researcher increased the sample size to 370 to make sure that there was enough data for analysis of the differences between ethnicities (Salkind, 2017). Besides that, the Cochran formula for continuous data was also applied to calculate the ideal sample size. We set the significant level at .01, used the 7-point Likert scale, and set the acceptable margin of error level at 3%, considering all three different statistical analysis requirements.

Stratified random sampling was used in the current study. The first step in stratified random sampling was to define the strata in the population and list all individuals. The strata are the ethnicities: Malay, Chinese, Indian and others. According to Cohen (1988), a minimum sample size

of 30 respondents per stratum is required for comparison. In the random number technique, every registered counsellor in Malaysia was listed according to their registration number in Microsoft Excel format. A subset of the population was generated using the online random number generator (culcatorsoup.com), which is 550 registered counsellors. Then, the 550 samples were chosen from the population list based on the 550 numbers generated. After that, the questionnaire was mailed to these 550 registered counsellors. The researcher generated 550 random numbers because a response rate of 50% was expected (Salkind, 2017).

### **Instrumentation**

Three instruments were adopted and adapted in this study. The first two instruments were adopted, whereas the third was adapted. The third instrument is the Counsellor Competency on Polygamous Family Structure Scale (CCPFS), which was adapted from two instruments because there is no suitable instrument to measure the third variable. This instrument was used to measure the competency of the counsellor's work with clients from a polygamous family structure. A demographic questionnaire was also distributed to the participants. Participants were required to designate their age, gender, ethnicity, religion, and working experience in counselling.

**Multicultural Course Racial Experiences Inventory (MCREI).** This instrument is meant to measure the experiences of

participants in multicultural courses. There are 19 items in MCREI. It consists of four subconstructs, comprising five items for Racial Group Identification, five for Racial Diversity-Tension, four for Racial Group Salience, and five for Racial Diversity – Negative Effects. The 7-point Likert scale was applied in rating each item (1= Strongly disagree, 2=Disagree, 3=Somewhat disagree, 4=Neutral, 5=Somewhat agree, 6=Agree, 7=Strongly agree), giving a range score of 19 to 133. The higher the score, the higher the respondents' level of multicultural academic experience. Cronbach's  $\alpha = .842$  for the MCREI (Harun et al., 2021)

**Multicultural Counselling Competence Survey and Training-Revised (MCCTS-R).** Holcomb-McCoy and Day-Vines (2004) developed the original version of MCCTS, revised in 2004 to measure the multicultural counselling competency of school counsellors. There are 32 items in MCCTS-R. There are three subconstructs in MCCTS-R: Multicultural Knowledge (20 items), Multicultural Awareness (8 items), and Multicultural Terminology (4 items). All items are positively directed. The 7-point Likert scale was applied in rating each item (1= Strongly disagree, 2=Disagree, 3=Somewhat disagree, 4=Neutral, 5=Somewhat agree, 6=Agree, 7=Strongly agree). The score range of MCCTS-R is 32 to 224. The higher the score of MCCTS-R, the higher the multicultural counselling competence level of respondents. Harun et al. (2021) evaluated the Malay version of MCCTS-R; they found Cronbach's  $\alpha=.952$

for the 32 items, and each factor ranged from .874 to .935

### **Counsellors' Competency on Polygamous Family Structure Scale (CCPFS).**

CCPFS was modified and adapted from the Attitudes Toward Polygamous Marriage (ATPM) scale (Negy et al., 2013) and the Sexual Orientation Counsellor Competency Scale (Bidell, 2005). CCPFS consists of three sub-constructs: awareness, skills, and knowledge. Every sub-construct consists of 7 items and a total of 21 items. The 7-point Likert scale was applied in rating each item (1= Strongly disagree, 2=Disagree, 3=Somewhat disagree, 4=Neutral, 5=Somewhat agree, 6=Agree, 7=Strongly agree). The score range of CCPFS is 21 to 147. The total score of CCPFS gained from the respondents explained their level of self-perceived multicultural counselling competence. In this study, we found Cronbach's  $\alpha= .862$  for CCPFS.

### **Pilot Study**

The reliability of the instruments and appropriateness of the items were checked by the pilot study, especially when the instrument was adapted and translated. Multicultural Course Racial Experiences Inventory (MCREI), Multicultural Counselling Competence Survey and Training-Revised (MCCTS-R) and Counsellor Competency on Polygamous Family Structure Scale (CCPFS) were sent to 30 registered counsellors in Google Form. They were given three weeks to complete the questionnaire. The data collected from

the pilot study of the initial database was analysed using alpha Cronbach for reliability analysis.

The reliability analysis showed that the overall reliability of all the instruments included in the questionnaire ranged from .862 to .961. The overall of each instrument is presented in Table 2. Based on the overall reliability, it can be concluded that all the items in the MCREI ( $\alpha = .903$ ), MCCTS-R ( $\alpha = .961$ ) and CCPFS ( $\alpha = .862$ ) are reliable and stable, as Pallant (2011) mentioned that Alpha Cronbach of  $\alpha = .70$  and above are more than adequate.

### **Data Collection and Analysis**

A web-based survey tool known as Google Form was used for data collection for the online survey method in this study. The link for questionnaires was emailed to the respondents. They were given three weeks to complete and reply to their responses by email. Two weeks after the samples received the questionnaires, they were reminded to return them by the end of that week. Finally, data was collected from 370 respondents.

After the data was collected through Google Forms, the data was downloaded in Microsoft Excel format. The data was subsequently transferred to the SPSS. The data was analysed using a descriptive analysis, a correlation analysis, a multiple regression analysis and one-way ANOVA. In addition, the normality of the data collected from MCREI, MCCTS-R, and CCPFS was also checked with skewness and kurtosis. Correlation analysis is a statistical tool used to determine the strength of the relationship

between two metric variables. Furthermore, the researcher ran a multiple regression analysis to determine the influence of multicultural academic experience and multicultural counselling competency on the polygamous family structure. Finally, one-way ANOVA was conducted to compare the differences between ethnicities in counsellor competency and polygamous family structure. To ensure an equal sample size group comparison, we chose the smallest acceptable size ( $n=35$  Chinese ethnic). Then, we randomly selected 35 respondents from the other ethnic groups, namely Malay and Indian.

## **RESULTS**

### **Descriptive Statistical Analysis Findings**

The distribution of respondents' gender, age, race, religion, marital status and years of counselling experience are shown in Table 1.

### **Inferential Statistical Analysis Findings**

The normality test for the three variables, multicultural academic experience, multicultural counselling competency and counsellors' competency on the polygamous family structure, was conducted to achieve the main requirements of inferential studies. A visual inspection of their histograms, normal Q-Q Plots, and box plots were normally distributed for MCREI, MCCTS-R and CCPFS among the registered counsellors in Malaysia. The skewness ranged from 0.009 to -0.596, and kurtosis ranged from -0.149 to -0.456 for MCREI, MCCTS-R, and CCPFS. The researcher used the Pearson correlation to test the relationship



between multicultural academic experience and multicultural counselling competency among registered counsellors. The analysed result is shown in Table 2.

Table 1  
*Profile of respondents*

Demographic variables	Categories	Frequency	Percentage (%)
Gender	Male	126	34.1
	Female	244	65.9
Age (years)	Below 25	6	1.6
	26–30	103	27.8
	31–35	89	24.1
	36–40	54	14.6
	41–45	45	12.2
	46–50	24	6.5
	50 and above	49	13.2
Ethnicity	Malay	248	67
	Chinese	55	14.9
	Indian	35	9.5
	Bumiputera Sabah	21	5.7
	Bumiputera Sarawak	11	3.0
Religious	Muslim	265	71.6
	Buddhist	32	8.6
	Christian	43	11.6
	Hindu	28	7.6
	Others	2	0.6
Marital Status	Single	156	42.2
	Married	202	54.6
	Divorced	10	2.7
	Widow	2	0.5
Years of experience in counselling	1–5 years	170	45.9
	6–10 years	67	18.1
	11–15 years	66	17.8
	16–20 years	40	10.8
	21–25 years	18	4.9
	26–30 years	9	2.4

Table 2  
*Correlation of MCREI, MCCTS-R, and CCPFS*

Correlation	r	Sig. p	Strength
MCREI and MCCTS-R	.370*	.000	Moderate
MCREI and CCPFS	.205*	.000	Weak
MCCTS-R and CCPFS	.398*	.000	Moderate

Note. \* Correlation is significant at the 0.01 level (2-tailed)

**H1: There is a significant relationship between multicultural academic experience and multicultural counselling competency among RCs.** As shown in Table 2, the correlation coefficient obtained was  $r=.370, p < .001$ . Therefore, a significant moderate positive relationship existed between multicultural academic experience and multicultural counselling competency.

**H2: There is a significant relationship between multicultural academic experience and counsellors' competency in the polygamous family structure among RCs.** Then, the analysed result of testing the relationship between multicultural academic experience and counsellors' competency in polygamous family structures among the registered counsellors. The correlation coefficient obtained was  $r=.205, p < .001$ . The result indicated a significant positive weak relationship between the two variables.

**H3: There is a significant relationship between multicultural counselling competency and counsellors' competency in the polygamous family structure among RCs.** The result of the analysis of the relationship between multicultural counselling competency and counsellors' competency in polygamous family structures was examined. As shown in Table 1, the correlation coefficient obtained is  $r=.398, p < .001$ . Therefore, there was a positive significant moderate relationship between multicultural counselling competency and counsellors' competency in polygamous family structures.

**H4: Counsellors' competency in the polygamous family structure is significantly predicted by multicultural academic experience and multicultural counselling competence among RCs.** Accordingly, a multiple regression analysis was conducted to examine whether MCREI and MCCTS-R statistically explain CCPFS. The result of the multiple regression analysis is shown in Table 2.

The results in Table 3 indicate that the combination of multicultural academic experience and multicultural counselling competency could statistically significantly explain the counsellors' competency in the polygamous family structure,  $F(2, 367) = 35.59, P < .05$ . The adjusted  $R^2$  value was .158, which means that 15.8% of the variance was explained.

Table 3  
Influence MCREI and MCCTS-R on CCPFS

Variables	B	$\beta$	t	P
Constant	28.582		3.721	.000
MCCTS-R	.273	.374	7.263	.000
MCREI	.083	.067	1.399	.194

Note.  $R^2 = .162, F(2, 367) = 35.59, R = .403, P < .05$

**H5: There is a significant difference between the ethnicities among RCs in multicultural counselling competency and counsellors' competency on polygamous family structure.** Finally, One-way ANOVA was conducted to test the differences between ethnicity, multicultural counselling competency and counsellors' competency on the polygamous family structure level. The analysed result is shown in Table 4.

Table 4  
*Comparison of Respondents' Ethnicity on Multicultural Counselling Competency (MCCTS-R) and Counsellors' Competency on Polygamous Family Structure (CCPFS) (n 35 Malay, 35 Chinese, and 35 Indian)*

Variable	M	SD	df	p
MCCTS-R			F(2, 102) = 2.54	.084
Malay	183.11	26.81		
Chinese	178.20	24.52		
Indian	191.49	23.38		
CCPFS			F(2, 102) = 8.77	.000
Malay	93.23	14.27		
Chinese	75.83	18.07		
Indian	85.83	19.57		

The multicultural counselling competency was not significantly different for the ethnicity of respondents,  $F(2, 102) = 2.54, p = .084$ . However, counsellors' competency on the polygamous family structure was significantly different for the ethnicity of respondents,  $F(2, 102) = 8.77, p < .001$ . The researcher ran an LSD post hoc test to determine the means of various groups that were significantly different from one or more means from the other groups. LSD comparisons showed that there was a significant difference between Malay and Chinese ( $p < .001$ ) with a mean difference of 17.4, and Malay and Indian ( $p = .079$ ) with a mean difference of 7.4. The partial eta squared ( $\eta^2 = 0.147$ ) for counsellors' competency on polygamous family structure indicated a large effect size (Cohen, 1988).

## DISCUSSION

The relationship between multicultural academic experience and multicultural

counselling competency among registered counsellors demonstrated a statistically significant, moderately positive correlation ( $r = .370, p < 0.01$ ). These findings align with previous studies conducted by Castillo et al. (2007) and Lee and Khawaja (2012), which also found a positive association between these variables. Castillo et al. (2007) investigated the impact of multicultural training on perceived multicultural counselling competencies among 84 first-year master-level students in counsellor education programs. The results indicated that the multicultural counselling course reduced implicit racial prejudice and increased multicultural counselling competency. Similarly, Lee and Khawaja (2012) found a significant relationship ( $r = 0.34, p < 0.01$ ) between education experience and self-perceived multicultural counselling competency. Additionally, Dameron et al. (2020) reported a positive relationship between multicultural curriculum and counselling competency, where school counsellors exposed to multicultural curricula exhibited higher levels of awareness, knowledge, and skills. Existing research suggests a significant association between multicultural education and multicultural counselling competency.

The current study found a weak yet positive relationship between multicultural academic experience and counsellors' competency in the polygamous family structure among registered counsellors ( $r = .205, p < 0.01$ ). As limited studies focus specifically on counsellors' competency in the polygamous family structure, we are

unable to present similar findings. However, the findings can be supported by related studies. Castillo et al. (2017) examined the relationship between multicultural training and perceived multicultural counselling competencies, reporting that the multicultural counselling course reduced implicit racial prejudice and increased multicultural counselling competency. This finding supports the notion that multicultural academic experience is related to counsellors' competency in the polygamous family structure. It is possible that counsellors' exposure to and interaction with individuals from different ethnicities, such as Malay students, during multicultural classes, contribute to their competency in counselling clients from polygamous families.

The current research findings reveal a moderate, positive relationship between multicultural counselling experience and counsellors' competency in the polygamous family structure among registered counsellors ( $r = .398, p < 0.01$ ). Competency in the polygamous family structure increases with higher levels of multicultural counselling competence and vice versa. While no research specifically addresses counsellors' competency with clients from polygamous families, several studies have explored counsellors' competency with LGBT clients. Bidell (2014) examined the relationship between multicultural counselling competency and sexual orientation competence among counselling and psychology students, finding a significant correlation ( $r = .546,$

$p < .01$ ) between the two. In line with the current study, multicultural counselling competence and competency with clients from polygamous families among registered counsellors are related. These results can be explained by the positive association between multicultural counselling competency and the ability to effectively counsel culturally diverse clients, including those from polygamous families, refugees, immigrants, and other diverse backgrounds.

According to the current findings, counsellors' competency in polygamous family structures can be predicted significantly by both multicultural academic experience and multicultural counselling competency. Previous studies predominantly focused on multicultural counselling academics as the predictor for multicultural counselling competency, with limited research addressing the variable model adequately. Pieterse et al. (2016) found that attending a multicultural counselling course increased students' racial experiences, possibly due to exposure and contact with multicultural individuals. It allows for reflection on thoughts, values, and behaviours that may be overlooked in a similar cultural context. When counsellors attend multicultural training and possess high levels of multicultural counselling competency, this can lead to a high level of competency in the polygamous family structure.

Additionally, the current study found no significant difference in multicultural counselling competency based on respondents' ethnicity ( $p = .084$ ), contrary

to the findings of Holcomb-McCoy and Day-Vines (2004), who reported a significant ethnic difference in multicultural counselling competence. Similarly, Jaladin et al. (2020) found substantial differences in self-perceived multicultural counselling competency among four ethnic groups (Malay, Chinese, Indian, and others) among 508 professional counsellors. These findings differ from the current study, which showed that Malay and Indian counsellors scored higher in multicultural counselling competency than Chinese counsellors. The inconsistent results may stem from differences in personal and professional backgrounds and experiences, influencing perceived multicultural counselling competency ratings. However, the current study aligns with Dagang et al. (2013), which found no significant difference in multicultural counselling competency based on ethnicity.

In terms of counsellors' competency in the polygamous family structure, there was a significant difference based on respondents' ethnicity ( $p = .000$ ). The findings revealed that Malay respondents ( $M = 93.23$ ) scored significantly higher than Chinese respondents ( $M = 75.83$ ), with a mean difference of 17.4. Malay respondents also scored significantly higher than Indian respondents ( $M = 85.83$ ), with a mean difference of 7.4. Additionally, Chinese respondents scored significantly lower than Indian respondents, with a mean difference of 10.0. The highest mean score in competency on the polygamous family structure was observed among Malay

respondents, which could be attributed to the familiarity and cultural understanding of polygamous practices among Muslims.

### **Practical Implications**

There is a shortage of research in Malaysia on multicultural academic experience, multicultural counselling competency, and competency in polygamous family structures among registered counsellors in Malaysia. However, the present findings hold significance in two main aspects: the relationships between these variables and the competency of counsellors in working with clients from polygamous family structures. The findings of this study establish the relationships between multicultural academic experience, multicultural counselling competency, and competency in dealing with polygamous issues.

Drawing from the Multicultural Counselling Competencies Tripartite Model, multicultural counselling competence comprises three components: awareness, knowledge, and skills (Sue et al., 1992). These components are the foundation for developing the Counsellors' Competency on the polygamous family structure scale, which has undergone rigorous testing to ensure validity and reliability. This instrument is suitable for measuring counsellors' competency in polygamous family structures based on the three sub-constructs of counsellor awareness, knowledge, and skills.

This study carries important implications for counsellor education and training in

Malaysia. Education and training are vital in preparing counsellors to be multiculturally competent. Multicultural academic experiences can enhance counsellors' awareness and knowledge. However, the findings indicate that registered counsellors scored higher in awareness and knowledge than in skills, both in multicultural counselling competency and competency in polygamous family structures. Therefore, practical training and supervision should be emphasised in counselling education. Practical training and supervised practice in polygamous-related issues can develop counsellors' skills and interventions in multicultural counselling. Experiential learning is valuable for developing multicultural skills and competence (Arthur & Achenbach, 2002). Multicultural counselling training can incorporate participatory activities such as role-playing, demonstration, modelling, simulated sessions, and case studies of minority groups, including polygamous families. These activities provide counsellors with multicultural interaction and exposure to diverse peers and clients.

Furthermore, this study holds important implications for the professional development of registered counsellors. Opportunities for professional development through multicultural counselling training should be provided to in-service counsellors. Conferences, seminars, and training workshops on understanding and practising multicultural counselling can be organised to enhance counsellors' current practice. Continuing education

and working experiences are essential for counsellors to meet the training needs of the counselling profession (Farmer et al., 2013). Registered counsellors in Malaysia should continuously improve their multicultural knowledge and skills through various professional development activities to enhance their competence in providing multicultural counselling services. However, there is a limited availability of professional development events focusing on multiculturalism, particularly on culturally complex and sensitive issues such as polygamy. Thus, the relevant departments should organise professional development courses or training that specifically address multiculturalism, focusing on cultural complexity and sensitive matters to benefit registered counsellors.

### **Limitations and Recommendations of Future Research**

The present study used a correlational design, and the cause-effect relationship did not exist in this study. The cause-effect relationship between the variables could be studied in future research. Furthermore, the self-reported measurement, which is the self-perceived multicultural counselling competency instrument, was used in this study. According to Constantine and Ladany (2000), the self-reported measurement may not accurately reflect the respondents' competence and may be affected by attitudes of social desirability. Future studies might need to include third parties' ratings, such as clients and supervisors, to control the social desirability factor in the counsellors' survey.

This study could be the first to examine the relationship between multicultural academic experience and the counsellors' competency in the polygamous family structure. In the current study, the counsellors' competency on the polygamous family structure scale is adapted from two instruments because there is no suitable instrument to measure the variable. The reliability and validity of the counsellors' competency on the polygamous family structure scale have achieved a satisfactory level. However, the reliability and validity of the counsellors' competency on the polygamous family structure scale still need to be studied to ensure the scale is suitable for a larger population.

## CONCLUSION

In conclusion, the current study revealed that most registered counsellors in Malaysia perceived themselves as highly competent in multicultural counselling and moderately competent in working with clients from polygamous families. This study's findings also suggested significant positive relationships between the three variables: multicultural academic experience, multicultural counselling competency, and counsellor's competency in the polygamous family structure. There was a significant difference between ethnicity in multicultural counselling competency and counsellors' competency in the polygamous family structure. Indian Malaysian registered counsellors have a high level of multicultural counselling competency, and Malay registered

counsellors have a high level of counsellor competency in the polygamous family structure. Meanwhile, multicultural academic experiences and multicultural counselling competency are essential variables in predicting counsellors' competency in the polygamous family structure. This study also provided practical implications for the multicultural preparation course and professional development activities. The reliability and validity of the counsellors' competency on the Polygamous Family Scale can also be studied to ensure that the scale can be used for a larger population. Further studies on the counsellors' competency regarding polygamous family structure are needed to understand this area more deeply.

## ACKNOWLEDGEMENT

The authors would like to thank the participants who willingly participated in this study and offered their valuable cooperation.

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## **Differential Impacts of Maternal and Paternal Attachments on Adolescent Delinquency: Implications for Counselling**

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### **ABSTRACT**

Delinquency among adolescents is a growing concern in Iranian society. Research on the role of maternal and paternal attachments, particularly in the Iranian context, has received limited attention. This correlational study aims to concurrently investigate the predictive capacity of both maternal and paternal attachment on delinquent behaviours among Iranian adolescents. The sample included 528 students aged 15 and 17 from 10 government high schools in Tehran who were selected using multi-stage cluster sampling. Participants completed self-administered questionnaires using two established instruments. The findings highlighted a significant association between high parental attachment scores and low adolescent delinquent activity. Secure attachments to mothers and fathers were found to reduce engagement in delinquency. Adolescent age, fathers' educational level, and maternal attachment emerged as significant predictors of delinquency. Adolescents with insecure maternal attachments and older adolescents with educated fathers showed greater susceptibility to delinquent behaviour. The study also emphasises the vast contribution of mothers to adolescent development, suggesting the need for further exploration of

paternal influence on internal dynamics and delinquency in future research. In a broader sense, understanding the differential impacts of these attachments on adolescent delinquency may help counsellors to effectively address these issues and provide appropriate interventions.

### **ARTICLE INFO**

#### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.09>

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*Keywords:* Adolescent, delinquency, maternal attachments, parental influence, paternal attachments

## INTRODUCTION

According to United Nations estimates (UNICEF, 2020), millions of children and adolescents grapple with delinquent behaviours, with a notable concentration observed in densely populated cities across Africa, Latin America, and India. Research by Fatehi et al. (2018) underscores the persistent nature of teenage delinquency as a shared concern globally, extending its impact to Iran.

Considering the high incidence of delinquent behaviour among Iranian adolescents (Ardalan et al., 2010; Mohammadiasl, 2006) and the consequent effects on families and communities, a thorough investigation into the factors influencing adolescent delinquency is essential.

Parents, educators, and government agencies are under increasing pressure to investigate the underlying factors contributing to Iran's startling rise in delinquency rates. In the context of Iran, Fatehi et al. (2018) emphasise the vital need to give top priority to developing and applying successful preventive measures to reduce the societal impact of rising delinquency.

Delinquent behaviour is influenced by a multitude of factors, including societal dynamics, familial influences, and genetic predispositions. Social interactions, community context, parenting styles, parental attachment, family structures, and hereditary elements all contribute significantly to shaping the complex landscape of delinquent tendencies.

Recognising and understanding these interconnected factors is crucial for devising holistic strategies to prevent and address delinquency effectively.

Iran's unique cultural, social, and familial dynamics set the stage for distinctive parent-child relationships, influencing adolescent behaviour. Cultural values, extended family networks, and specific norms shape attachment patterns differently than in Western contexts. Factors like collectivism, religious influences, and socio-economic conditions contribute to these nuances. Despite the recognised importance, only a few studies have explored the relationship between parental attachment and adolescent delinquency, specifically within the Iranian context. (Mohammadi & Khalatbari, 2012; Mousavi et al., 2020; Pournaghash-Tehrani et al., 2021)

Our study aims to fill this gap, building on the limited existing research and contributing to a more nuanced understanding of how these factors intersect in Iran. Recognising these unique contextual elements is crucial for tailoring effective interventions and strategies for Iranian families, providing insights not readily applicable to studies in other cultural contexts.

A study conducted in Iran revealed a significant association between the extent of parental involvement, parental attachment security, and the frequency or intensity of aggressive behaviour observed in school-aged children. Parenting dynamics and emotional connections formed during childhood were highlighted by their substantial impact on the behavioural

patterns of children in educational environments (Mohammadi & Khalatbari, 2012).

Despite the recognised importance of parental attachment as a fundamental determinant influencing adolescent behaviour and delinquency outcomes in Iran, little research has been conducted into the relationship between parental attachment and delinquency. While recent global studies, such as those by Hardie (2022), Meeus et al. (2002) and Choon et al. (2013), support the critical role of secure parent-child attachments in reducing the likelihood of adolescents engaging in deviant behaviours, there is a significant gap in the Iranian research landscape regarding this critical association, with only a few studies examining it.

As researchers further explore this area, investigating the differing impacts of maternal and paternal attachments becomes increasingly crucial; however, Solakoglu (2020) points out that few studies have been carried out in non-Western cultural contexts. Recognising that children form distinct attachment patterns with mothers and fathers emphasises the necessity of conducting more thorough research in the Iranian context.

It is now widely recognised that children develop unique attachment patterns with their fathers and mothers, shaping their behaviour and susceptibility to delinquency (Buist et al., 2020; Doherty & Beaton, 2004; Klahr et al., 2014). This evolving body of literature aims to shed further light on the distinctive influences exerted by maternal

and paternal attachments on adolescent behaviour and the risk of engaging in delinquent acts.

In recent years, studies have provided valuable insights into the specific impact of mother-adolescent relationships on developmental outcomes and delinquency. Notably, research has underscored the importance of secure attachments to mothers, characterised by emotional closeness and supportive interactions, demonstrating a positive association with developmental outcomes and a reduced risk of delinquency (Guo, 2022; Jeet & Jain, 2019), highlighting the critical role of a strong and secure mother-adolescent bond.

Conversely, recent investigations have also shed light on the significance of father-adolescent interactions in understanding the risk of delinquency (Ali et al., 2021; Jackson et al., 2023; Svensson & Johnson, 2022). Troubled father-adolescent relationships have been identified as contributing factors to increased engagement in delinquent behaviours among adolescents. Research by Widmer et al. (2023) further supports the importance of cultivating secure maternal attachment relationships in relation to the progression of delinquency among adolescents who display symptoms of ADHD.

While previous research has provided valuable insights into the significance of parental attachment, recent studies focusing on the differential effects of maternal and paternal attachments have advanced the understanding of their unique impacts on adolescent delinquency (Hoeve et al.,

2012). The researchers aim to discern each parent's specific contributions and attachment dynamics to better comprehend the intricate interactions between parental-child attachment and adolescent delinquency, contributing to a more nuanced comprehension of this important matter. In addition, this research may help to deepen counsellors' understanding of how to approach these problems and offer appropriate interventions. In a literature review of 21 studies, Wright and Edginton (2016) reported that therapeutic interventions increased secure attachment behaviours in children.

Prior studies (Bakermans-Kranenburg et al., 2003; Dozier et al., 2006) and more recent studies (Jugovac et al., 2022) provide strong support for attachment and emotion-focused parenting interventions in improving parental sensitivity and effectively reducing non-compliance and aggression in adolescents. However, sample sizes from this research are frequently small; therefore, there is currently little information regarding the efficacy of interventions attempting to enhance secure attachment among particular child age groups (Wright & Edginton, 2016). Additional research has revealed large demographic gaps and a lack of effective interventions for older children and at-risk populations (Wright & Edginton, 2016). By analysing the unique contributions of maternal and paternal attachments, the study aims to provide fresh insights into how each parent's role influences adolescent susceptibility to engaging in delinquent acts.

### **Rationales and Objectives of the Study**

The study seeks to investigate the distinct influences of paternal and maternal attachment on child delinquency outcomes. Previous research has highlighted the importance of examining paternal and maternal attachments in shaping child behaviour and involvement in delinquent activities (Ji et al., 2022). As parental attachment is a protective factor against child delinquency, exploring the intricacies of distinct maternal and paternal attachment roles is significant to the body of research (Allen, 2023).

In regard to therapeutic intervention, attachment-derived evidence-based treatments have demonstrated positive effects on attachment security and emotional and behavioural functioning; however, most studies are based on samples with infants and preschoolers rather than adolescents (Bernard et al., 2012). Allen et al. (2014) stated that comparatively little attachment-related parent-child intervention research has occurred with school-age children. Jugovac et al. (2022) conducted a meta-analysis reporting successful outcomes with attachment and emotion-focused parenting interventions; however, there were limited studies with children under 3 and over 12 years old.

By exploring maternal and paternal-child relationships, this study aims to provide valuable insights into the relative contributions of fathers and mothers on their understanding of their roles in child development and delinquency. Additionally, this research could contribute to evidence-

based clinical decision-making regarding the kind of intervention that would best meet the requirements and preferences of families (Lilienfeld et al., 2013; Spring, 2007). Ultimately, this study aims to fulfil two research objectives: (1) to explore the relationship between paternal attachment and adolescent delinquency and (2) to explore the relationship between maternal attachment and adolescent delinquency.

### Theoretical Framework

One counselling theory that is particularly relevant to understanding the differential impacts of maternal and paternal attachments on adolescent delinquency is Attachment Theory. Developed by John Bowlby and further expanded upon by Mary Ainsworth and others, Attachment Theory focuses on the importance of early attachment relationships in shaping an individual's socio-emotional development (Allen, 2023). Attachment Theory posits that the quality of attachment formed between infants and their primary caregivers (often the mother and father) influences an individual's internal working models of relationships, sense of self, and ability to regulate emotions (Berk, 2013). Secure attachments, characterised by responsive and sensitive caregiving, provide a foundation for healthy emotional and social development. Insecure attachments, on the other hand, can contribute to difficulties in emotion regulation, low self-esteem, and behavioural problems, including delinquency.

When people engage with other people of significance in their lives, they feel

pleasure and excitement. They also find comfort in their proximity during stressful times. It is known as attachment. (Berk, 2013). Specific influences exerted by each parent in shaping child behaviour and susceptibility to delinquency can be identified (Davis & Tyson, 2022; Sayler et al., 2022). From this, researchers can understand how fathers and mothers contribute to child development and delinquency. Recognising parental attachment as a protective factor against child delinquency underscores the significance of studying both paternal and maternal attachments (Ji et al., 2020). By examining the unique aspects of each parent-child relationship, this study aims to pinpoint factors that promote positive developmental outcomes and resilience in children (Johnson & Arditti, 2023), informing interventions and programs to strengthen parent-child bonds and reduce the risk of child delinquency.

Moreover, investigating the differential effects of paternal and maternal attachment on child delinquency advances the understanding of the distinct roles played by each parent in child development. By exploring these dynamics, the study contributes to the existing literature on parental attachment and how it correlates with child behaviour, informing future research and refining theories and models in the field. In this study, two hypotheses were developed:

H<sub>a1</sub>. There is a significant relationship between paternal attachment and adolescent delinquency.

H<sub>a</sub>2. There is a significant relationship between maternal attachment and adolescent delinquency.

**MATERIALS AND METHODS**

**Population and Sampling Procedures**

The population of this correlational study is the adolescent population in Tehran. The population of students from various regular high schools is 170,205 (90,368 females and 79,837 males) in Tehran. The students are in their middle and late adolescence, from age 15 to 17 years old. The multi-stage cluster random sampling approach was used in this study to identify potential respondents. Several steps were taken to ensure sample selection was done randomly:

1. First, the Ministry of Education released a geographical representation of the five geographic regions, including the location of Tehran’s schools (North, West, East, South and Centre). Each region consists of some districts, namely: North (District 1, District 2, And District 3), West (District 5, District 9, And District 10), East (District 4, District 8, District 13, and District 14), South (District 15, District 16, District 17, District 18, And District 19) and Centre (District 6, District 7, District 11, And District 12) of Tehran.
2. Next, one educational district was randomly chosen from each geographical region, and one girls’ and one boys’ school were selected from each district. Each school

consists of first, second and third grade (three grades), and every grade consists of various classes. Randomly, one class from each grade was chosen to take part in the study.

3. The researcher obtained permission from the Tehran Department of Education and school principals before distributing study questionnaires, ensuring compliance with academic purposes, and providing necessary certifications.

The demographic information of the respondents’ background characteristics, such as adolescents’ gender and age, are presented in Table 1.

Table 1  
*Demographic information on adolescents*

Variable	Category	N	%
Gender	Female	332	63
	Male	196	37.1
	15 years	158	30
Age	16 years	192	36.4
	17 years	178	33.7

**Determination of Sample Size**

Determination of sample size is the process of selecting the number of observations to include in a statistical sample. The sample size is determined by selecting a calculated portion of an entire population for the study. In practice, the sample size used in a study is determined based on the extent of data collection and the need for sufficient statistical power. Sample sizes may be calculated in several different ways. Given that the population size was known



for this study, the formula below was used (Israel, 1992):

$$n_1 = \frac{N}{1 + N(e)^2}$$

$$\text{Sample size } (n_1) = \frac{170205}{1 + 170205(e)^2}$$

$$n_1 = 399.99 \approx 399$$

where  $n$  = Sample size;  $N$  = Population size;  $e$  = Sampling error

The number of respondents calculated was 399, but through data collection, some participants might not fully cooperate in this research and provide incomplete data. Thus (Salkind & Frey, 2019) recommended a new sample size to account for the unavailability of respondents as below:

$$\text{Sample size } (n_2) = 399 + (399 \times .5) = 598$$

Therefore, 598 school-age adolescents in Tehran, Iran, made up the study's total sample of respondents.

## Instrumentation

**Delinquency Scale.** The original Delinquency Scale by Harris et al. (2013) contained 15 items. In this study, the researcher designed 16 new items based on the delinquent behaviours of Iranian adolescents. This 31-item scale was developed to determine delinquent behaviours among Iranian adolescents over one year. The researcher and her three supervisory committee members were involved in preparing the additional 16 items of the delinquency scale. Sources related

to delinquency, such as school discipline reports of blacklisted behaviour committed by students in Iran and Islamic literature, were referred to during the process of developing the items.

Based on the results from the pilot study, all items of the delinquency scale were reliable, with a Cronbach's alpha value of .88. Thus, all the items of this scale were retained and used in the present study. The delinquency scale was rated on a four-point Likert scale ranging from "not at all" (1) to "five times or more than five times" (4). The total score was derived by summing up all items. A higher total score on the scale indicates high delinquent behaviour. Examples of items included in the delinquency scale are (1) In the past 12 months, how many times did you get into a serious physical fight? (2) In the past 12 months, how often were you loud, rowdy, or unruly in a public place? and (3) In the past 12 months, how often did you possess forbidden personal properties (i.e., ornaments, mobile phone, camera, improper books, magazines, CD)?

**Inventory of Parents and Peer Attachment (IPPA).** This inventory was used to understand the respondents' affective and cognitive dimensions of their relationships with their mother and father (Armsden & Greenberg, 1987). This scale originally had three subscales to assess adolescent relationships with mother, father, and peers. However, only the mother and father scales were utilised in the current study. Each scale consisted of 25 items with a five-point Likert

scale response ranging from “Almost Never or Never True (1)” to “Almost Always or Always True (5)”. Total scores for these scales were obtained by summing all 25 items after reverse scoring negative worded items (3, 6, 8, 9, 10, 11, 14, 17, 18, 23) in the scale. High scores on the IPPA suggest a secure maternal and paternal attachment.

The IPPA was reported to be a reliable instrument for measuring attachment, with a Cronbach’s alpha value of .93 (Armsden & Greenberg, 1987). A study by Nosrati (2018) in Iran showed that Cronbach’s alpha values for paternal and maternal were .83 and .82, respectively. Furthermore, the IPPA proved to have good construct validity. Examples of items included in the mother and father attachment scale are (1) My mother/father respects my feelings, (2) I feel my mother/father does a good job as parents, and (3) I wish I had a different mother/father.

### **Data Collection and Analysis**

Prior to the actual data collection, a pilot study was conducted involving 100 high school students in Tehran. This sample was selected by the cluster random sampling method from the total population of high school students. The pilot study’s results helped the researcher calculate and measure the reliability of the instruments used in the study. The data collection period occurred within a specified time, from 5th to 12th December in Tehran. This duration allowed for comprehensive and systematic data collection while minimising potential confounding factors associated with varying times (Smith et al.,

2022). The specified teachers were given clear instructions on administering the questionnaires to the participants during regular class hours, ensuring a consistent and controlled environment for data collection (Babbie, 2016).

The study questionnaire included self-report measures and did not involve any personally identifiable information to guarantee the anonymity and confidentiality of the participants. Participants were provided with clear instructions on completing the questionnaire, emphasising the voluntary nature of their participation and the importance of providing honest and accurate responses. The research team was readily available to address any questions or concerns raised by the participants during the data collection process, further ensuring the data’s integrity and quality (Creswell & Creswell, 2022).

Data were collected, securely recorded after completion, and then transferred to the Statistical Package for the Social Sciences (SPSS) programme for analysis. This software is widely recognised and employed in statistics, ensuring compatibility and facilitating efficient data processing and analysis (Pallant, 2020). Overall, the data collection process adhered to rigorous ethical standards and utilised a well-planned approach that involved obtaining appropriate permissions, employing trained research personnel, and ensuring participant confidentiality (Bryman, 2016). These measures contribute to the credibility and reliability of the study’s findings and enhance the validity of the research outcomes.

Exploratory Data Analysis (EDA) is a fundamental technique researchers employ to efficiently organise, summarise, and interpret data (Tukey, 1977). Its primary purpose is to identify patterns, trends, and potential errors within the data that may significantly impact the interpretation of study results. EDA addresses missing values, transforms variables as necessary, and validates the assumptions needed for model fitting and hypothesis testing (Baillie et al., 2022). One essential aspect of EDA is the evaluation of data normality, which involves a comprehensive series of steps in data presentation. This study employed various descriptive statistics, including skewness and kurtosis, histograms, normal Q-Q plots, and box plots, to assess the normality of the data.

Regarding the delinquency data, the analysis revealed a normal distribution, as evidenced by a skewness value of 1.18 and a kurtosis value of 1.52. The visual representations, including the histogram, Q-Q plot, and box plot, further supported the normality of the distribution (Field, 2013). Similarly, the descriptive analysis of paternal attachment data indicated a kurtosis measure of 0.70 and a skewness value of -0.26. These findings suggested a slightly negatively skewed distribution, yet still within an acceptable range, indicating approximate normality. In contrast, the descriptive statistics for the maternal attachment data pointed towards a normal distribution. Although slight negative skewness was observed with a kurtosis value of -0.43 and a skewness value of -0.40, the

distribution remained within an acceptable range, indicating approximate normality (Pallant, 2016).

Inferential statistical analyses were employed to answer the study's research questions. Pearson correlation was utilised to examine the relationships between delinquency and paternal and maternal attachment (Abdullah et al., 2013). All key variables in the study were measured in interval and ratio formats. Furthermore, multiple regression, a statistical technique enabling the prediction of an individual's score on one variable based on their scores on several other variables, was employed to investigate the effects of paternal and maternal attachment on the dependent variable of delinquency (Shek & Zhu, 2019).

## RESULTS AND DISCUSSIONS

### Descriptive Findings

#### Respondents' Demographic Characteristics and Family Contexts.

The descriptive analyses of the respondent's background characteristics, such as age, gender, and number of siblings, are presented in Table 1. Respondents were between the ages of 15 to 17 years old. Of the total 528 students in the present study, 63% of respondents were females, and 37% were males. According to the study's findings, the respondents' family characteristics were examined, including the age and education levels of both fathers and mothers. The results revealed that a considerable proportion (69.5%) of the respondents had fathers aged between 40

and 54. Furthermore, most mothers in the sample were found to be younger than 40 years old, accounting for 63.1% of the respondents. This finding is consistent with the research conducted by Jones et al. (2022). In terms of educational attainment, approximately 40.7% of fathers and 49% of mothers in the study had completed their diploma education.

**Level of Delinquency, Paternal and Maternal Attachment.** Table 2 presents the findings of descriptive analysis conducted on the key variables of this study. Based on the obtained mean scores, high and low categories of each variable were suggested. The obtained mean for delinquency was 18.68. Based on this mean score, most respondents (81.6%) reported low delinquency levels, while 18.4% reported high levels of delinquency. In terms of paternal and maternal attachment, 69.6% of respondents had high attachment to their fathers, while the majority (73%) reported high attachment to their mothers.

Table 2  
*Respondent's type of parental attachment and delinquency*

Variables	N	%
<b>Paternal attachment (n=514)</b>		
Low < 85.72	156	30.4
High > 85.73	358	69.6
<b>Maternal attachment (n=516)</b>		
Low < 88.74	140	27
High > 88.75	376	73
<b>Delinquency (n=528)</b>		
Low < 18.67	431	81.6
High > 18.68	97	18.4

**Bivariate Findings**

In this analysis, the correlation between the study's three major variables, paternal attachment, maternal attachment, and delinquency, was tested and presented in Table 3. Pearson correlation showed a negative significant relation between paternal ( $r=-.39, p\leq.01$ ) and maternal ( $r=-.38, p\leq.01$ ) attachments and delinquency. Results revealed that secure paternal and maternal attachment was associated with less engagement in delinquent behaviour. These findings are consistent with past research that showed adolescents with secure parental attachment had lower delinquent behaviours (Freemon et al., 2023; Cho & Braaten, 2021.) Another study by Jackson et al. (2023) revealed that secure parental attachment acted as a protective factor against involvement in delinquent behaviours among at-risk youth. The findings also highlight the importance of parental monitoring and awareness of children's activities, which aligns with previous research (Karababa, 2022; Ripley-Mcneil & Cramer, 2021). Parents who actively supervise, set clear rules, and possess knowledge about their child's behaviours are less likely to have delinquent children (Hardie et al., 2022). This active monitoring protects

Table 3  
*Correlation matrix*

Variables	X1	X2	Y
X1 Paternal attachment	1	.89**	-.39**
X2 Maternal attachment		1	-.38**
Y Delinquency			1

*Note.* \*\* Correlation is significant at the 0.01 level (2-tailed)

against delinquency by providing structure, guidance, and appropriate consequences for undesirable behaviour.

The current study emphasises the significant role of both mothers and fathers in the development of adolescent delinquency. This finding is consistent with past studies that have also highlighted the importance of parental influence on delinquent behaviours among adolescents. Research by Withers (2020) has indicated that both maternal and paternal factors, such as parenting styles and involvement, play a crucial role in shaping adolescents' behaviours, including delinquency. Furthermore, studies by Simons et al. (2006), Hoeve et al. (2009), and Loeber and Stouthamer-Loeber (1986) have demonstrated that the quality of the parent-child relationship, both with mothers and fathers, significantly influences adolescents' engagement in delinquent behaviours. Positive parental relationships characterised by warmth, support, and effective communication have been associated with lower delinquency levels among adolescents (Korol & Bevelander, 2021). These findings highlight the importance of considering the influence of both mothers and fathers in understanding and addressing adolescent delinquency. It underscores the need for comprehensive approaches involving parents in intervention and prevention programs targeting delinquent behaviours.

As in this present study, past studies also found that adolescents with insecure attachments to their mothers were more likely to exhibit delinquent behaviour (Mousavi et al., 2020; Pournaghash-Tehrani

et al., 2021). This study found that attachment with the father plays a significant role in the child's level of delinquency. Findings from this study also point to the fact that there is very little difference between the impact of secure attachment of mothers and fathers on adolescent delinquency. Attachment Theory can explain this phenomenon. Secure attachments characterised by consistent and supportive caregiving support a sense of safety, trust, and emotional well-being. The likelihood of delinquency is lower in adolescents who have strong maternal and paternal attachments because they are more likely to grow up with healthy emotional control, high self-esteem, and pro-social behaviour. Insecure attachments, on the other hand, can cause emotional instability, low self-worth, and a higher propensity for engaging in delinquent behaviour.

This study also aligns with Social Control Theory, which states that individuals are much less likely to engage in delinquent behaviour when they are attached and have a strong bond with a significant person (Hirschi, 1969). Effective parenting, in particular, promotes conformity and deters delinquent behaviours by insulating children from negative influences. Adolescents with strong maternal and paternal attachments are more likely to have open lines of communication, receive guidance, and experience parental monitoring. Moreover, children with strong attachments to their parents are less inclined to engage in delinquency because they value their relationship with their parents and do not want to disappoint them through

unacceptable behaviour. This attachment is a protective factor, as children with secure bonds consider the potential negative consequences and choose to avoid delinquent activities. Conversely, weak or disrupted attachments can weaken social control mechanisms, making adolescents more susceptible to external influences, peer pressure, and delinquent behaviour.

### **IMPLICATIONS OF THE STUDY**

The factors underlying the influential role of parental attachment are multi-faceted. Emotional support provided by parents plays a crucial role in promoting secure attachments and reducing the likelihood of delinquency (Smith et al., 2022). Effective communication and trust between parents and adolescents facilitate understanding, empathy, and problem-solving skills, strengthening the parent-child bond (Leonid & Ruth, 2015). Active parental monitoring is a deterrent to delinquent behaviours, including knowing adolescents' whereabouts and setting clear expectations (Davis & Johnson, 2018). Additionally, parental modelling of pro-social behaviours and the overall security of the attachment bond contribute to adolescents' development of ethical standards and reduce the likelihood of engaging in delinquency (Melotti et al., 2018).

### **IMPLICATIONS FOR COUNSELLING**

The findings of this study have important implications for parents, counsellors, educators, and policymakers. Recognising the significant role of parental attachment

in shaping adolescents' behaviours can inform intervention strategies to reduce delinquency rates (Jugovac et al., 2022.) Promoting positive parenting practices that emphasise emotional support, sensitivity, effective communication, active monitoring, and positive role modelling can contribute to the development of secure attachments and decrease the likelihood of delinquent behaviours among adolescents (Hardie, 2022). Nevertheless, this study can facilitate counsellors' understanding of how to approach these problems and offer appropriate interventions while working with this particular clientele, outlined as follows:

#### **(i) Attachment Assessment**

Referring students who commit disciplinary offences like tardiness, theft, vandalism, and bullying to school counselling teachers or school counsellors is a widespread practice used as one of the actions to address disciplinary problems in schools. There are undoubtedly many reasons why students have behavioural issues, but the school counselling teacher or school counsellor will likely point to the student's attachment to his or her mother or father as the main cause, especially those from broken families (Allen, 2014). In light of this study's conclusions, school counselling teachers or school counsellors might find that attachment assessment is a must in exploring and confirming the factors that influence their client's behaviour.

The Parent-Child Relationship Scale (P-CRS) can assess the parent-child

relationship and explore how different relationship patterns can occur in different clinical conditions. (Quintigliano et al., 2023). There are six dimensions of the emotional availability of the parent or carer towards the child and the child towards the parent in the third edition of the Emotional Availability Scales (abridged Infancy/Early Childhood version) (Biringen et al., 2000). Parental dimensions include sensitivity, structuring, non-intrusiveness and non-hostility, while child dimensions are the child's responsiveness to the parent and the child's involvement with the parent (Biringen et al., 2000).

Assessment and comprehension of the nature of maternal and paternal attachments in an adolescent's life are both facilitated by counselling. Counsellors can learn more about the strength of attachment bonds by using a variety of assessment methods. It allows them to spot any possible problems with insecurity or disruption that might lead to delinquent behaviour (Wright & Edginton, 2016).

### **(ii) Attachment-based Interventions**

Counsellors can aid adolescents in creating strong and healthy emotional ties by focusing on improving parental and father attachments. Strategies like emotion-focused therapy, family systems therapy, and cognitive-behavioural approaches might promote attachment security (Jugovac et al., 2022; Pleines, 2019). Cognitive-behavioural techniques can increase attachment security in adolescents by detecting and altering negative thought patterns, emotions, and

behaviours, encouraging positive cognitive restructuring, and improving interpersonal skills (Kindsvatter & Desmond, 2013).

Adolescents who use cognitive-behavioural techniques can better recognise and control their emotions. It makes it possible for adolescents to constructively express their needs, wants, and worries to parents, promoting safe bonds. Adolescents can form secure attachments when cognitive-behavioural techniques address attachment-related difficulties (Bosmans, 2016).

### **(iii) Parent-child Relationship Building**

Parental participation in counselling sessions can be very helpful in enhancing attachment dynamics. Counsellors can assist both parents in understanding how their interactions and behaviour affect their child's development by working with both of them (Kindsvatter & Desmond, 2013). Parents might not be aware that emotional management issues can be linked to delinquent behaviour (Meeus et al., 2002). Counsellors assist parents in creating a plan for controlling their emotions and exhibiting appropriate emotional expression. Parents may give their children a calmer and more encouraging environment by encouraging emotional management (Wright & Edginton, 2016). It will make it easier for parents to empathise with their children and foster open communication by actively listening to their worries, thoughts, and feelings. Validation strengthens the attachment between parents and children by making the adolescents feel heard and understood. Additionally, counsellors can offer advice on

parenting practices, communication skills, and strategies of positive discipline that will encourage healthy attachments.

### Limitations and Future Suggestions

It is important to acknowledge some limitations of this study. First, the study relied on self-report measures, which may be subject to bias and social desirability effects. Future research could incorporate multiple informants and objective measures to enhance the reliability and validity of the findings. Second, the study focused on a specific population of adolescents in Tehran, which limits the generalizability of the results to other cultural contexts. Future studies should include diverse samples to examine the cross-cultural variations in the relationship between parental attachment and delinquency. Most studies focused on parent-child interaction therapy.

### CONCLUSION

In conclusion, this study highlights the significant role of parental attachment in shaping adolescents' behavioural outcomes, specifically their engagement in delinquent behaviours. The findings underscore the importance of fostering strong emotional bonds, effective communication, parental monitoring, positive role modelling, and attachment security in promoting positive development and reducing the risk of delinquency among adolescents. Lastly, this study highlights implications for counselling with regard to attachment assessment, attachment-based interventions, and parent-child relationship building that might assist

counsellors when working with parents and adolescents.

### ACKNOWLEDGEMENT

The authors convey their sincere gratitude for the willingness of the participants to fully participate in this study.

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## **Adolescent Prosocial and Antisocial Behaviours: Simultaneous Effects of Self-control, Attitudes of Parents and Teachers**

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### **ABSTRACT**

This study investigates the complex relationships between parental attitudes, teacher attitudes, and self-control and their associations with prosocial and antisocial behaviour among adolescents in Bali, Indonesia. The research utilises a correlational research design with structural equation modelling (SEM) analysis to examine the relationships among variables comprehensively. A sample of 260 high school students aged 14 to 16 in Bali, Indonesia, was selected using a multi-stage cluster random sampling technique with 104 male and 156 female. The standard deviation of age is 0.49. Data were collected using adapted instruments to measure prosocial behaviour, antisocial behaviour, parents' attitudes, teachers' attitudes, and self-control. The study found positive correlations between parental attitudes, teacher attitudes, self-control, and prosocial behaviour and negative correlations with antisocial behaviour. The SEM analysis produced a predictive model for adolescent prosocial and antisocial behaviour, demonstrating strong compatibility with the model. The results indicated that parents' attitudes, teachers' attitudes, and self-control contributed

significantly to prosocial behaviour among adolescents. However, while teachers' attitudes and self-control were significantly related to antisocial behaviour, no significant relationship was found between parents' attitudes and antisocial behaviour. The findings provide valuable insights into the role of parent-child relationships and highlight the potential for fostering positive

#### ARTICLE INFO

##### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.10>

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behavioural outcomes. The study's contribution lies in its focus on multiple dimensions of relationships and its exploration of the impact of parental difficulties. Ultimately, this research deepens the understanding of prosocial and antisocial behaviour and its underlying mechanisms, shedding new light on the field of prosocial.

*Keywords:* Antisocial, prosocial, parents' attitude, teachers' attitudes, self-control

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## INTRODUCTION

Prosocial and antisocial behaviours affect mental health and social relationships (Kaur, 2019). Studies indicate that the two constructs are closely related, i.e., individuals with low levels of prosocial habits and a low tolerance for others tend to be more aggressive (Joosten et al., 2015). Prosocial behaviour is voluntary behaviour that is inclined towards helping others. Individuals with such behaviour are caring and like to share what they have (Manesi et al., 2017). Numerous studies on prosocial and antisocial behaviours suggest that these behaviours can help individuals make a smooth or problematic transition from childhood to adulthood regarding social relationships (Hernandez et al., 2014). Prosocial habits can act as a deterrent to difficult behaviour in adolescents (Caprara et al., 2014). Prosocial behaviour facilitates social relations and mitigates undesirable behaviour while encouraging well-being and social adjustment, which, in turn, leads to positive development (Akers et al., 2011). Individuals who often identify and respond to requests for assistance develop compassion and appreciation for others. Adolescents with prosocial behaviour enjoy popularity among peers; they are confident of their abilities and have positive emotions.

According to Putri and Noviekayati (2015), teens with prosocial behaviour possess certain traits such as being cooperative, helpful, generous, and charitable; they tend to share their possessions as well as make donations.

On the other hand, antisocial behaviour has been described as a type of behaviour directed negatively toward other people. Individuals with such behaviour tend to violate social rules (Castano, 2012). This type of behaviour takes different forms (with varying severity), such as deception, unsafe sexual actions, rule-breaking, illicit drug use, and criminal activity, such as robbery, damage, fraud, attack (either physical or verbal), and vandalism (Morgado, 2017). This spectrum of behaviour shows that its magnitude and frequency can be very concerning (Hofmann & Müller, 2018). It is typically retained through puberty and adulthood in persons with behavioural difficulties since childhood (Marcone et al., 2018). The development of this form of behaviour is attributed to various factors, including the family environment and association with antisocial peers. According to Rahayu (2018), antisocial behaviour deviates from the standards existing in the social structure of society, i.e., screaming, hitting, intimidating, losing a temper,

complaining, lying, and being unwilling to queue. Santoso et al. (2017) are of the view that people with anti-social personalities before the age of 15 display behaviours such as ditching, running away, inclination towards physical combat, using guns, pressuring someone to participate in sexual activity, inflicting physical cruelty on people or animals, intentionally damaging or setting fire to buildings, lying, stealing, or robbing (Coelho et al., 2020).

To help adolescents develop prosocial behaviour and avoid antisocial behaviour, studies in this area must identify and investigate the factors associated with both behaviours. According to Mobarake et al. (2014), antisocial behaviour in adolescents could be attributed to their relationships with friends. Similarly, Hofmann and Müller (2018) also found that peers at school impacted students' prosocial and antisocial behaviour. However, Malonda et al. (2019) point out that parents, more than peers, influence the development of their children's identity. Llorca et al. (2017) stress the critical role of parents, pointing out that their attitudes have a bearing on their children's behaviour. In other words, a positive correlation exists between parents' attitudes and students' behaviour. It has been found that teachers' attitudes also impact their students' behaviour, either making them behave in a prosocial manner or antisocially and even violently. Hence, students could exhibit either outward prosocial behaviour or antisocial behaviour, depending on the attitudes of their parents and teachers. As stated by Liu and Li (2020), the individual's

self-control also impacts their inclination towards prosocial or antisocial behaviour. A low level of self-control often leads to antisocial and violent actions (Kemp et al., 2009). Self-control plays a vital role in forming good relationships with peers and others (Mobarake et al., 2014). With a high degree of self-control, one is more willing to forgive and condone the actions of others.

The roles of parents and teachers in the transmission of values and fostering prosocial and antisocial attitudes, as well as self-control of adolescents, have been examined in many studies (Álvarez-García et al., 2019; Kemp et al., 2009; Müller & Minger, 2013). Proper parental care is associated with helping children inculcate a sense of self-worth and security, psychological well-being, and other positive traits. Ethical compliance and self-regulation of adolescents may be primarily affected by the discipline implemented by parents. Laws and rules, which can act as pedagogical devices for group behaviour, are two aspects of regulations (Campbell et al., 2009). Moreover, there is evidence that positive attitudes of both parents and teachers help adolescents become more empathetic, helpful, and kind (Attar-Schwartz & Huri, 2019; Kochanska & Kim, 2020; Ribeiro, 2018). Research by Hosokawa et al. (2017) showed that adolescents were affected by the attitudes of parents and teachers from childhood, which significantly impacted them, even when they reached adulthood. In particular, adolescents with positive recollections of their parent's and teachers' attitudes and self-control reported greater

psychological well-being. Based on these precedents, we hypothesised that parents' and teachers' attitudes and self-control impacted the social behaviour of adolescents.

The foundational theoretical framework underpinning this research is the Social Learning Theory (Bandura, 1969). The Social Learning Theory posits that individuals acquire and learn behaviours through observation, imitation, and reinforcement. By observing the behaviour of others, individuals internalise and adopt these behaviours, which are further reinforced through various mechanisms. It suggests that social interactions, behaviour modelling, and the consequences experienced influence behaviour, including prosocial and antisocial actions. Social Learning Theory emphasises the role of observational learning and the impact of rewards and punishments in shaping behaviour. The Social Learning Theory (Bandura, 1969) supports using predictors in this context, emphasising the role of observational learning and the impact of rewards and punishments in shaping behaviour. This theory posits that individuals acquire behaviours through observation, imitation, and reinforcement, highlighting the influence of social interactions and behaviour modelling on prosocial and antisocial actions (Álvarez-García et al., 2019).

The decision to use or predict certain factors associated with prosocial and antisocial behaviours in adolescents is crucial for understanding and addressing these behaviours (Shadiqi, 2018). Prosocial behaviours, characterised by voluntary actions aimed at helping others, have been

linked to positive social relationships, well-being, and social adjustment (Moffitt, 1993). On the other hand, antisocial behaviours, which involve negative actions directed towards others, have been associated with various adverse outcomes, including criminal activities and behavioural difficulties (Li & Wei-de, 2022). Given the significant impact of these behaviours on adolescents' development, it is essential to identify and investigate the factors associated with both prosocial and antisocial behaviours.

Several studies have examined the influence of various factors on prosocial and antisocial behaviours in adolescents. For instance, research has highlighted the impact of parental attitudes, peer relationships, and self-control on these behaviours (Crocetti et al., 2016; Arief et al., 2022; Wolters et al., 2013). Empathy, family environment, and social influence contribute to prosocial and antisocial behaviours (Gardner et al., 2007; Tompsett & Toro, 2010; Lai et al., 2015).

Furthermore, longitudinal studies have shown that prosocial behaviour increases gradually over adolescence and is closely linked to the development of moral reasoning and regulation of personal distress (Monahan et al., 2009a). Conversely, coercive family processes have been found to contribute to antisocial behaviour in adolescents (Nikmah, 2019).

The use of predictors in this research is also supported by the need to understand the developmental pathways of antisocial behaviour and the factors that contribute to its stability over time (Mesurado et al., 2014; Gregory et al., 2008). Additionally,



the influence of peers, family, and social norms on prosocial and antisocial behaviours underscores the importance of investigating these factors to develop effective interventions and support systems for adolescents (Nugent et al., 1998; Monahan et al., 2009b; Feng et al., 2023).

In short, deciding to use or predict factors associated with prosocial and antisocial behaviours in adolescents is essential for understanding these behaviours' underlying mechanisms and influences. By identifying and investigating these factors, researchers can contribute to developing targeted interventions and support systems to promote prosocial behaviours and mitigate antisocial behaviours in adolescents. Specifically, the research objectives are as follows:

- 1) To examine the influence of the relationships between parents' attitudes, teachers' attitudes, and self-control on adolescents' prosocial behaviour in Bali, Indonesia.
- 2) To examine the influence of the relationships between parents' attitudes, teachers' attitudes, and self-control on adolescents' antisocial behaviour in Bali, Indonesia.
- 3) To develop a predictive model of the influence of the relationships of parents' attitudes, teachers' attitudes, and self-control on prosocial behaviour among adolescents in Bali, Indonesia.

Six hypotheses were formulated to answer the objectives, as follows:

H1: A significant relationship exists between parents' and adolescents' prosocial attitudes.

H2: A significant relationship exists between teachers' attitudes and adolescent prosocial behaviour.

H3: There is a significant relationship between self-control and adolescent prosocial.

H4: There is a significant relationship between parents' attitudes and adolescent antisocial behaviour.

H5: There is a significant relationship between teachers' attitudes and adolescent antisocial behaviour.

H6: There is a significant relationship between self-control and adolescent antisocial behaviour.

However, they were only enumerated in the result due to the limitation of this article. The findings of this study are expected to provide valuable insights into the factors influencing adolescent prosocial and antisocial behaviours. By identifying the role of self-control and the attitudes of parents and teachers, this research contributes to a deeper understanding of the social dynamics that shape the behaviour of adolescents. These findings' implications significantly impact parents, teachers, and mental health professionals, highlighting the importance of fostering positive attitudes, promoting self-control, and creating supportive environments for adolescent development.

## **MATERIALS AND METHODS**

### **Research Design**

This study utilised a correlational research design with structural equation modelling (SEM) analysis to examine the complex relationships and associations among variables comprehensively. Collecting self-report data from 260 adolescents in Bali, Indonesia, the researcher assessed the statistical relationships between the studied variables without manipulation. Through SEM, researchers developed a model based on Bandura's theory and tested its predictive power in explaining the observed associations. This approach sheds light on the intricate relationships, potential causal pathways, and significant predictors related to pro-social and antisocial behaviours, enhancing the understanding of their underlying mechanisms and dynamics.

### **Population and Sample**

The population of this study is high school students in the Province of Bali. Considering the 2022 total population size of Bali is 4.32 million, an estimated adolescent age between 14 and 19 years old is 352 thousand (Badan Pusat Statistik). This study focuses on high school students aged 14 to 19, with a standard deviation of 0.49 in the Province of Bali from the public schools. Ensuring that the sample represents the diversity within this demographic group is important. All respondents (104 male and 156 female), whether under or over 18, were asked to fill out a consent form referring to their parents as guardians. All respondents

were given a consent form to participate in the study and agreed voluntarily. Before participation, informed consent were obtained from the adolescents and their parents or legal guardians. The consent form was clearly outline the purpose of the study, the voluntary nature of participation, and the procedures involved.

Respondents were given a token when participating in this study. A sample of 260 high school students aged 14 to 16 in Bali, Indonesia, was selected using a multi-stage cluster random sampling technique. Respondents were given a token (a pencil and a notebook) for each of them when participating in this study. This research project has received ethical clearance from the Research Ethics Committee (KEP) Universitas Pendidikan Ganesha, by their guidelines (Grant Reference Number: 18.7.2020).

To determine the sample size  $n=260$  of the study sample, we employed a published sample sizes table using the Cochran formula. A multi-stage cluster random sampling technique was used, and the sampling procedure was carried out in the following steps. It is represented in Figure 1. Firstly, the province of Bali was divided into four regions: North Bali, South Bali, East Bali, and West Bali. North Bali consisted of Buleleng Regency, South Bali consisted of Badung Regency and Denpasar City, West Bali consisted of Tabanan Regency and Jembrana Regency, and East Bali consisted of Karangasem, Gianyar, Klungkung, and Bangli Regencies. Each region randomly selected one school (middle or high school,

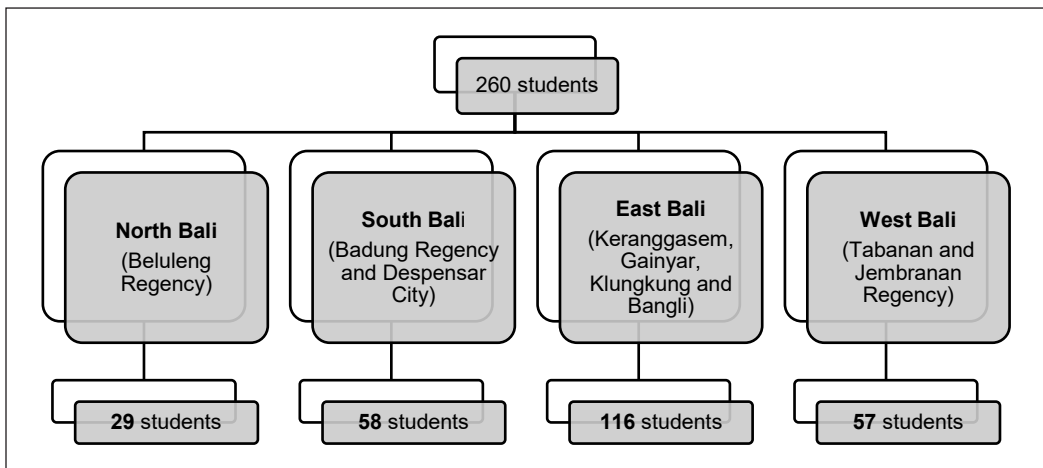


Figure 1. A Multi-stage cluster random sampling technique

public or private). Thus, the total number of schools was 9, and students in each school were considered population members. Three classes as clusters in each school were randomly chosen to represent the school as the study sample.

### Data Collections and Instruments

The data collected in this study using the following adapted instruments: (1) prosocial behaviour (Carlo & Randall, 2002), (2) antisocial behaviour (Bendixen & Olweus, 1999), (3) parents' attitudes (Liss et al., 2013), (4) teachers' attitudes (Leung et al., 2003), and (5) self-control (Lindner et al., 2015). The instrument used a 1 to 5 point Likert scale to measure starting from 1=Strongly Agree, 2= Agree, 3=Somehow Agree, 4=Disagree and 5=Strongly Disagree. A pilot study (n=30) was conducted to test the internal consistency of the instruments, and alpha Cronbach ranged from .676-.806 in the indicated ability of the measures. The Cronbach Alpha value of  $\leq 0.60$  is

considered unreliable in assessing the reliability of this report's analysis. However, more than  $\geq 0.70$  suggests that it is highly appropriate. The instruments were used in the original English version. A detailed description of each item is provided in Appendix 1.

### Reliability and Validity of the Instruments

According to Fornell and Lacker (1981), for construct validity, the average variance explained (AVE) is  $> .50$ , and construct reliability (CR) is  $> .82$ , which is considered good. The CFA analysis for each variable was developed based on the dimensions identified. Next, a modification process was carried out to ensure that each CFA model would achieve model-matching accuracy. As shown in Table 1, construct validity assessments were also performed to ensure all the loaded items had convergent validity. The three indicators used were factor weighting value ( $\lambda$ )  $> 0.50$  (Hair et.,

Table 1  
*Reliability analysis of construct validity*

Constructs	Number of Items	Alpha Cronbach	Average Variance Explain (AVE)	Construct Reliability (CR)
Prosocial	8	0.701	0.512	0.879
Antisocial	10	0.785	0.505	0.909
Parents' Attitude	9	0.851	0.507	0.879
Teachers' Attitude	10	0.800	0.572	0.839
Self-Control	7	0.784	0.513	0.862

2010), Extracted Average value (AVE)  $\geq 0.50$  (Byrne, 2010; Anderson & Gerbing, 1988), and domain reliability value  $> 0.60$  (Hair et al., 2010).

## RESULTS

### **Objectives 1 and 2: To examine the effects of the relationships between parents' attitudes, teachers' attitudes, and self-control on the prosocial and antisocial behaviour of adolescents in Bali, Indonesia**

Table 2 presented a correlation matrix between parents' attitudes, teachers' attitudes, self-control, and prosocial and antisocial behaviour. The three independent variables were positively and significantly correlated with prosocial behaviour and negatively correlated with antisocial behaviour. It indicates that the better the

parents' attitude toward adolescents, the attitude of teachers towards adolescents, and the adolescents' self-control, the better the prosocial behaviour. These results indicate that the data for the next steps should be analysed. The data were analysed through SEM analysis by AMOS to test the hypotheses.

### **Objective 3: To develop a predictive model of the effects of the relationships of parents' attitudes, teachers' attitudes, and self-control on prosocial behaviour among adolescents in Bali, Indonesia**

#### **Structural Equation Modelling (SEM).**

The SEM analysis produced a predictive model for adolescent prosocial and antisocial behaviour. The analysis demonstrated strong compatibility with the model, with the following fit indices values: RMSEA=0.059,

Table 2  
*Correlation coefficient analysis of adolescent prosocial, antisocial behaviour, parents' attitude, teacher's attitude, and self-control*

Variables	Adolescent Prosocial	Antisocial Behaviour	Parents' Attitude	Teachers' Attitude
Adolescent Prosocial				
Antisocial Behaviour	-0.456**			
Parents' Attitude	0.346**	-.467**		
Teachers' Attitude	0.322**	-.419**	0.389**	
Self-Control	0.206**	-.373**	0.337**	0.319**

GFI=0.903, CFI=0.920, TLI=0.901, and Chisq/df=1.876. Figure 2 shows the results of the predictive model from the analysis. The results show that a good compatibility value was achieved and empirically proved that parents' attitudes, teachers' attitudes, and self-control had contributed 25% of variance toward prosocial behaviour among adolescents in Bali, Indonesia. Meanwhile, about 30% of the variance value was contributed by these factors to antisocial behaviour among adolescents. From the three dimensions studied, teachers'

attitudes showed the highest contribution with  $\beta$  value=0.32 compared to the parents' attitude and self-control toward adolescent prosocial. The results mean teachers played an important role in encouraging prosocial behaviour among adolescents in Bali, Indonesia. Meanwhile, self-control showed the highest contribution with  $\beta$  value= -0.41 compared to the teachers' and parents' attitudes toward antisocial behaviour. Teachers' attitude,  $\beta$  value= -0.29 for the second factor, and the last one is parent's attitude with  $\beta$  value= -0.12.

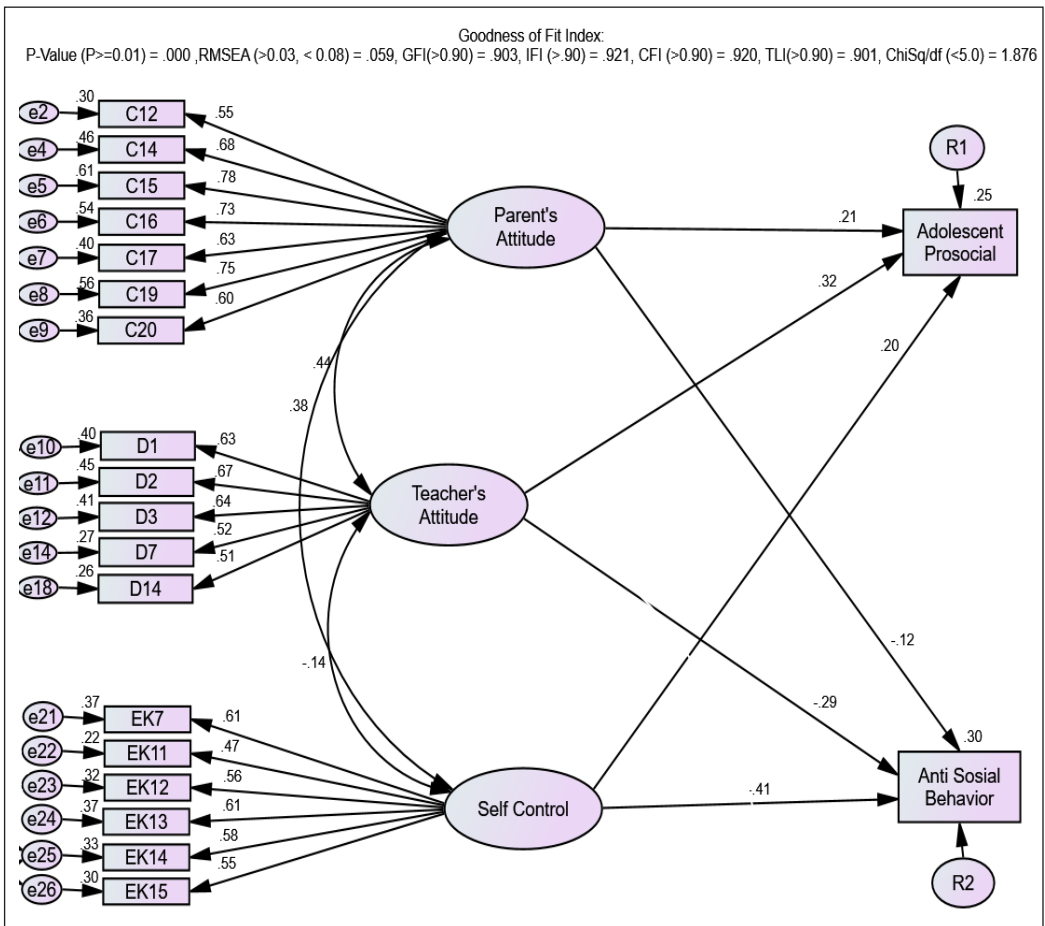


Figure 2. The predictive model of the relationship between parents' attitudes, teachers' attitudes, and self-control with adolescents' prosocial and antisocial behaviour

Table 3 presents significant findings regarding the relationship between parents' attitudes and adolescent prosocial behaviour ( $\beta=0.206$ ,  $p=0.000$ ), supporting H1. Similarly, a significant relationship exists between teachers' attitudes and adolescent prosocial behaviour ( $\beta=0.318$ ,  $p=0.000$ ), suggesting that positive teacher-student interactions promote prosocial behaviour, thus supporting H2. Additionally, self-control is significantly related to adolescent prosocial behaviour ( $\beta=0.202$ ,  $p=0.000$ ), indicating that better self-control leads to enhanced prosocial behaviour, supporting H3.

However, no significant relationship was found between parents' attitudes and adolescent antisocial behaviour ( $\beta=-0.120$ ,

$p=0.184$ ), indicating that parental attitudes do not significantly impact antisocial behaviour among adolescents in Bali, Indonesia. Conversely, teachers' attitudes showed a significant relationship with adolescent antisocial behaviour ( $\beta=-0.291$ ,  $p=0.002$ ), emphasising the influential role of teacher concern in shaping antisocial behaviour, thus supporting H5. Furthermore, self-control demonstrated a significant relationship with adolescent antisocial behaviour ( $\beta=-0.406$ ,  $p=0.002$ ), suggesting that adolescents who exhibit self-control and display respectful behaviour tend to exhibit lower antisocial behaviour, supporting H6. Table 4 summarises the hypothesis testing results, indicating that H1, H2, H3, H5, and H6 were accepted, while H4 was rejected.

Table 3  
*Regression and standardised regression weights for each relationship*

Dependent Variables		Independent Variables	Estimate	S.E.	C.R.	P
Adolescent Prosocial	<---	Parent's Attitude	0.206	0.201	6.230	***
Adolescent Prosocial	<---	Teacher's Attitude	0.318	0.536	4.197	***
Adolescent Prosocial	<---	Self-Control	0.202	0.299	5.745	***
Antisocial Behaviour	<---	Parents' Attitude	-0.120	0.779	-1.329	0.184
Antisocial Behaviour	<---	Teachers' Attitude	-0.291	1.176	-3.117	0.002
Antisocial Behaviour	<---	Self-Control	-.406	.804	-4.439	***

Table 4  
*Hypotheses testing for each variable*

Hypothesis	Results
H1: A significant relationship exists between parents' and adolescents' prosocial attitudes.	Accepted
H2: There is a significant relationship between teachers' attitudes and adolescent prosocial	Accepted
H3: There is a significant relationship between self-control and adolescent prosocial.	Accepted
H4: There is a significant relationship between parents' attitudes and adolescent antisocial behaviour.	Rejected
H5: There is a significant relationship between teachers' attitudes and adolescent antisocial behaviour.	Accepted
H6: There is a significant relationship between self-control and adolescent antisocial behaviour.	Accepted

## DISCUSSIONS

The present study investigates the intricate relationships between parental actions, teacher attitudes, adolescent self-control, and their associations with prosocial and antisocial behaviour. The impact of parental views on teenagers' prosocial and antisocial behaviours has been extensively researched (Carlo et al., 2011). Carlo et al. (2011) investigated the longitudinal relationships between parenting style variables, sympathy, prosocial moral reasoning, and prosocial behaviours, highlighting the association between parenting styles and prosocial behaviours in adolescents (Fatima et al., 2020). Furthermore, Padilla-Walker et al. (2016) investigated the impact of parental warmth and hostility on teenagers' prosocial behaviour towards diverse targets, providing insights into the unique impact of parental attitudes on adolescents' behaviour (Carlo et al., 2018).

The results demonstrate positive correlations between parental attitudes, teacher attitudes, self-control, and prosocial behaviour and negative correlations with antisocial behaviour. These findings support the hypothesis that the family environment, specifically parental attitudes towards adolescents, the educational system, particularly teacher attitudes towards adolescents, and self-control factors significantly impact prosocial and antisocial behaviour among adolescents (Lasota, 2018). Previous research has also indicated the positive influence of parental attitudes and self-control on teenage behaviour (Burns, 2018; Hosokawa et al., 2017;

Houts, 2020), highlighting the critical role of parental attitudes in promoting prosocial actions. These outcomes align with evidence suggesting that parental perspectives can shape positive emotional experiences, empowerment, and accountability in infants (Dollar et al., 2018), ultimately shielding children from developing antisocial behaviour.

Similarly, teachers' attitudes towards adolescents encompass various aspects, including concern for learning difficulties, affection, responsibility for fostering growth, acceptance of diversity, tolerance of irrelevant behaviours, and encouragement of youth creativity (Attar-Schwartz & Huri, 2019). The findings provide empirical evidence for the significant impact of the combined influence of parental and teacher attitudes on positive cognitive, emotional, and mental states (prosocial flow) and prosocial and antisocial behaviour among adolescents. These results are consistent with previous research demonstrating that parental attitudes towards adolescents indicate healthy psychological functioning, preventing mental disorders later in life (Álvarez-García et al., 2019). Positive parental attitudes create a friendlier and more receptive environment, enhancing children's sensitivity, empathy, and prosocial behaviour. Additionally, positive behaviour patterns acquired during adolescence are often replicated in family relationships and friendships.

Three possible hypotheses can be proposed regarding the absence of a connection between parental attitudes and

antisocial behaviour. Firstly, a successful relationship with one parent may lead individuals to develop a more optimistic perception of others, perceiving them as gentle and benevolent. It may result in a stronger influence of antisocial behaviour on teacher attitudes and self-control than parental attitudes. Secondly, parental and teacher attitudes and self-control traits may be influenced by the child's age and maturity when developing perceptions of personal actions. Additionally, a mindset of constructive challenge fostered by parents in young adults may encourage evaluating others' needs before helping. This research contributes by examining different dimensions of parent-child relationships, such as parental difficulties, as predictors of prosocial behaviour, which offers a novel perspective.

These findings underscore the importance of viewing prosocial and antisocial behaviour within the context of partnerships. Moreover, they reinforce previous research that emphasises the significance of understanding prosocial behaviour, undesirable development, and the role of relationships (Müller et al., 2016). The study highlights the relationship between the combined influence of parental and teacher attitudes and self-control. These outcomes align with studies by Burns (2018) and Mobarake et al. (2014), suggesting that a combination of encouragement and challenges contributes to increased enthusiasm and flow. The significance of these findings lies in their exploration beyond individualistic practices and their

correlation with hedonistic well-being, revealing the potential for self-centred motivation. The findings also resonate with Attar-Schwartz et al. (2019), who suggest a positive association between community engagement during college and well-being even years after graduation.

Additionally, the study establishes the flow experience of prosocial and antisocial activities as a significant predictor of prosocial and antisocial behaviour, offering new insights into the study of prosociality. When adolescents receive attention from parents and teachers contributing to their enjoyment, this experience provides constructive feedback that enhances internal motivation (Spivak & Farran, 2012). The subjective experience of engaging in prosocial and antisocial actions may play a crucial role in future research on prosocial behaviour. Parental warmth and commitment highlight their significant role in the behavioural dimensions of psychological development. Predictive perspectives indicate that compassion promotes both prosocial and antisocial behaviour among adolescents. Prosocial actions are essential for adolescents to lead peaceful and respectful lives, such as sharing, cooperating, giving, supporting, integrity, and kindness (Putri & Noviekayati, 2015). Conversely, antisocial behaviour deviates from societal values and social norms, potentially leading to hostility, emotional instability, and disregard for others' needs (Rahayu, 2018).

The research findings emphasise the interplay of various factors, including



parental and teacher attitudes and self-control, in shaping prosocial and antisocial behaviour among adolescents. These findings provide valuable insights into the role of parent-child relationships and highlight the investigation of positive behavioural outcomes. The study's contribution lies in its focus on multiple dimensions of relationships and its exploration of the impact of parental difficulties. Ultimately, this research deepens the understanding of prosocial and antisocial behaviour and its underlying mechanisms, shedding new light on prosociality.

### **Implication for Counselling Practices**

The study draws from social learning theory to explore the combined influence of self-control, parental attitudes, and teacher attitudes on adolescent prosocial and antisocial behaviours (Omar et al., 2017). Therapists can assist adolescents in counselling by examining their parents' and teachers' attitudes and values. Therapists can support the development of prosocial behaviours by facilitating discussions on positive attitudes, empathy, and caring behaviours. Additionally, therapists can help adolescents navigate conflicting or negative attitudes to minimise the impact of antisocial behaviours.

The findings have practical implications for counselling practices aligned with social learning theory:

1. **Observational Learning:** Counsellors can help adolescents recognise and understand behaviours their parents and teachers exhibit. By exploring these

role models, counsellors can guide adolescents in identifying positive behaviours to emulate and negative behaviours to avoid. This understanding fosters the development of prosocial behaviours and discourages antisocial behaviours.

2. **Imitation:** Counsellors can assist adolescents in recognising and imitating positive prosocial behaviours demonstrated by influential individuals in their lives. Encouraging adolescents to seek out positive role models and learn from their behaviours promotes the acquisition of prosocial skills, empathy, and cooperation. Conversely, counsellors can raise awareness of negative behaviours exhibited by influential figures and discourage imitation of such behaviours.

3. **Reinforcement:** Counsellors can provide positive reinforcement when adolescents display prosocial behaviours. By acknowledging and praising their efforts, counsellors motivate adolescents to continue engaging in prosocial acts. Similarly, counsellors can address negative reinforcement by exploring the consequences of antisocial behaviours and encouraging the adoption of alternative, more positive behaviours.

### **Limitations and Suggestions for Future Studies**

The study offers valuable insights into the effects of parental attitudes, teacher attitudes, and self-control on adolescent

prosocial and antisocial behaviour. However, it is important to acknowledge certain limitations:

1. **Limited Generalizability:** The findings may not apply universally as the study was conducted with a specific sample of high school students in Bali, Indonesia. Replicating the study with diverse populations is necessary to ensure the reliability and applicability of the results.

2. **Potential counselling use of self-report measures** introduces biases such as social desirability and response distortions, possibly affecting the accuracy of reported prosocial and antisocial behaviours and attitudes.

3. **Lack of Causality:** The correlational design does not establish causality, making it difficult to determine the direction of the relationships or exclude other influential factors.

The following suggestions are recommended for future research to gain a more comprehensive understanding of prosocial and antisocial behaviours among adolescents:

1. **Longitudinal Studies:** Conducting longitudinal research to investigate the long-term impacts of parental attitudes, teacher attitudes, and self-control on teenage behaviour is required. Longitudinal studies are critical for understanding developmental trajectories and how these behaviours change over time. Several references provide useful insights into longitudinal research investigating the impact of

parental attitudes, instructor attitudes, and self-control on teenage behaviour.

2. **Cultural Context:** Investigate the impact of cultural factors on prosocial and antisocial behaviour. Examining different cultural contexts can provide insights into how cultural values and socialisation practices shape these behaviours.

3. **Intervention Programs:** Develop and evaluate intervention programs that target parents, teachers, and adolescents to promote prosocial behaviour and reduce antisocial behaviour. These programs should enhance positive attitudes and self-control skills and create supportive environments.

## CONCLUSION

In conclusion, this study highlights the significant role of parental attitudes, teacher attitudes and self-control in shaping adolescent prosocial and antisocial behaviours. Positive parental and teacher attitudes and strong self-control skills were associated with higher levels of prosocial behaviour in adolescents. Teacher attitudes emerged as particularly influential in fostering prosocial behaviour. Self-control was a crucial factor in predicting both prosocial and antisocial behaviour. While no significant relationship was found between parental attitudes and adolescent antisocial behaviour, teacher attitudes and self-control were significant predictors. These findings have important implications for counselling, highlighting the need to incorporate strategies that promote prosocial behaviour

and discourage antisocial behaviour. By emphasising observational learning, positive role modelling, and reinforcement of prosocial behaviours, counsellors can support the acquisition of prosocial skills and create a nurturing school environment for adolescents.

## ACKNOWLEDGEMENT

We thank Undiksha University for providing raw collected data and University Putra Malaysia for access to the Library Database. We also want to thank school administrators and participants for their invaluable cooperation.

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## APPENDIX 1

Supplementary table

Construct	Items	Indicators
		Factor Loadings
Prosocial Behaviour	A5 I am not reluctant to lend my motorbike to my friends.	0.58
	A9 I am not reluctant to help throw a surprise birthday party for my friends.	0.63
	A10 I put in effort to help friends who are in need.	0.75
	A13 I am ready to volunteer without being asked.	0.68
	A14 I am emotionally touched to see those who are less fortunate.	0.76
	A15 I am willing to share my pocket money with those in need.	0.78
	A20 I am willing to put other people's needs above mine.	0.8
	A21 I help resolve quarrels.	0.82
Antisocial Behaviour	B1 I like to listen to loud music and disregard-how others feel about it.	0.62
	B2 I enjoy doing things that go against the rules.	0.82
	B5 I am angry with the accidental nudge of my friends	0.67
	B7 I like to throw things around when I feel annoyed with someone.	0.58
	B8 I am angry with those who say I am wrong.	0.6
	B11 I choose to have fun instead of thinking of my future.	0.62
	B12 I stay alone in my room instead of interacting with others.	0.75
	B13 I stay away from those who are in need.	0.8
Parents' Attitude	B15 I feel rules and regulations restrict my activities.	0.81
	B19 I choose to have more money than more friends	0.78
	C12 My parents are not concerned about me.	0.65
	C14 My parents disregard my opinions.	0.68
	C15 My parents do not allow me to study in a group at my friend's house.	0.78
	C16 My parents do not allow me to bring my friends home.	0.73
	C17 My parents do not advise on my well-being.	0.63
Teachers' Attitude	C19 My parents are disinterested in matters related to my education.	0.75
	C20 My parents do not care if I come home late.	0.75
	D1 Teachers encourage students to ask for further clarification.	0.73
	D2 Teachers encourage students to give opinions.	0.77
	D3 Teachers help students to find additional study materials on difficult topics.	0.64
Self-Control	D7 Teachers remind students tirelessly to follow the rules.	0.72
	D14 Teachers only pay attention to intelligent students.	0.71
	E7 The end justifies the means as long as it benefits me.	0.71
	E11 I feel satisfied when I can hit something while I am angry.	0.77
	E12 I consider rules to be meant for breaking.	0.66
	E13 If I have a problem, it recurs in my dreams.	0.61
	E14 I do not avoid quarrelling over trivial matters.	0.78
	E15 I do not differentiate my manners towards my peers and the elderly.	0.75



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JOURNAL OF SOCIAL SCIENCES AND HUMANITIES**

**VOL. 32 (S3) 2024**

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**Contents**

Multicultural, Spirituality and Counseling Help Seeking for Mental Health	
<b>Preface</b>	<b>i</b>
<i>Siti Aishah Hassan</i>	
Optimizing Career Adaptability for Post-Internship Students Islamic Religious College: The Role of Work Values and Social Support	1
<i>Alfi Rahmi, Afdal, Mudjiran, Netrawati, Mega Iswari and Engku Mardiah Engku Kamarudin</i>	
Development and Validation of Psychoeducational Module for Empowering B40 Youth's Resilience and Family Functioning	21
<i>Rafidah Aga Mohd Jaladin, Rohana Jani, Ong Moon Lim and Nurul Aini Mudayat</i>	
Bereavement and Loss in Older Adulthood: Associations Between Meaning-Making, Spirituality and Grief	41
<i>Chin Hui Stan, Asmah Ismail, Yusni Mohamad Yusop and Rahimah Ibrahim</i>	
Influence of Depression and Loneliness on Suicidal Behaviour Among Public University Students in Malaysia	55
<i>Nur Dini Kamilia Norazizi, Muhammad Asyraf Che Amat, Nor Hafizah Mohammad Hanafi, Firman and Syahrul Nizam Salam</i>	
Predictors of Depression Among Trainee Counselors: The Role of Coping Styles and Resilience	71
<i>Ng Jia Ying, Engku Mardiah Engku Kamarudin, Afdal and Amin Al Haadi Shafie</i>	
Personal and Academic Multicultural Experiences, Perceived Multicultural Counselling Competence and Multicultural Counselling Self-efficacy Among Malaysian Counsellor Trainees	93
<i>Maizatul Mardiana Harun, Wan Marzuki Wan Jaafar, Asmah Ismail and Suhaili Arifin</i>	
Effect of Transactional Analysis Intervention on Parent-adolescent Conflict and Emotional Regulation Among Adolescents in Bangladesh	113
<i>Khandaker Tasmina Tanni, Zaida Nor Zainudin, Siti Aishah Hassan, Yusni Mohammad Yusop and Alia Sarah Asri</i>	
Multicultural Academic Experience and Multicultural Counselling Competency in Addressing Polygamous Family Structures Among Registered Counsellors in Malaysia	133
<i>Rose Chen Siew Kee, Mahshid Manouchehri, Norshafizah Hanafi and Siti Aishah Hassan</i>	
Differential Impacts of Maternal and Paternal Attachments on Adolescent Delinquency: Implications for Counselling	149
<i>Mahshid Manouchehri, Maizatul Mardiana Harun and Carrie Baber</i>	
Adolescent Prosocial and Antisocial Behaviours: Simultaneous Effects of Self-control, Attitudes of Parents and Teachers	167
<i>Gading Ketut, Siti Aishah Hassan, Rosmaria Omar and Norshafizah Hanafi</i>	



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