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Integrating Solution-Focused Therapy (SFT) in Dealing with Psychological Distress among Malaysian Clients

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Abstract

Solution focused therapy is one of the growing therapies used among psychologists and counselors for helping clients with psychological distress conditions. Despite the increasing number of successful research on the treatment of solution focused therapy, there is no specific approach to apply the therapy among Malaysian clients. Literature shows that Malaysian clients shares similar orientation such as collectivism, past-time orientation and psycho-spiritual. They needed slightly different therapy approach than the westerner. Thus, this conceptual paper suggested a new counselling model that integrates the counselling orientations among Malaysian clients and the main techniques of the solution focused therapy. The model displays the relationship of relevance concepts which can be serves as guideline for counselors and as a fundamental for research and practices of solution focused therapy counselling in Malaysia.

Keywords: engagement, flourishing, positive relationship, purpose, survivor

Introduction

The World Health Organization (WHO) defined mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015). The Ministry of Health Malaysia (MOH) has a slightly different definition of mental health “the capacity of the individual, the group and environment to interact with one another to promote subjective well-being and optimal functioning, and the use of cognitive, affective and relational abilities, towards the achievement of individual and collective goals consistent with justice” (Chong, Mohamad, & Er, 2013).

By right, the definitions from WHO reflected on the western culture of individualism, thus mental health has been treated individually in western society. While, the definition from MOH reflected the Malaysia culture of orientation. The culture in Asian countries specifically in Malaysia is different where an individual belongs to a certain group or family. Society will look at individuals from the perspectives of their own family background of origin. This definition is more collective in nature and focuses more on the relationship. Based on this difference, the treatment for mental health must be different and the approach must be according to the culture and nature of the society.

Psychological Distress among Malaysian

Psychological distress is a term which explains the mental state condition of stress, anxiety and depression. People experiencing distress often have few or more symptoms for more than four weeks. The symptoms include restlessness, fatigue, excessive worry, negative thoughts, physical pain, headache or nausea (Drapeau, Marchand, & Beaulieu-Prévost, 2012). Among Malaysians, psychological distress rooted from unresolved general daily stress which then resulted in excessive feelings of worry and later on its developed undefined sadness and depression (Kader Maideen, Mohd. Sidik, Rampal & Mukhtar, 2014) (Marhani, Salina, ZamZam, Razali & MR, 2011).

According to the National Health and Morbidity Survey (2019), depression among Malaysian adults is 2.3% of the total population (Raaj, Navanathan, Tharmaselan, & Lally, 2021). National prevalence of depression is about half a million people in Malaysia. The survey findings shown that the highest prevalence were from the five states in Malaysia namely Wilayah Persekutuan Putrajaya (5.4%), Negeri Sembilan (5.0%), Perlis (4.3%), Sabah (4.0%) and Melaka (3.8%). Demographically, women were more depressed with 2.6% compared to men with 2.0%. Those living in rural areas were found more depressed with 3.6% compared to those living in the urban area with 1.9%. According to status, single individuals have the highest percentage of 3.2% followed by the divorcee or widower with 2.0% and the lowest is married people with 1.8%.

This indicates the importance of relationships among Malaysians especially in getting support from spouse and family members. The result of the survey also shows differences in terms of household income where the Bottom 40% categories (B40) have the highest percentage of 2.7%, followed by the Middle 40% categories (M40) with 1.7% and the lowest percentage of 0.5% is among the Top 20% categories (T20). Some of the symptoms associated with depression among Malaysian were depressed mood, loss of interest and enjoyment, reduced concentration, reduced self-esteem, ideas of self harm or suicide, disturbed sleep and appetite.

Meanwhile, The National Health and Morbidity Survey (2019) also discovered a total number of 424,000 Malaysian children were found to have mental health's problems (Nor, Jeffree & Nor, 2021). The survey found that 8.8% of children with mental health's problems came from rural areas and 9.5% ages ranged from 10 to 15 years old. In terms of family household incomes, 9.2% comes from B40 categories, while for the gender categories 8.4% were girls. The contributing factors for children's mental health's problems are peer problem (42.9%), conduct problem (15.9%), emotional problem (8.3%) and hyperactive problem (2.3%).

Among other research was conducted in Malaysia to identify the prevalence, associated factors and predictors of depression among adults in the community of Selangor resulted to show that the prevalence of depression was 10.3%, based on the PHQ-9 cut off point of 10 and above (Kader Maideen SF, Mohd. Sidik S, Rampal L, Mukhtar F, 2014). The associated factors and predictors of depression were the presence of anxiety and stress due to domestic and work issues. Apart from that, there were additional predictors such as financial problems and matters concerning religiosity. A research was conducted to look for prevalence of psychological distress and depressive disorders among married working women in Malaysia using General Health Questionnaire-12 (GHQ-12) (Marhani, M., Salina, A. A., ZamZam, R., Razali, R., & MR, R. S., 2011). This study found out that working women who are married have a high prevalence of psychological distress (22.8%) due to combining work and family. Based on the data, 5.5% of them were reaching high scores on clinical depression and they were below 30 years old. The most concerning remark is that they are not under any psychological treatment.

Solution Focused Therapy (SFT) as an Intervention for Psychological Distress

Dealing with psychological distress clients, the main techniques form solution focused therapy that are applicable during counselling sessions namely; Miracle question, Scaling and exceptions (Jackson & Mckergrow, 2002; MacDonald, 2007). The techniques used with the aim to help clients reduce the distress level and the ability to show positive changes in terms of thinking and feelings. SFT has been widely practises among the counsellors and social workers and it continue grows as one of the major

counselling therapy in the US. SFT started expand its practise in Asian countries namely China since 1990s brought by de Shazer and Kim Berg themselves (Bill, O., 2012). until now, SFT still gain acceptance in most of the asian and middle east countries. Research has shown that the SFT had made a remarkable outcome in helping clients with major issues such as depression, addiction and also family conflicts (Maljanen, Palta, Härkänen, Virtala, Lindfors, Laaksonen, & Knekt, 2012). SFT was easily accepted by most of the asian counselling and social workers practitioners due to its philosophy of postmodernism or social constructivism. SFBT believes that clients are the experts of their own problems and have the capabilities to solve problems with minimal assistance (Bannink, 2007). The therapy is a process whereby the client and the counsellors work together to design realities based on clients perceptions. Clients able to learn their own realities and gain their own self control in life, change the way of thinking about the problems and focus more on solution.

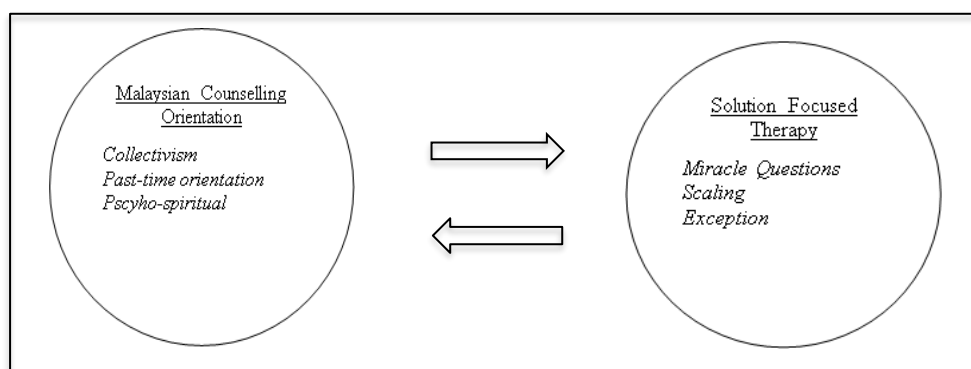
The lack of attention given in understanding the concepts of mental health across the cultural differences has led to the misconceptions of treatments and support services offered. Counsellors in Malaysia likely to practice solution focused brief therapy as a tool to help their clients who are experiencing psychological distress. However, there is a lack of specific methods to adapt the therapy and make sure that it suits local clients. The current trend in counselling practices across the world is the adaptation of treatment plans that put emphasis on the cultural sensitivity among clients. It is suggested that inadequate cultural understanding can create barriers between the counselor and the clients. Thus, it hinders the deep understanding of the rooted problems then creates premature solutions.

In the case of mental health issues, it becomes vulnerable to the clients because it often avoids the social cultural factors. It is vital for the counselors to understand the cultural background of the clients before beginning with their treatment plan. Thus, there is a need to have special culturally designed counseling models which integrate the model of solution focused brief therapy and the Malaysian clients' cultural orientation as a framework to work with psychological distress clients. The main idea that we proposed in this paper is the new counselling model which will be presented as a framework (Figure 1) to shows the relationship between the clients counselling orientation and the counselling techniques in the solution focused therapy.

The Integration between Malaysian Counselling Orientation and Solution Focused Therapy

Cultural values and orientations are among the most important elements that need to be taken into consideration by counsellors. This is to help counsellors to understand their clients better and therefore be able to help in guiding them to find the solution for their problems. The solution focused therapy has been put focus on the differences of cultural background among the clients. The modern approach of Solution focused therapy lies in the flexibility of techniques application according to the issues and context. Thus, the techniques used can be modified based on the clients counselling orientations. This is to increase the level of effectiveness in helping clients from various cultural backgrounds.

Figure 1: Model of Integration between Malaysian Counselling Orientation and Solution Focused Therapy



Group influence is important in the sense that it can determine one's own values and identity. Individuals experiencing psychological distress look at problems and stress from environmental perspectives (Mirowsky & Ross, 2017). Personal control in managing stress only reflected in the western society as they practice individualistic values (O'Connor & Shimizu, 2002). In collective society, individuals struggle to fulfill the demands to establish a good image for other people to see. These struggles could lead to stress and depression if they fail to fulfill the demands. Life could be so demanding to every individual to live up according to society standards. However, the asian help seeking behaviour in collectivist culture can be a strong support for individuals with psychological distress because family or friends may offer some relief (Kuo, 2004).

Solution Focused Therapy (SFT) approach in counseling is to provide a problem-solving orientation to suit these types of clients. The theory is adaptable to fit clients' worldviews, and its application can be used in a way that suits this collectivist culture's way of viewing themselves. The problem of stress has no exception due to the crisis that arises through daily interactions. Therefore, individuals need to make changes in their daily interactions. When things are often done to cause stress, then the individual has to do different things. However, not all aspects of life need to be changed. Things that do not cause harm do not need to be changed. These changes also do not need to be initiated on a large scale as it does not guarantee problem solving. Instead, individuals are advised to start with small changes first and then when successful it will lead to big changes.

Malaysian counselling orientation is strongly related to psycho-spiritual elements which reflected on their beliefs toward God and religion (Hassan, 2015). Life events and experiences are bound to God destiny and this include all the hurdles and struggles. In the context of mental health namely stress, depression and anxiety, one believes that it comes from God as a trial and tribulation in this world. Malay associated mental illness with failure to have faith in God and breaking God's rules. Thus, to be cured from mental illness one should come back to religion for a recovery method (Crosby & Bossley, 2012). Even today's generation still believes that the way of healing any illnesses should include the rituals in religious belief direct or indirectly (Razali, Rahman & Husin, 2018). In using SFT techniques such as miracle questions, scaling and exception, counsellor should link the client's value toward their religion and beliefs. Furthermore, the questions should be altered a bit such as using the term 'miracle' to a term that is more relatable such as 'power of God'.

SFT counseling techniques are open for changes according to the cultural context between counselor and client. In Soo Kim Berg addressed the issue of cross-cultural counseling as one of the important aspects of counseling that needs to be carefully considered (Kim, 2013). SFT counseling uses a lot of talking techniques as a tool to explore, understand and heal. Thus, the techniques used in counseling should be modified so it suits the client's counseling orientation. Examples and the uses of the techniques are as follows:

- i. Miracle Questions - *"Suppose tonight, while you slept, by the will of God something occurred. When you awake tomorrow, what would be some of the things you would notice that would tell you life had suddenly gotten better?"*
- ii. Scaling Techniques - *"If 1 is the worst you've ever felt and 10 is the happiest? What number would you put yourself on right now?" "Who do you think contributes to the number that you choose?"*
- iii. Exceptions Techniques - *"Is there any time/day that you did not feel depressed at all? Tell me about it? Is there anyone with you?" "What were your parents saying to you at that time?"*

Asian culture particularly the Malays are reluctant to express or share about their emotions and mental health conditions. The cultural stigma that they put on mental illness is pressing them down and it makes the condition worsen (Razali & Ismail, 2014). They prefer to ignore the signs even though the symptoms are so obvious such as fatigue, lack of sleep, lack of appetite, headache, prolonged sadness, agitation and many more. SFT techniques are to help clients to acknowledge the symptoms and then understand their mental health better. Then, focus more on the solution by taking an action or doing something to reduce the distress level. The solution should explore more on the support system such as

family, spouses, friends and significant people. Malaysian clients are more towards respecting the elders in such a way that they have to follow the elders' steps in deciding about their life (Talib, 2010). It is so important for them to protect the family's reputation. Thus, it becomes a conflict whereby the family's expectation does not meet the individual's needs and demands. The conflicts then accelerated within some period of time and therefore served as a factor for social and psychological distress among individuals.

Conclusion

Counselling and psychotherapy begin to acknowledge the importance of understanding the need to be more sensitive to cultural values among the clients. There is a need for a special designated model for culturally-sensitive counseling. Asian communities hold cultural values that are distinct from those born and raised in the US. Malaysians value family respect, emotional restraint and saving face. While for counseling orientation, Malaysia holds values such as collectivism, past time orientation and psycho-spiritual. Counselors should be more aware of the orientation in conducting counseling sessions and making treatment plans for clients.

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