PSYCHOLOGY IN SOUTHEAST ASIA

SOCIOCULTURAL, CLINICAL, AND HEALTH PERSPECTIVES

Edited by
Grant J. Rich, Jas Laile Suzana Jaafar
and David Barron

Routledge

"Some 650 million persons reside in Southeast Asia. This pioneering volume discusses innovative psychological research conducted in 9 ASEAN countries and helps us to understand better what culturally varied lives these people lead. There is no other book like it."

Uwe P. Gielen, PhD, Past President, Society for Cross-Cultural Research (SCCR); Past President, International Council of Psychologists (ICP); Past President, American Psychological Association, International Division; Professor Emeritus, St. Francis College

"For many years, cross-cultural psychologists have pointed to the Eurocentric bias in Psychology. Henrich, Heine and Norenzayan provided strong empirical evidence of this bias when they demonstrated that much of psychological science is based primarily on samples from Western Educated Industrialized Rich Democracies (WEIRD). In this pioneering volume on *Psychology in Southeast Asia*, Rich, Jaafar and Barron have provided a significant contribution to counter this WEIRD science. In this timely book, the authors cover the significant psychological theories and research from 9 of the 10 ASEAN countries. It provides an enlightening overview of the people of Southeast Asia beyond the stereotypes engendered by the Vietnam war or the 1MDB scandal in Malaysia. I highly recommend it to scholars and individuals interested in understanding Southeast-Asian psychology from indigenous perspectives."

Frederick Leong, PhD, Director of the Consortium for Multicultural Psychology Research, Michigan State University; Past President, Asian American Psychological Association; Past President, APA's Division 45 (Society for the Psychological Study of Ethnic Minority Issues); Founding Editor, APA's *Asian American Journal of Psychology*

"Having worked very closely with refugees from Southeast Asia for more than 10 years, and witnessed how they started with nothing and became established as business people or professionals in Canada in 20 years, I know that they have much to teach people in the West about the cultural source of their resilience and success. That is why I believe that *Psychology in Southeast Asia* fills a major gap in the literature regarding the vital role of culture-specific beliefs, values, rituals and social structures for clinical psychology, health psychology and positive psychology. I highly recommend this book for both researchers and practitioners."

Paul T. P. Wong, President of the International Network on Personal Meaning (www.meaning.ca), Professor Emeritus, Trent University

Psychology in Southeast Asia

Despite diverse, rich cultural traditions and abundant economic opportunity, there has been a paucity of research on psychology in Southeast Asia. This book aims to fill that gap, with a series of well-written theoretical and empirical chapters by PhD psychologists in SE Asia along with respected international colleagues and co-authors from around the globe.

In particular this book focuses upon critical sociocultural, clinical, and health issues and perspectives in psychology in Southeast Asia. Overviews help contextualise the cultural data, permitting nuanced examination of significant psychological issues in nations such as Malaysia, Indonesia, Thailand, Singapore, and more.

Psychologists and mental health professionals with interests in Asia will find this book to be a must-read, as will other readers seeking to deepen their cultural and international understanding.

Grant J. Rich, PhD, Fellow of the American Psychological Association, is Senior Editor of *Pathfinders in International Psychology* (2015) and published three coedited books in 2017 and 2018: *Internationalizing the Teaching of Psychology* (2017), *Human Strengths and Resilience: Developmental, Cross-Cultural, and International Perspectives* (2018), and *Teaching Psychology around the World* (2018). Dr. Rich teaches at Walden University, USA.

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Psychology in Southeast Asia

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Health Perspectives

**Edited by Grant J. Rich, Jas Laile
Suzana Jaafar and David Barron**

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Contents

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1 Psychology in Southeast Asia

An overview

Grant J. Rich, Jas Laile Suzana Jaafar, and David Barron

Over the past several generations, psychology has emerged from a discipline dominated by the U.S.A. and Western Europe to a much more international discipline. Stevens and Gielen (2007) and Zoma and Gielen (2015) estimate that 76%–78% of the world's approximately one million psychologists reside outside the U.S. However, most textbooks in the field continue to rely almost exclusively on research conducted in North America and Europe, as Takooshian, Gielen, Plous, Rich, and Velayo (2016) note on the growth of international psychology. While there are some specialised books on psychological issues in single Asian nations (e.g., China or India), and a few broadly construed books about psychology in Asia as a whole, psychology specifically in Southeast Asia has been neglected, despite its diverse, rich history and its emerging potential for economic growth and development. With the exception of a reasonably recent psychology book on *Culture and Cognition* (Haque & Sheppard, 2015) from Southeast Asia, books on Southeast Asia typically are written from anthropological, sociological, or economic perspectives rather than from the point of view of psychologists from Southeast Asia.

The present volume aims to fill this gap by providing a single volume specifically dedicated to sociocultural, clinical, and health psychology perspectives in Southeast Asia, with strong representation from the majority of the nations in the region (i.e., nine of ten ASEAN nations), with chapters authored or coauthored by prominent psychologists from the region and their colleagues. The book does not focus on neuroscience, for instance, as it does not vary as much internationally as other subdisciplines, and additionally, scholars with neuroscience backgrounds who write in English are rare in much of Southeast Asia; likewise, the book does not focus on cognitive psychology, perception, or experimental psychology for similar reasons. Additionally, it should be noted that one recent book coming out of Southeast Asia, Haque and Sheppard's *Culture and Cognition* (2015), already focuses on more experimental and cognitive subdisciplines and, thus, may serve as a helpful complement and companion to the present book's focus on more social, cultural, clinical, and health perspectives.

This book should be valuable not only to professors and students in Southeast Asia who are seeking a core text or supplement for the introductory and more advanced psychology courses, but also to psychology professors and researchers outside the region who seek insight into cultural and international processes and issues. Beyond psychology, mental health professionals from related disciplines (e.g., psychiatry, counselling, social work), international educators, and those involved in development projects will find the topics and information in this book

significant and relevant for their purposes. The book's focus on the more promin-
ent psychology areas (e.g., social, clinical, health) rather than on smaller psychology
subdisciplines such as cognition/experimental, perception, neuroscience, or evolu-
tionary psychology also is significant.

To achieve these aims, the editors have assembled an international group of lead-
ing chapter contributors who, taken together, have taught, counselled, consulted,
and conducted research in diverse regions of Southeast Asia, including Singapore,
Malaysia, Cambodia, Thailand, Vietnam, Indonesia, and beyond. The editors
themselves are experienced academics and psychologists. Dr. Rich has four recent
coedited books in international psychology (*Pathfinders in International Psychology*
(2015), *Internationalizing the Teaching of Psychology* (2017), *Teaching Psychology
around the World* (2018), and *Human Strengths and Resilience: Developmental,
Cross-Cultural, and International Perspectives* (2018) and has taught in Cambodia
and India as well as the U.S.A., publishing on topics in cross-cultural and
strengths-based psychology. Coeditor Prof. Jaafar was raised in a traditional Malay
family and was born among the rice paddies of rural Malaysia in Kedah, in the
same year Malaysia became a unified and independent democracy. She completed
doctoral studies in the U.K. at Lancaster University before returning to Kuala
Lumpur to teach at the well-respected University of Malaya (UM) in Kuala
Lumpur. She has coedited several books, including *Teaching Psychology around the
World* (with Dr. Rich), *Psychology at Work in Asia* (2013), and *Building Asian
Families and Communities in the 21st Century* (2008). Dr. Barron brings a unique
perspective as a Western psychologist living and working, and teaching and
researching, in Malaysia, where he is deputy director at the Centre of Psychological
Medicine, Perdana University, Kuala Lumpur.

The purpose of this chapter is to offer an introductory overview of the present book
and to contextualise the topic and offer helpful background on the region for those
less familiar with Southeast Asia, while at the same time provide cutting-edge informa-
tion about the past, present, and future of psychology and psychologists in the region.
The region's history and background will be described, with capsule descriptions of
each of the ten ASEAN nations. The book is divided into three sections, organised by
topic rather than separated by nation to provide a cohesive narrative of psychology
within the region. Each of the three book sections is prefaced by an integrative review
of the research literature on each section's focus, with previews and context for what
will be found in each section. These section introductions will assist readers in under-
standing and identifying key themes for the proceeding chapters.

Chapter topics bridge multiple psychology subdisciplines in a cross-cutting
manner, including clinical, counselling, developmental, personality, health, and social
psychology as well as topics in psychology of gender, research methods, and cross-
cultural psychology. Examples of the diverse topics described in this book's chapters
include identity in Malaysia, emotional regulation and aggression among Thais,
subjective well-being in Vietnam and Singapore, and psychological disorders and
well-being in Cambodia, among others. These chapters all fit the book's theme,
focusing on social, cultural, clinical, and health perspectives. This introductory over-
view chapter and a summary conclusion chapter help to integrate and connect the
diverse topics and cultures presented throughout the book, describing relevant issues
and trends, and pointing the way to future developments, including gaps in work-
force capacity and service inequalities, as well as promising growth developments in
sociocultural, clinical, and health psychology in the region.

As mentioned, this book aims to describe psychology in Southeast Asia, which generally speaking includes those nations that are located to the north of Australia, to the south of China and Japan, to the east of India, and to the West of Papua New Guinea. ASEAN, the Association of Southeast Asian Nations, includes ten nations: Brunei, Cambodia, Laos, Indonesia, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam. ASEAN was founded in 1967, though it was preceded by the Association of Southeast Asia (ASA) (founded in 1961), and aims to promote intergovernmental cooperation in terms of sociocultural, political, economic, educational, and security issues of relevance to the region (ASEAN, 2017, 2019). Nine of the ten countries in ASEAN are represented in this book; at publication time, unfortunately, the editors were not able to obtain a suitable chapter from Brunei. The region is tremendously diverse in terms of culture and language, as well as politics and economics. For instance, Islam, Buddhism, Hinduism, Christianity, and traditional/indigenous religions are well represented in the region. Numerically speaking, Buddhism predominates in Cambodia, Laos, Myanmar, and Thailand. Islam is the most popular religion in Brunei, Indonesia, Malaysia, and the Southern Philippines. Christianity predominates overall in the Philippines. Some nations such as Vietnam reflect a broad range and a syncretic approach to religion, such as elements of both Buddhism and traditional/ indigenous religion (CIA Factbook, 2019; Southeast Asia, 2019).

The region also reflects the legacy of colonialism. For instance, European influences began with the Portuguese in the 16th century in Malacca and the Philippines. Later colonial influences from the Spanish, Dutch (Dutch East Indies), French (French Indochina), and British (Strait Settlements) became prominent, leading to colonisation of all Southeast Asian nations save Thailand by the 19th century. Additional colonial influences came from Japan, China, and the U.S.A. Nevertheless, despite the region's colonial past, the communities still retain their sociocultural identities. The region is diverse in terms of development; overall the ASEAN nations are ranked average in terms of the UN Human Development Index (HDI), but there is great range between nations, from those of very high human development index scores (Singapore, Brunei, and Malaysia) to those that are the lowest in the region (Laos, Cambodia, and Myanmar) (Human Development Index, 2018). Additionally, it must be noted that hundreds of languages are spoken by a vast array of different ethnic groups.

In the following section, brief capsule descriptions of the ten ASEAN nations will be offered, aiming to provide readers with context and background on the countries described in this book. Even readers who hail from Southeast Asia may have little knowledge of at least some of the region's nations, just as persons in the U.S.A. may know little about some of the other nations in the Americas, such as those in Central or South America, due to geographical distance, language, and cultural barriers.

Brunei is located along the northern coast of the island of Borneo, bordering the South China Sea and Malaysia. Roughly the size of the U.S. state of Delaware, its population is approximately 450,565, just under a half million. Ethnically it is about 65.7% Malay, 10.3% Chinese, and 24% other, while the official language is

Malay (Bahasa Melayu), with English and Chinese dialects also spoken. Islam is the official religion and 78.8% of the population is Muslim, 8.7% Christian, 7.8% Buddhist, and 4.7% other (such as indigenous beliefs). The major urban area is the capital, Bandar Seri Begawan, with about 241,000 persons. The literacy rate is about 96% and the unemployment rate is about 28%, both roughly equal between males and females. Life expectancy at birth is 77.5 years. Brunei has one of the highest per capita GDPs in the entire world in large part due to petroleum and natural gas fields. Historically, it may be said that the peak influence of the Sultanate of Brunei occurred between the 15th and 17th centuries when its control reached from the coast of northwest Borneo to the Southern Philippines. Later conflict of royal succession, European colonial influences, and piracy led to a decrease in power and influence. In 1888, Brunei became a British protectorate, and it became independent in 1984. The government type is absolute monarchy/sultanate, and the same family has ruled Brunei for more than six centuries (CIA Factbook, 2019).

Present-day Myanmar (also known as Burma) was part of Britain's Indian Empire from 1824 to 1886. After a period as a province of India, in 1937 Burma became a self-governing colony and, following battles during World War II, it became independent in 1948. Myanmar borders the Andaman Sea and the Bay of Bengal, between Bangladesh and Thailand. It is slightly smaller than the U.S. state of Texas. The population is estimated to be 55,622,506. About 31% of the nation may be considered urban, and the largest city is the capital, Rangoon (Yangon), with 5,244,000. Ethnically the population breakdown is as follows: Burman (Bamar) 68%, Shan 9%, Karen 7%, Rakhine 4%, Chinese 3%, Indian 2%, Mon 2%, and other 5%. Notably, the government recognises 135 indigenous ethnic groups. The official language is Burmese, though minority ethnic groups use their own languages. In terms of religion, the population is represented as follows: Buddhist 87.9%, Christian 6.2%, Muslim 4.3%, Animist 0.8%, Hindu 0.5%, other 0.2%, and none 0.1%. Life expectancy is estimated to be 68.6 years (male 67 years; female 70 years). The literacy rate is estimated to be 75.6% (male 80%; female 72%). The youth unemployment rate is 4% (male 3.3%; female 4.8%). The government type is a parliamentary republic (CIA Factbook, 2019).

Modern-day Cambodia has its origins in the Angkor Empire, which peaked between the 10th and 13th centuries. Conflicts with Thai and Cham (today's Vietnamese) populations led to the decline of the Angkor Empire. The country became a French protectorate in 1863 and part of French Indochina in 1887. Cambodia became independent from France in 1953. In 1975, the communist Khmer Rouge evacuated all cities; more than 1.5 million Cambodians—about one fourth of Cambodia's population—died (execution, starvation, etc.) under the Pol Pot–led Khmer Rouge. In 1978, the Vietnamese invasion led to the Khmer Rouge retreat to more rural areas of the country; 20 years of civil war followed, along with the 1991 Peace Accords and a partial ceasefire. After the United Nations–sponsored 1993 elections, violence erupted again in 1997, though elections in 1998 led to a more stable sociopolitical situation. The remaining Khmer Rouge members surrendered in 1999, and a United Nations–Cambodian tribunal tried several elderly Khmer Rouge leaders up until 2018. In 2004, King Norodom

Sihanouk's son Prince Norodom Sihamoni was chosen to succeed his father. Since the 2017 ban of the opposition party (CNRP), Cambodia may be viewed as basically a single-party nation. Hun Sen of the CPP has been prime minister since 1985. Cambodia borders the Gulf of Thailand and is located between Thailand, Vietnam, and Laos. It is roughly one-and-a-half times the size of the U.S. state of Pennsylvania. Its population is estimated to be 16,449,519. Approximately 23.8% of the population is considered urban, and the largest city is the capital, Phnom Penh, with 2,014,000 persons. Ethnically, Cambodia's population may be described as Khmer 97.6%, Cham 1.2%, Chinese 0.1%, Vietnamese 0.1%, and other 0.9%. The official language is Khmer, the main language of 96.3% of the population; 3.7% of the population report other languages. Buddhism is the official religion, representing 97.9% of the population. Muslims make up 1.1% of the population, Christians 0.5%, and other religions 0.6%. The life expectancy of the population is estimated at 65.2 years (male 62.7 years; female 67.9 years). The literacy rate is estimated at 80.5% (male 86.5%; female 75%). Youth unemployment is about 1%. The government is a parliamentary constitutional monarchy (CIA Factbook, 2019).

Indonesia was impacted by several colonial influences. The Dutch began their colonisation in the 17th century, and Japanese occupation was present from 1942 to 1945. After UN mediation, the Netherlands transferred sovereignty in 1949. After a time of parliamentary democracy, President Sukarno began martial law in 1957. President Suharto was Indonesia's ruler from 1967 to 1998, and, after protests, free elections occurred in 1999. Indonesia is currently the third-largest democracy in the world. Indonesia is an archipelago between the Indian Ocean and the Pacific Ocean. Its population, the 4th largest in the world, is estimated to be 262,787,403. About 56% of the population may be considered urban, and the major cities include the capital, Jakarta (10,639,000), Bekasi (3,277,000), and Surabaya (2,922,000). Ethnically, Indonesia's population may be described as follows: Javanese 40.1%, Sundanese 15.5%, Malay 3.7%, Batak 3.6%, Madurese 3%, Betawi 2.9%, Minangkabau 2.7%, Buginese 2.7%, Bantenese 2%, Banjarese 1.7%, Balinese 1.7%, Acehnese 1.4%, Dayak 1.4%, Sasak 1.3%, Chinese 1.2%, and other 15%. Though over 700 languages are used in Indonesia, the official language is Bahasa Indonesia; others include English, Dutch, and local dialects (such as Javanese). In terms of religion, the population breakdown is as follows: Muslim 87.2%, Protestant 7%, Roman Catholic 2.9%, Hindu 1.7%, other 0.9% (includes Buddhist and Confucian), and unspecified 0.4%. Life expectancy is estimated at 73.2 years (male 70.6; female 76). The literacy rate is 95.4% (male 97%; female 93.6%). The youth unemployment rate is 15.6%, and is approximately equivalent for males and females. The government is a presidential republic (CIA Factbook, 2019).

Today's Laos has its origins in the ancient Lao kingdom Lan Xang founded in the 14th century and led by King Fa Ngum. After a time of decline, Laos became dominated by Thailand (Siam) between the late 18th century and late 19th century and then was part of French Indochina. In 1975, the communist Pathet Lao began government control, marking the end of a six-century monarchy. A limited return to private enterprise began in 1988. Laos is located northeast of Thailand

and west of Vietnam. The population is estimated to be 7,234,171. About 36% of the population is urban, and the largest city is the capital, Vientiane, with 673,000. Ethnically, the population is as follows: Lao 53.2%, Khmou 11%, Hmong 9.2%, Phouthay 3.4%, Tai 3.1%, Makong 2.5%, Katong 2.2%, Lue 2%, Akha 1.8%, and other 11.6%. Notably, the government of Laos officially recognises 49 ethnic groups, and the total number of ethnic groups may be estimated at over 200. The official language is Lao, but French, English, and various ethnic languages are also spoken. In terms of religion, 64.7% of the population are Buddhist, 1.7% are Christian, and 31.4% are none. The life expectancy is estimated to be 65 years (male 62.7 years; female 67.1 years). The literacy rate overall is 84.7% (male 90%; female 79%). The youth unemployment rate is 18% (male 21%; female 15.5%). The government type is a communist state (CIA Factbook, 2019).

Malaysia is located on a peninsula bordering Thailand and on the northern third of the island of Borneo, bordering Indonesia, Brunei, and the South China Sea, south of Vietnam. Its population is about 31,809,660. The major urban areas in Malaysia are the capital, Kuala Lumpur, with 7,780,000 persons and Johor Bahru with about one million persons. The ethnic breakdown is as follows: Bumiputera 62% (Malays and indigenous peoples, including Orang Asli, Dayak, Anak Negeri), 20.6% Chinese, 6.2% Indian, and 0.9% other, with 10.3% non-citizens. The official language is Bahasa Malaysia, with other languages spoken including English, Chinese (Cantonese, Mandarin, Hokkien, Hakka, Hainan, Foochow), Tamil, Telugu, Malayalam, Panjabi, and Thai. Indeed, Malaysia has 134 living languages (112 indigenous languages and 22 non-indigenous languages). Islam is the official religion, and 61.3% of people are Muslim, 19.8% Buddhist, 9.2% Christian, and 6.3% Hindu, with other religions making up 1%, such as Confucianism, Taoism, and other traditional Chinese religions. Life expectancy is estimated to be 75.4 years (males 72.6 years; females 78.4 years). The literacy rate is approximately 94.6%, while the unemployment rate for those aged 15 to 24 is about 10.5%. Its government is a federal parliamentary constitutional monarchy, with some variations (CIA Factbook, 2019).

The Philippines became a Spanish colony in the 16th century and were ceded to the U.S.A. in 1898 after the Spanish–American War. The Philippines became a self-governing commonwealth in 1935 but were under occupation by Japan during World War II. The Philippines became independent in 1946. The Philippines are an archipelago located between the Philippine Sea and the South China Sea, east of Vietnam. The population is estimated to be 105,893,381. Approximately 47% of the population may be considered urban and the major cities are Manila (the capital), with 13,699,000, Davao (1,785,000), and Cebu City (905,000). Ethnically, the population is as follows: Tagalog 24.4%, Bisaya/Binisaya 11.4%, Cebuano 9.9%, Ilocano 8.8%, Hiligaynon/Ilonggo 8.4%, Bikol/Bicol 6.8%, Waray 4%, other local ethnicity 26.1%, and other foreign ethnicity 0.1%. The official languages are Filipino (Tagalog based) and English, and there exist eight main dialects (Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan). In terms of religion, the population is about 80% Roman Catholic, 8% Protestant, 3.4% other Christian, 5.6%

Muslim, 0.2% tribal religion, and 0.1% none. Life expectancy is estimated to be 70 years (male 66; female 73). The overall literacy rate is 96.3%. The youth unemployment rate is 7.5% (male 6.6%; female 8.9%). The government type is a presidential republic (CIA Factbook, 2019).

Singapore, which is today one of the most prosperous nations in the world, was a Malay trading post in the 14th century and a British trading colony beginning in 1819. Part of the Malaysian Federation in 1963, it became independent in 1965. Singapore is an island city-state consisting of one main island and sixty-three islets, located between Malaysia and Indonesia. Its population is estimated to be 5,995,991, and the nation is slightly more than 3.5 times the size of Washington, D.C. Due to the dense nature of population and land mass, Singapore may be considered 100% urban. Ethnically, the population is 74.3% Chinese, 13.4% Malay, 9% Indian, and 3.2% other. Individuals self-identify ethnicity and the four categories are defined as follows: Chinese, Malay (includes indigenous Malays and Indonesians), Indian (includes Indian, Pakistani, Bangladeshi, and Sri Lankan), and other ethnic groups (includes Eurasians, Caucasians, Japanese, Filipino, Vietnamese). English is an official language and is the language most frequently spoken at home by 36.9% of the population. Mandarin is also an official language and is the language most frequently spoken at home by 34.9% of the population. Other Chinese dialects (including Hokkien, Cantonese, Teochew, and Hakka) are spoken by 12.2%. Further, Bahasa Malaysia is considered an official language and is the language most frequently spoken at home by 10.7% of the population. Malay is also the national language (according to Singapore's Constitution). Tamil is also an official language and is the language most frequently spoken at home by 3.3% of the population. In terms of religion, the breakdown is Buddhist 33.2%, Christian 18.8%, Muslim 14%, Taoist 10%, Hindu 5%, other 0.6%, and none 18.5%. Life expectancy is estimated at 85.5 years (male 82.8; female 88.3). The literacy rate is 97% (male 98.7%; female 95.4%). The youth unemployment rate is 9.1% overall, but the male rate (6.2%) is about half that of the female rate (12.5%). Its government is a parliamentary republic (CIA Factbook, 2019).

The modern nation of Thailand may be traced to a Thai kingdom established in the middle 14th century. Notably, Thailand (formerly Siam) is the only nation in Southeast Asia never colonised by a European country. Since 2005, there have been several periods of conflict and violence, including coups (e.g., 2006, 2014) and large protests in 2008, 2009, 2010, and 2014. Thailand borders the Andaman Sea and the Gulf of Thailand, southeast of Burma. Its population is about 68,615,858. About 50% of the total population is urban, and the largest cities are Bangkok (10,350,000), Samut Prakan (1,289,000), and Chiang Mai (1,151,000). Ethnically, the population is 97.5% Thai, 1.3% Burmese, and 1.1% other. Thai is the official language, and the only language of 90.7% of the population. In terms of religion, the population is 94.6% Buddhist, 4.3% Muslim, and 1% Christian. Life expectancy is estimated to be 75.1 years (male 71.9 years; female 78.5 years). The literacy rate is about 92.9% (male 94.7%; female 91.2%). The total youth unemployment rate is 3.7% (male 3%; female 4.7%). Its government type, established in 1932, is a constitutional monarchy (CIA Factbook, 2019).

Vietnam borders the Gulf of Thailand, the Gulf of Tonkin, and the South China Sea, as well as China, Laos, and Cambodia. Its population is roughly 97 million. Nearly 86% are Kinh (Viet), though 54 ethnic groups are recognised by the Vietnamese government. The two largest cities are Ho Chi Minh City (8,371,000) and the capital, Hanoi (4,480,000). The literacy rate is about 95%, while the unemployment rate is about 7.5%, evenly distributed among males and females. Life expectancy overall is about 74 years (male 71.4; female 76.7). Vietnam was for many years colonised by France, beginning in 1858, becoming part of French Indochina by 1887. Vietnam became independent after World War II, though the French ruled until their 1954 defeat by communist forces. From 1954 to the ceasefire in 1973, Vietnam was divided into a communist north and anti-communist south, and violence, war, and U.S. involvement were dominant themes. Today, its government type is a communist state (CIA Factbook, 2019).

Taken together, an examination of these capsule descriptions of the ten ASEAN nations reveals extraordinary diversity. Nations range in population size (from Brunei's less than half million to Indonesia, the world's fourth most populous nation), in urban/rural distribution (while Cambodia is 23% urban, Singapore may be considered 100% urban), and life expectancy (from about 65 years in Cambodia and Laos to 85.5 years in Singapore). Nations vary widely on other dimensions as well; for instance, the youth unemployment rate ranges from about 1% in Cambodia to about 28% in Brunei, and the literacy rate ranges from about 80% in Cambodia to about 97% in Singapore. Differences between nations in ethnic composition, languages spoken, and religions practised are also broad. For instance, a review of the above statistics on the ASEAN nations shows some nations which are very homogenous in terms of language, ethnicity, and/or religion, while other nations reflect great variety in one or more of these variables, such as the presence of many religions or languages or ethnic groups. Finally, the nations here reflect a range of colonial and indigenous influences on their history, and many nations have experienced unique historical conditions, such as political violence or natural disaster, which have also impacted their populations. The editors hope that this introduction serves as a reminder that the psychological studies and analyses that follow in this book all reflect lives lived in a sociocultural-historical context. Human beings are more than merely brains in vats. Interpretation of results, and implications for therapeutic intervention and for social policy thus must be carefully embedded in understanding of local contexts. That said, a close reading of research from a range of cultures and nations helps build intercultural competence, and by beginning to better understand others, we may also better understand ourselves.

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Part 1

Resilience and adjustment

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Resilience and adjustment are core concerns to many psychologists. Indeed there is a veritable cottage industry of scholarship focused upon this critical topic. Much of the work in the past 20 years may be considered part of, or inspired by, or at the least influenced by, positive psychology (Seligman & Csikszentmihalyi, 2000). Other research on resilience and adjustment has been centred on lifespan development (e.g., Rich, 2017; Rich & Sirikantraporn, 2018). Despite making valuable contributions, most of this research has been clearly produced by scholars in the U.S.A. and Western Europe and has utilised samples of participants from these regions (Rich, 2016). However, scholars have begun to acknowledge how concepts, theories, beliefs, and understandings of resilience, adjustment, and related topics (e.g., posttraumatic growth) vary around the globe, leading to challenges in creating appropriate operational definitions of terms and scales and measures that are valid in a local cultural context (e.g., Lomas, 2018; Oishi, 2010). In the last 10 years or so especially, several volumes have been produced which have begun to examine resilience and adjustment in cultural context, such as in the Middle East/North Africa (Lambert & Pasha-Zaidi, 2019), Armenia/Sri Lanka/Pakistan (Kalayjian & Eugene, 2010), and India/Haiti/Syria/South Africa (Rich & Sirikantraporn, 2018). However, with some national exceptions (e.g., posttraumatic stress disorder [PTSD] research in Cambodia, Rich & Sirikantraporn, 2018), overall, there has been a paucity of research on the topic with Southeast Asian samples, especially written by scholars in Southeast Asia. Thus, the present section is especially welcome as it presents perspectives from several nations in the region, including the Philippines, Cambodia, Thailand, and Malaysia. The chapters here reflect both commonalities and uniqueness in that core principles of resilience and posttraumatic growth research found in the U.S.A. and Western Europe appear in Southeast Asia, yet with local nuances as described by the authors in this section. Notably, some recent developments and innovations in research and practice in resilience and adjustment work in the U.S.A. and Europe, such as the use of integrative and holistic healing perspectives, such as massage therapy and bodywork, group and community healing and community centres, and expressive arts therapy and activities (e.g., Ferrara, 2018; Hymel & Rich, 2014; Rich, in press; Serlin, Krippner, & Rockefeller, 2019; Van der Kolk, 2015) are alsoevident in many Southeast Asian nations and communities. In some

cases, the therapies and activities considered new and innovative in the U.S. A. and Europe reflect traditional, centuries-old practices in Southeast Asia, again demonstrating the complexities when attempting to fully understand the cross-fertilisation of healing modalities and research methodologies across place and time.

There are five chapters in this section, which begins with work by Barron and colleagues, who offer an insightful survey of psychology in the Philippines, emphasising sociocultural, clinical, and health perspectives. The chapter starts with a helpful overview of the history of the nation, including the impact of colonial rule, Catholicism, and indigenous influences and how they shaped the development of psychology regionally. The authors highlight a range of social issues salient in the nation, including intimate partner and family violence, bullying and abuse, and the impact of strict abortion laws and beliefs about LGBTQ communities and persons. The authors also discuss rates of clinical conditions such as depression, as well as the high prevalence of suicide and substance misuse. Finally, the authors describe the impact of perceived stigma on help-seeking behaviour, especially when coupled with an inadequate qualified behavioural health workforce, and acknowledge the developments since colonial beginnings while noting the need for continued growth in services.

The next chapter by Rich and Sirikantraporn focuses on psychology in Cambodia. The authors describe the historical context in Cambodia which impacts present-day social conditions. In particular, the tragic era of the Khmer Rouge regime, which peaked between 1975 and 1979, resulted in the deaths of about two million people, about one fourth of Cambodia's population, from execution, overwork, starvation, and disease (Rich & Sirikantraporn, 2018). Today's Cambodia reflects the legacy of this tragedy, as well as the current impacts of poverty, political instability, corruption, and continued violence and crime. The authors survey key indicators of rates of trauma, and clinical conditions such as depression and PTSD, as well as culture-bound conditions. Furthermore, the authors describe local beliefs about healing and wellness that impact resilience, and describe some positive developments in terms of availability of appropriate services and behavioural health education to fill the gap currently experienced, especially in rural areas and for the truly disadvantaged economically.

Sumari, Ibrahim, and Baharudin offer a qualitative study and integrative review of a key social issue—female survivors of domestic abuse. Utilising in-depth interviews of such survivors who had left their marriages from 1 to 4 years after an abusive relationship, the authors explored the lived experience of these women from their perspectives, focusing on critical life aspects, such as experiences while in the abusive relationship as well as their experiences after leaving. The authors find common themes among these survivors, including an enhanced appreciation for life, a deeper understanding of the experience of abuse, and an increased spiritual relationship with God. The chapter focuses on women in Malaysia, but implications for resilience and posttraumatic growth in survivors of family violence elsewhere in Southeast Asia and beyond are clear.

In the next chapter, Terrighena and Barron provide an extremely insightful analysis and integrative review of the experiences of Filipino women offering domestic services overseas. The difficult economic conditions in the Philippines have led to increases in such economically motivated migration, but despite the potential economic benefits, the authors clearly demonstrate that there are many possible negative consequences in terms of social well-being, mental health, and physical health, both for the women working abroad and for their families who remain in the Philippines. The authors describe the prevalence of types of exploitation and abuse which can occur abroad as well as other issues regarding well-being, such as the impact of loneliness and marital separation. Finally, the authors describe effective coping strategies that can boost resilience and make suggestions for future research and for policymakers. The issue of migrant workers is not unique to the Philippines, nor to Southeast Asia, and thus the chapter findings will be of interest to many readers around the globe.

Finally, this section concludes with a chapter on sexism in the Thai workplace by Jarunratanakul. Though sexism occurs in many places around the world, and throughout history, the author of this chapter offers a culturally informed, culturally nuanced analysis of how sexism is manifested in contemporary Thailand. For instance, the author describes how several Thai idiomatic expressions regarding gender can reflect deeper, broader cultural conceptuaations and views of gender roles, gender socialisation, and social policies and realities. The author goes on to discuss how stereotype threat manifests itself in the Thai context and to offer suggested routes to promote resilient behaviour and coping, including some buffering techniques that are likely to be effective against the negative environment and beliefs regarding female Thai employees.

In sum, this section of the book reflects the diversity of research related to resilience and adjustment in Southeast Asia. Readers familiar with the research on the topic in the U.S.A. and Western Europe will note both similarities (Calhoun & Tedeschi, 2013; Van der Kolk, 2015) and differences (Oishi, 2010; Weiss & Berger, 2010). Additionally, within the context of Southeast Asia itself there is tremendous cultural diversity as well as cultural commonalities in the region, as is consistent with the range of colonial influences (e.g., U.S.A., British, French, Spanish) and the legacy and impact of historical conditions (e.g., Pol Pot–era Cambodia, Spanish/Japanese/U.S.A. involvement in the Philippines). Readers from the Southeast Asian nations of these chapters will easily see the relevance to their particular nations, but all interested in the cultural conditions related to resilience and adjustment will find value in the diverse perspectives presented here.

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2 Psychology in the Philippines

An overview of the state of the discipline emphasising sociocultural, clinical, and health perspectives

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The Philippines are situated in the Malay Archipelago off the Southeast Asian mainland and comprise thousands of islands, all together up to 300,000 square kilometres in territory (Blair & Robertson, 2010). The total population of the Philippines is approximately 107 million, with the majority of ethnic inhabitants represented by native Filipinos and the remaining minority from various descents (Bersales, 2015). The Philippines has experienced a long history of colonial rule spanning over 400 years. Initial colonial rule was by Spain, followed by the U.S. and Japan, with the U.S. latterly regaining control of the region (Roces, 1994). Colonisation has influenced the language of the country; that is, Filipino is a mixture of Tagalog (the local language) and English (The Philippines, 2001). While the Philippines gained independence in 1898, colonisation has had lasting consequences on aspects of the Philippines, specifically, in terms of social and psychological issues (Van Ells, 1995). This can be seen in many aspects, such as the influence of religion and the administrative way which the education system is run. The aim of this chapter is to look at the history and current situation of psychology as a field of study in the Philippines.

During the early 1500s, several countries such as England, Holland, and Portugal were involved in expansionist ventures with the purpose of spreading the method of capitalism around the world (Constantino, 1975). Other countries began following suit, with motives to gain profit, facilitate trade, and spread religion (most notably Christianity; Constantino, 1975). As mentioned, the Spanish colonised the Philippines in 1521, with rule for over 300 years, followed by the U.S.A. for 48 years (Constantino, 1975). It was the Spanish influence which brought Christianity and the church into the decision-making and implementation of policies in the country; the American influence was seen through the administration of the education system, which was largely Westernised, such that the primary medium of instruction was English (Pe-Pua, 2006; Pe-Pua & Protacio-Marcelino, 2000). Academic materials such as books, journals, and magazines were printed with content concerning Western methodology and cultural concepts, which were inseminated into the mindset of students attending schools at all levels (Lagmay,

1984). Filipino scholars have highlighted public dissatisfaction towards the pervasiveness of the West in their culture, which they ascertain has led to a struggle for the Filipino people to assert one's natural and cultural identity (Pe-Pua & Protacio-Marcelino, 2000). In addition, Western colonisation was perceived as a threat to the national culture due to intellectual dependence and political imperialism. By way of example, all academic articles had to meet the criteria of empiricism and scientific rigor determined by the American editorial board (Salazar, 1991). Scholars argued that culturally relevant techniques were required to deal with the Filipino population in order to preserve the original culture of the country (Church & Katigbak, 2002). Instead, the Westernised education system affected the method which many subjects were taught, including that of the field of psychology.

Psychology was introduced into the Philippines during the latter colonisation period by the U.S. The psychology theories and, thus, their implementation were largely empirical and through positivism, which utilised experimentation and correlation (Torres, 1997). Psychology graduates were guided through psychological theories, interpretation, and historical and current publications in English; further, they learned to utilise these theories in real-life scenarios (Marcelino, 1990). However, the version of psychology acknowledged in the Philippines discounted elements of cross-cultural psychology due to the language and cultural barriers (Enriquez, 1992), and graduates were limited by their level of English language (Marcelino, 1990). The psychological teachings ultimately led to graduates who practised with an American orientation of ideology and were unable to reach out to the larger population who adhered to Filipino norms (Marcelino, 1990). An example of difference in culture can be seen through behavioural interpretation. For example, a Filipino's tendency to be indirect in communication can be perceived as being misleading and deceptive (Enriquez, 1992); however, in reality the indirectness may stem from good intentions (e.g., to avoid making the person lose face through direct confrontation; Pe-Pua, 2006). Despite concerns of difference in cultural interpretation, there was no informed effort to address the method of teaching psychology during the initial years of teaching. This continued until the 1970s, when the seminal work of Enriquez (1976) challenged the traditional mentality that psychology methods were universal.

Enriquez is generally recognised as introducing sikolohiyang Pilipino (or Filipino psychology) to the field of psychology. Sikolohiyang Pilipino is described as the study of emotions (kalaoban) and experienced knowledge (kamalayan), being conscious of one's surroundings (ulirat), information and comprehension (isip), habits and demeanour (diwa), and the soul (kaluluwa), which is how one is able to learn about other people's conscience in the Filipino culture (Enriquez, 1976). In addition, the purpose of this field of psychology was to enhance social awareness and participation, alongside preserving the traditions of the indigenous roots by applying it to health practices, agriculture, art, mass media, and religion relevant to the local setting (Enriquez, 1992). Therefore, the aim of sikolohiyang Pilipino was to compile research and pedagogy built on the foundation of indigenous sikolohiyang Pilipino, ideas, culture, and history (San Juan, 2006). Despite introducing sikolohiyang Pilipino to replace the more traditional

pedagogy, Enriquez (1978) highlighted that sikolohiyang Pilipino did not completely reject all foreign theories but instead served to inculcate theories relevant to the culture together. The scholar advocated for two practices: cultural validation, where research was validated through systematic replication in various cultures; and cultural revalidation, formalising the implicit psychological theories, abilities, and approaches established within the local culture (Enriquez, 1978).

With the evolution of psychology in the Philippines, the government initiated the licensing of psychologists; this was for those who practise in the clinical and counselling fields and those who perform psychological testing. The license is offered by the Professional Regulatory Commission after the candidate completes an examination. If an individual already possesses a license in the fields mentioned above, they do not require a certification. However, if one aspires to practise in fields other than those mentioned above, they would have to apply for certification. This certification recognises specialised expertise through graduate education and aims to ensure ethical regulation of the practice in other fields of psychology, and is accredited by the Psychological Association of the Philippines (PAP). As such it is mandatory for an aspiring psychologist to register as a member of the PAP, and they may apply for certification for an area of psychology. There are seven areas of psychology for which individuals may apply for certification through the PAP: assessment psychologists, clinical psychologists, counselling psychologists, developmental psychologists, educational psychologists, industrial/organisational psychologists, and social psychologists. The membership is evaluated by a committee of certified psychology specialists. If successful, the certificate is valid for 3 years, and psychologists may renew the license after expiration. Most areas of psychology require up to 100 hours of supervised practicum and an accredited masters or doctorate in psychology. As an alternative to educational requirements, members may apply if they have a designated number of years of experience in accordance with each field.

Despite forward strides in terms of generating and accrediting psychology in the Philippines, in general, the country is severely lacking in mental health professions. In the Philippines, four general professions are legally recognised to provide mental health services: guidance and counselling practitioners, psychologists, social workers, and those within the umbrella of the medical profession (e.g., psychiatrists). This dearth of mental health services can be seen through the reported 0.52 psychiatrists (Isaac et al., 2018), 0.07 psychologists, and 0.49 mental health nurses per 100,000 people (WHO, 2014). In addition, the ratio of general mental health workers is 2–3 per 100,000, which is considered low when compared to neighbouring countries such as Malaysia and Indonesia (WHO, 2006). Resources allocated to mental health also remain limited, with only 3–5% of the Philippine health budget being allocated to mental health (WHO, 2006). Furthermore, most of the treatment options are available in hospital settings or private/for-profit centres located in urban areas (Lally, Tully, & Samaniego, 2019).

Barriers to help-seeking behaviour in the Filipino culture include a stigmatised view towards mental health, whereby admitting to having problems is perceived

as a sign of weakness and judged harshly by society (Tuliao & Velasquez, 2014). Findings by the National Statistics Office indicate that mental illness is the third most prevalent cause of death in the country; however, only 88 mental health cases are reported for every 100,000 of the population (DoH, 2005). The country also embraces a strong collectivist culture, where most Filipinos would resort to obtaining help from family first before seeking medical treatment (Tuliao, 2014). Further, as most services are concentrated in urban areas, underprivileged individuals in rural settings face financial and geographical difficulties in seeking treatment. For instance, the minimum daily wage for an individual is 456 Philippine pesos (Php) (~$8.82; National Statistics Office [NSO], 2010), but the cost of counselling ranges from 500–2000Php (~$9.67–38.69; Tuason, Galang-Fernandez, Catipon, Trivino-Dey, & Arellano Carandang, 2012). As such, in June 2018, the government introduced the first Mental Health Act (Republic Act no. 11036) (Lally et al., 2019). The purpose of the act was to provide clear guidelines on mental health services while also safeguarding the rights of individuals and families with disorders (Senate of the Philippines, 2017). In addition, the government sought to introduce mental health programmes in schools and organisations to spread awareness and acceptance (Lally, Samaniego, & Tully, 2019). This initiative is a progressive step for mental health in the Philippines that creates a platform to ensure patients are receiving ethical mental health services.

In recent times, Filipino psychologists have played an important role in the country from a clinical approach, where issues such as mental health, societal issues, and well-being have been prioritised. Indeed, recent PAP position papers have highlighted bullying as a focus of attention for local scholars. Forms of bullying include physical aggression, psychological shaming, and cyber-bullying. The statistics of bullying in the Philippines are high, with a reported rate of 3 out of 5 Filipino children having encountered violence (UNICEF, 2016). In 2014, a total of 1,700 cases of child abuse were reported with only 60% of the cases resolved (Cardona, Reyes, & Tangalin, 2015). In addition, 80% of child abuse cases involved acts of bullying, which included psychological and verbal bullying such as cursing and ridiculing (Cardona et al., 2015). The common effects of bullying are severe, as they are linked to difficulties such as insomnia, substance abuse, and early, risky sexual intercourse (Fleming & Jacobsen, 2009). In addition, there is also a strong correlation between victims of bullying and feelings of depression, hopelessness, loneliness, and suicidal ideation (Fleming & Jacobsen, 2009).

Researchers have indicated that factors related to bullying include the family environment and parenting styles. Indeed, Maximo and Loy (2014) found that an authoritarian parenting style, where parents endorsed punitive discipline, was linked to higher rates of Filipino children being bullies. Further, teachers who were tolerant of bullying policies in a school with unclear interventions were also linked to higher rates of bullying (Cardona et al., 2015). To confront this issue, the Philippine Education Department issued the DepEd Child Protection Policy in 2012, which called for the protection of children against abuse such as violence, exploitation, discrimination, and bullying (Ancho & Park, 2013). In 2013, the Republic Act No. 10627 was also adopted, which advocated the

prevention of bullying in schools through policies (Cardona et al., 2015). This made it mandatory for schools and teachers to provide an optimal learning platform with clear disciplinary rules towards bullying and to also establish a nurturing bond to assess problem behaviours (Cardona et al., 2015).

By extension, violence in families, including between intimate partners, remains a serious public health concern in the Philippines (Tsai, Cappa, & Petrowski, 2016). The effects of intimate partner violence (IPV) include posttraumatic stress disorder (Nathanson, Shorey, Tirone, & Rhatigan, 2012), depression (Stith, Smith, Penn, Ward, & Tritt, 2004), impulsive risk behaviour (e.g., heightened substance use and high-risk sexual behaviour; Coker, 2007), and various health deficiencies (Plichta & Falik, 2001). Furthermore, IPV also affects the well-being of children; for example, young adults who witnessed paternal and maternal IPV are more likely to use and experience family intimidation and physical abuse (Mandal & Hindin, 2015). Children also report higher rates of depressive symptoms and suicidal ideation when they had witnessed parental violence (Hindin & Gultiano, 2006), and they exhibit higher tendencies for aggressive and antisocial behaviours (Maxwell & Maxwell, 2003).

In acknowledging this issue, the Filipino government conducted national surveys to collect data and information; these include the Philippines National Demographic and Health Survey (NDHS), the Philippines Census of Population and Housing (CPH), and Cebu Longitudinal Health and Nutrition Survey (CLHNS). Many of the studies utilised nationwide samples which provided surveys, interviews, and longitudinal designed investigations (e.g., Antai, Antai, & Anthony, 2014; Fehringer & Hindin, 2014; Tsai et al., 2016). Results indicated that reported IPV against women was between 11% to 26% (Hassan et al., 2004), while adolescent females were reported to experience the highest rates of IPV and physical violence during pregnancy (Philippine Statistics Authority (PSA) & ICF International, 2014). From the male victim point of view, a national study on IPV towards husbands by women was reported at 16% (National Statistics Office & ICF Macro, 2009), while a subsequent study demonstrated that 42% of women reported bidirectional perpetration to occur (Ansara & Hindin, 2009). While IPV occurs among both genders, most studies in the Philippines have been conducted from the female point of view.

In order to examine the causal factors of violence, traditional patriarchal views must be explored further. The Philippines is considered egalitarian in the aspect of gender equality when compared to other countries in Southeast Asia, as seen through the presence of highly visible women figures in society such as a female president (Hindin & Adair, 2002). In addition, Filipino women have made significant impacts in the social, political, and economic spheres of national development (Serquina-Ramiro, Madrid, & Amarillo, 2004). The power structure in the country has also shifted from the previous traditional outlook to where women are now more frequently encouraged to pursue higher education (Medina, 1991) and enter work settings traditionally reserved for men (Fehringer & Hindin, 2009). However, gender-specific norms exist in families and households (Bouis, 1998). While men are usually recognised as the main breadwinner of the family,

the women are in charge of making joint decisions in the house (Alcantara, 1994). In addition, working women are also pressured and socialised into prioritising domestic duties as wives and mothers above all else, including their career (Crisostomo, Cruz, Cruz, Marie, & Cruz, 2012). Thus, despite the presence of the women's movement and egalitarianism, traditional patriarchal views and expectations still exist among the community.

Studies have suggested that existing patriarchal views in the Philippines represent rigid expectations for women to fulfil their wifely responsibilities at work, at home, and to their husbands (Lee, 2004). Individuals holding these views were more likely to condone abuse (Ansara & Hindin, 2009), as seen through a study where 24% of Filipino women stated that wife-beating was an acceptable phenomenon and justified, especially if it was due to neglect of a child (National Statistics Office & ICF Macro, 2004). A subsequent factor which is also a significant predictor of violence is attributed to alcohol intoxication (Kerridge & Tran, 2016). Alcohol abuse is often linked to aggression and violent behaviour (Field, Caetano, & Nelson, 2004), while also influencing physical function, self-control, and the capability for someone to mediate conflicts without violence (Room, Babor, & Rehm, 2005). Fehringer and Hindin (2014) indicated that in situations where married women were the independent managers of finances, they were more likely to express dissatisfaction with husbands for withholding money and spending it on alcohol and gambling instead. In these cases, married men may resort to violence due to inferiority or frustration. Furthermore, lower education and income have been found to be significant predictors of physical violence in family households (Philippine Commission on Women, 2014), in addition to couples who get married at a younger age (Hindin & Adair, 2002). These results have been mirrored in other countries and suggest that the higher likelihood of violence is due to high economic dependence on the partner while being cut off from other social support groups (UNICEF, 2011a).

Evidence for frequent early marriage and pregnancy exists in the Philippines, whereby the country was reported to have one of the highest rates of adolescent marriage in the Southeast Asian region (Jones, 2005). In addition, the teen birth rate in 2017 was documented to be higher than the average of 40 per 1000 in the Southeast Asian region and 15 per 1000 in the Western Pacific region (World Health Organization (WHO), 2018). The strong influence of Catholicism can be seen through this phenomenon. In the Philippines, premarital sex is highly stigmatised and viewed as a sin, especially for women (Mello, Powlowski, Nañagas, & Bossert, 2006). In addition, the use of contraception is highly controversial and expensive for households in poverty (Tsai et al., 2016), with abortion being illegal in the country. However, this view on contraception and the criminal ramifications of abortion were only introduced due to the influence of the Church. In the late 1960s, the Filipino government began an initiative to reduce population growth with the aim of promoting socioeconomic development; thus, contraceptives were encouraged (Melgar, Melgar, Festin, Hoopes, & Chandra-Mouli, 2018). This lasted until the 1980s, when the Church's standpoint was to ban contraception due to the pro-life stand, limiting government programmes on contraception and

family planning (Melgar et al., 2018). As a result of this, schools and academic systems were not equipped with comprehensive educational services to spread awareness about sexual and reproductive health. Therefore, they could not educate Filipino adolescents to make informed decisions regarding these issues (Upadhyay & Hindin, 2007). Families who have children at a young age potentially find themselves in a difficult situation in terms of unstable finances, which may lead to violence. Further, the country's abortion ban was estimated to cause the deaths of approximately 1,000 women and complications for at least 90,000 women in 2008 alone (Center for Reproductive Rights, 2010).

While it is common for men to be socialised into patriarchal views, women are also socialised into these views such that they should be tolerant (*mapagtiis* or *magpapasensiya*) and self-controlled (*mapagtimpi*) regarding difficulties with their spouses (Estrellado & Loh, 2019). While divorce is illegal in the country, legal separation for justifiable reasons can be achieved through the Filipino judiciary. This makes it much more difficult for an individual to leave a marriage, in addition to leaving abusive partners. Despite the occurrence of IPV, qualitative research with Filipina women has shown that many unreported cases occur, as partners feel reluctant to disclose abuse (Fehringer & Hindin, 2014; Hindin & Adair, 2002; Lee, 2004; Lucea, Hindin, Kub, & Campbell, 2012). Barriers to disclosure include cultural norms to preserve the reputation and loyalty towards one's family; collectivism, where one values loyalty and looking out for family members (Hofstede & Bond, 1984); self-sacrifice for the family and children; and the lack of acceptance of separation (Tsai, 2017). This can potentially lead to disastrous effects, as the self-esteem of the victim may be severely affected by blaming themselves and resorting to subduing their feelings in order to keep the harmony (Shoultz, Magnussen, Manzano, Arias, & Spencer, 2010).

The occurrence of IPV spurred the government to set up intervention centres providing advocacy, educational awareness, counselling, gender sensitivity training, and shelters (non-profit organisations), which offer aid to victims and the community, and crisis centres (Lee, 2004). Furthermore, the House of Representatives introduced acts (e.g., Rules and Regulations of the Republic Act No. 9262: Anti Violence against Women and their Children Act, 2004) with the objective of offering legal and social services to help victims through protection orders (Maglinte, Reyes, & Balajadia, 2016). Perpetrators could be imprisoned or fined in the amount of not less than 100,000Php (~$1,935; Estrellado & Loh, 2019). Due to this initiative, there was an increase in reports of cases covering physical injuries, abuse, and rape (incestuous and attempted) (Mallorca-Bernabe, 2005).

Another psychological issue in the Philippines is related to the treatment of sexual minority groups, which include lesbian, gay, bisexual, and transgender individuals (LGBT). In Filipino culture, the term *bakla* is often used to refer to homosexual males in Tagalog, a combination of the words *babae* (female) and *lalaki* (male) (Manalansan, 2003). Rubio and Green (2009) postulate that for males, *bakla* can be differentiated into several categories. The first refers to an effeminate male who usually comes from a low-income group, where one may have feminine physical characteristics or enjoy cross-dressing (Manalansan, 2003).

The second refers to male prostitutes who cater to both genders and demonstrate their masculinity for monetary purposes and favours (Manalansan, 2003). The third are middle- to upper-class Filipinos who espouse a Western view of egalitarian homosexuality. While the first type are generally attracted to traditionally masculine and dominant men, the third type seek out relationships which disregard traditional gender roles (Rodriguez, 1996). The sexual minority women are also often referred to with derogatory names, for example, "tomboy", which refers to stereotypically masculine women who may enjoy cross-dressing (Ofreneo, 2003).

As such, due to the dominant culture of heterosexuality and strong religious teachings in the country, homosexuality is frowned upon among Filipinos (Reyes, Lanic, et al., 2015). However, non-stigmatised transgender identities were prominent and accepted before the colonisation of the Philippines. This was until the spread of Catholicism by the Spanish led to the persecution of native religion and the shamans (spiritual leaders of clans), who incorporated transgenderism as a norm (Brewer, 1999). As a result of the religious and medical stigmatisation of sexual and gender minorities, Filipinos perceive these sexual minorities in a negative way (Manalastas & del Pilar, 2005). Indeed, the church has had a strong influence over state policies, for example, in the representation of LGBT in the government and sexual health services. The Church often publicly opposes anti-discrimination laws, leading to suppression of equality for sexual minorities (Ruiz-Austria, 2004). This can be seen through the continuous delay of anti-discrimination bills by the government as several sectors prevail to exclude these minority groups (Bernardo, 2013). In addition, political parties also work towards excluding sexual minorities. In 2009, a political party named Ang Ladlad (those who are out or openly LGBT) filed a petition to run for a seat in the political system but was met with firm rejection (Commission on Elections [COMELEC], 2009). The denouncement consisted of Bible and Quran verses, whereby COMELEC declared that the party would be advocating perceived immoral doctrines and serve as a future threat to the well-being of the public (COMELEC, 2009). Therefore, these deep Catholic roots nationwide (with some Islamic influence) from the colonialisation era continue to lead to much discrimination and oppression for the LGBT community (Salazar, 1999).

Further, the media have also played a part in labelling the LGBT community in a biased and negative light; that is, the media portray the LGBT community and issues as frivolous, undependable, and predatory (Amoroto, 2016). In addition, TV programmes and talk shows which advocate homophobic treatment and depiction of characters have also been frequent in the Philippines (Tagudina, 2012). This has fuelled the society's view to encompass a certain degree of negativity and homophobia; this has been shown through a national survey in 2005, where 28% of Filipinos reported that it was unacceptable for one to identify as homosexual (Manalastas & del Pilar, 2005). In qualitative studies, Aguiling-Dalisay and colleagues (2000) interviewed father-and-son pairs and found that several participants equated being homosexual as being sinful. The authors also highlighted a common theme that being homosexual was against their notion of being a real man. In addition, Tan and colleagues (2001) noted that a significant

number of Filipinos held negative views about gays and lesbians when considering sexual activity, with gay sex being described as unnatural or filthy. That said, the Philippines today is seen as one of the most LGBT-accepting nations in Asia and was ranked 10th out of 39 nations in an international study of the acceptance of the LGBT community (Pew Research Centre, 2013). However, although the Philippines does not criminalise individuals for homosexual behaviours and LGBT persons are more accepted in modern times (unlike in neighbouring Malaysia and Indonesia), the LGBT community in the Philippines lack protection when discrimination occurs due to lack of support (Manalastas et al., 2017).

Indeed, many of the community are subjected to stigma and bullying at home, at school, at work, and through religious groups (Gastardo-Conaco, Jimenez, & Billedo, 2003), and they do not enjoy equal rights compared to their heterosexual counterparts (PAP, 2011). This has led to a plethora of social problems. For instance, LGBT individuals, particularly youths, have reported a higher risk of self-harm and suicidal ideation and attempts (Pflum, Venema, Tomlins, Goldblum, & Bongar, 2015). Young Filipino males who identified as gay or bisexual aged 15 to 24 indicated higher levels of non-fatal suicidal behaviours compared to heterosexual peers (Manalastas, 2013). Among those reporting suicide ideation, 39% of sexual-minority male youth had attempted suicide as compared to 26% of their heterosexual counterparts (Manalastas, 2013). While the fear of being judged for one's sexual identity was a predictor for suicide, subsequent factors were linked to parental support (Reyes et al., 2015), experiences of threats and violence, having a peer try to commit suicide, and depression (Manalastas, 2013). Lesbian adolescents also reported feeling fearful, guilty, and ashamed of their sexual attractions and of being in a relationship with the same gender (Ofreneo, 2003). In addition, psychological abuse often happens through homophobic jokes which may subsequently affect one's self-esteem (Docena, 2013), and some individuals choose not to come out regarding their sexuality for fear of being bullied. Those from the LGBT community may also be forced by society to be in an intimate relationship with the opposite sex (Tan, Ujano-Batangan, & Cabado-Española, 2001), which leads to suppressed emotions and a lifetime of pretence. Indeed, the majority of individuals struggling with these problems often find that there are no outlets to express themselves and are unable to gain the support they need (Tan et al., 2001).

Recognising the need for change, members of the public began lobbying for research to be conducted on this minority group. Progressive academic research has been encouraged and directly called for by PAP on LGBT lives and experiences (Manalastas & Torre, 2016). In terms of education, PAP have also launched an official policy on LGBT psychology, which integrates sexual and gender identity into the psychology pedagogy as an elective subject which can be taken in the University of the Philippines (Manalastas & Torre, 2016). In addition, there has been an increase in engagement with activist communities and the media in order to portray LGBT issues in a factual light instead of with bias and stereotypes (Manalastas & Torre, 2016). There have also been efforts to raise awareness of professional practice around LGBT issues in counselling

(Carandang, 2012). Psychologists have begun to take measures to incorporate LGBT-affirmative lenses when working with clients, through LGBT-affirmative counselling (Ofreneo, 2010) and gay-affirmative therapy (Kintanar & Rodriguez, 2011). With this increased LGBT rights exposure, the Supreme Court of the Philippines eventually overturned the ruling of the Commission on Elections regarding the petition by Ang Ladlad, allowing the LGBT party to participate in the national elections (Manalastas & Torre, 2016). However, to date, this LGBT political party has been unsuccessful in winning a seat in the Philippine Congress; due to this, the representation of LGBT concerns are made by non-LGBT allies (UNDP, USAID, 2014).

An outcome of the aforementioned concerns is illicit drug use, a prominent concern in the Philippines. In 2012, there were an estimated 1.3 million drug users in the country (Antonio et al., 2018), with a significant number of children under the age of 14 starting to use drugs. The 2015 Global School-Based Student Health Survey (WHO, 2015) was conducted on Philippine youth aged 13 to 15. The results highlighted that 88.4% of students used drugs before the age of 14 for the first time, among students who ever used drugs. A study on street children in the Philippines indicated they were easily addicted to legal, accessible drugs such as tobacco, alcohol, and inhalants (Njord, Merrill, Njord, Lindsay, & Pachano, 2010). Over time, this progressed to illegal drugs such as Rugby (an inhalant), marijuana, and shabu/methamphetamines (Njord et al., 2010). Non-street children were also found to be at risk for addiction if they came from family backgrounds with absent parenting (Njord et al., 2010). A study based in Manila, the capital, indicated that 58.5% of users were aged 24 years and below; 61.2% reported a lifetime use of cigarettes, followed by 44.4% to malt beer (WHO, 2003). And while studies indicate that moderate substance use may be beneficial for some (e.g., as a sedative to reduce stress, Govoni, Trabucchi, Cagiano, & Cuomo, 1994), research has also shown that high substance usage has been linked to feelings of loneliness, anxiety, and hopelessness, to the extent of suicide attempt (Garcia-Williams, Moffitt, & Kaslow, 2014).

To counter this, the Philippines President Rodrigo Duterte declared a "war on drugs" in 2016 and launched door-to-door operations aimed to eradicate the illegal drug problem (Simbulan, Estacio, Dioquino-Maligaso, Herbosa, & Withers, 2019). Police officers were given authority to arrest and kill drug users, and cash rewards offered led to an increase in the murder of mere suspects (Simbulan et al., 2019). The PAP opposed this act in support of more humane treatment and highlighted that addiction and substance use are classified as a mental disorder in the DSM-V (American Psychiatric Association [APA], 2013). Indeed, scholars lobbied for recovery options through treatment and community support (Dangerous Drugs Board, 2003), which can also aid in addressing relapse prevention and family support. In addition, they pointed out that countries such as Portugal have decriminalised personal drug use and are instead focusing on treatment. This has resulted in a decrease in the number of drug users (Greenwald, 2009).

Social factors such as bullying and substance addiction are linked to a higher likelihood of suicide attempts. This continues to be a major problem due to social and economic costs related to individuals, families, communities, and the society (Maria et al., 2015). A study by Redaniel and colleagues (2011) on suicide rates between 1984 and 2005 indicated a steep increase of Philippine male suicides from 0.23 to 3.59 per 100,000, with rates rising from 0.12 to 1.09 per 100,000 in females (Redaniel, Lebanan-Dalida, & Gunnell, 2011). The highest suicide rates amongst females were found in 15–24 year olds, and were spread across all age groups for males (Redaniel et al., 2011). Common methods of fatal suicide attempts were reported as hanging, shooting, and pesticide ingestion, while in non-fatal attempts, the most common method was overdose of drugs (in particular isoniazid and paracetamol) (Redaniel et al., 2011). The authors also noted that family and relationship problems were the most common factors. In addition, a study conducted with 2,450 university students indicated that 24% had thoughts of ending their lives, which may be attributed to high exam stress (Maria et al., 2015). However, psychologists have discussed that many suicide attempts are underreported and stress the need for scholars and medical practitioners to focus on suicide prevention programmes (Hendin et al., 2008).

Indeed, the high rate of suicide or suicidal ideation is commonly studied from both sociocultural and clinical scholarly perspectives. While this is commonplace in many countries (cf. Levi et al., 2003), it is of high concern in the Philippines. Similarly, the sociocultural literature highlights high rates of violence through bullying and domestic cases in the Philippines. Such focus from both the psychological literature and societal advancements has led to governmental action in an attempt to improve this situation. Similarly, teen pregnancies and early marriages are commonplace in the Philippines. Many of these societal and individual issues come through the continued pressure and presence of Catholicism in the Philippines, stemming from the Spanish colonisation. This can also be seen through abortion laws, which are still present to date and often result in mortalities. Further, despite governmental initiatives to reduce population growth and promote socioeconomic development, where contraceptives were encouraged, the Church's pro-life pressure has limited this effect. While pro-life versus pro-choice is a divisive topic throughout the world, the Philippines does not benefit from the psychological research or intervention seen in the psychological literature from other countries (e.g., the U.S.; Coleman, Reardon, Strathan, & Cougle, 2005). While the Philippines has a good level of discipline-governance through the licensing of psychologists, the number of psychologists and mental health practitioners is severely small, particularly when compared to neighbouring countries and the West. Similarly, the stigma of seeking help still acts as a barrier when considering the mental health of the population. Although the government has tried to remedy this through acts and an attempt to localise mental health services, much work is required to reach the standards in other countries. As mentioned, the Philippines is seen to be progressive in LGBT acceptance compared to other countries; however, LGBT individuals are still subjected to stigma and psychological abuse. While the increasing psychological

research into this group and the establishment of Ang Ladlad has given them a voice, this group is still underrepresented and often misunderstood. Finally, substance abuse remains highly prevalent in the country and remains a serious societal concern. In conclusion, while the Philippines is continuing to grow from its colonial beginnings, alongside the discipline of psychology, much work is needed in all fields from sociocultural understanding to provision of mental health services within the country.

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3 Psychology in Cambodia
Looking forward with resilience

Grant J. Rich and Skultip (Jill) Sirikantraporn

The Cambodia of modernity has its beginnings in the Angkor Empire that peaked between the 10th and 13th centuries (Coe, 2018). Under the rule of Suryavarman II, Angkor Wat, the largest temple complex and religious monument in the world, was built. It was originally dedicated to the Hindu god Vishnu and later transformed into a Buddhist site. Angkor Wat features predominantly in today's Cambodia, appearing on the national flag, utilised as a religious site, and visited by countless tourists each year with interest in its carved reliefs and archaeological aspects (Roveda, 2007). Following conflicts with neighbouring Cham (Vietnam today) and Thai groups, the Angkor Empire experienced an era of diminished power and influence. Eventually, today's Cambodia was impacted by European colonialism, becoming a French protectorate in 1863. It became part of French Indochina in 1887 and achieved independence from France in 1953. The Vietnam War profoundly impacted Cambodia, including the devastating impact of the bombing of Cambodia by the United States from 1969 to 1973 (Chandler, 2007).

In 1975, the communist Khmer Rouge, led by dictator Pol Pot and the other Khmer Rouge leaders (Nuon Chea, Ieng Sary, Son Sen, and Khieu Samphan), renamed the nation Democratic Kampuchea, termed 1975 "Year Zero", and evacuated all cities; more than 1.5 million Cambodians—about one fourth of Cambodia's population—died by execution, torture, starvation, etc. (CIA Factbook, 2019; Hinton, 2002, 2004). The Khmer Rouge leaders were influenced by political ideologies such as Maoism, Stalinism, the ideals of Hoxha's Albania, and the works of Frantz Fanon. Under the Khmer Rouge, certain groups were targeted, including those associated with previous Cambodian governments, intellectuals (and educated persons such as those who spoke foreign languages), urbanites (especially those with lack of agricultural skills), the Cham Muslim minority, Buddhist religious leaders, and the relative few who adhered to Christianity. Many musicians and artists were executed or disappeared under mysterious circumstances, such as Ros Serey Sothea and Sinn Sisamoth. Many prisons for political opponents were created, including the infamous Tuol Sleng, located on the site of a former high school, where it is estimated that only 20 of 17,000 there survived (Kiernan, 2014). In 1978, the Vietnamese invasion led to the Khmer Rouge retreat to more rural areas of country; 20 years of civil war followed, with the 1991 Peace Accords and a partial ceasefire. After the United Nations–sponsored 1993 elections, violence

erupted again in 1997, though elections in 1998 led to a more stable sociopolitical situation. The remaining Khmer Rouge members surrendered in 1999 and a United Nations–Cambodian tribunal tried several elderly Khmer Rouge leaders for crimes against humanity, up to 2018 (including Nuon Chea, Khieu Samphan, and Tuol Sleng leader Khang Khek Ieu, known as Comrade Duch) (Hinton, 2016, 2018). In 2004, King Norodom Sihanouk's son Prince Norodom Sihamoni was chosen to succeed his father; a *lese majeste* law was passed in 2018, making it a crime to insult the king (BBC, 2019). Since the 2017 ban of the opposition party (CNRP), Cambodia is basically a single-party nation. Hun Sen of the CPP has been prime minister since 1985 and is viewed as increasingly authoritarian (Brinkley, 2011; Strangio, 2014). Recent controversies include the uncertain situation of CNRP leader Sam Rainsy, who has been living in exile in Paris, and whether he will be allowed to return to Cambodia, and if so, whether he will face charges (Bangkok Post, 2019).

Today's Cambodia reflects the impact of the Khmer Rouge era, including profound long-term societal and economic consequences such as damage to educational and religious institutions and systems, as well as effects on core cultural values and products, such as music, dance, literature, and language use. Cambodia at one point had some of the highest land mine numbers in the world, and indeed, even today, there are annual cases of injury and death due to land mines and unexploded ordnance remaining from the 1970s and Khmer Rouge era. The Cambodia Mine/UXO Victim Information System found 44,630 injuries between 1979 and 2013 due to these two causes (Moss, 2015). Today, as a result, one in every 290 persons in Cambodia is an amputee (Coomes, 2014; Strangio, 2014). Cambodia faces numerous additional issues, including corruption, poverty, violence, crime and law enforcement, and healthcare disparities (e.g., Brinkley, 2011; Rich & Sirikantraporn, 2018; Rich & Sirikantraporn, in contract; Strangio, 2014). There have been border conflicts and tensions with Thailand; for instance, in 2008, several soldiers died along a disputed border area near the Preah Vihear temple, a UNESCO World Heritage site, though in 2012 both nations largely withdrew troops to align with a ruling by the International Court of Justice (BBC, 2019). In 2014, reflecting continued international tensions, over 150,000 Cambodian workers returned to Cambodia from Thailand after concerns that the military would detain or deport them or otherwise make conditions difficult (BBC, 2019). In January 2014, riots plagued Phnom Penh, such as by garment workers' agitation for rights; such protests and often violent crackdowns by authorities are relatively frequent, as when workers attempt to organise and advocate for wage increases, land rights, and political rights (BBC, 2019; Strangio, 2014). Corruption is common in Cambodia, and the nation was ranked 156 of 174 nations in Transparency International's 2014 Corruption Perceptions Index and was ranked 99 of 102 countries in the World Justice Project's Rule of Law Annual Index in 2015 (Rich, 2015). Health issues continue in Cambodia; for instance, unlicensed health care providers have led to numerous problems, including a 2014 case in which 277 people were infected with HIV in Battambang due to reused syringes by one such "doctor", and in the capital,

Phnom Penh, 200 unlicensed dental clinics were closed as the so-called dentists were found to have no formal qualifications (Rich, 2015).

The Cambodia of today borders the Gulf of Thailand and is between Thailand, Vietnam, and Laos. Approximately one and a half times the size of the U.S. state of Pennsylvania, Cambodia's population is estimated to be about 16,449,519. Approximately 23.8% of the population may be considered urban, and the largest city, once nearly completely evacuated of its population by the Khmer Rouge, is the capital, Phnom Penh, with 2,014,000 people. No other urban area in Cambodia is currently estimated to be over 200,000. Ethnically Cambodia's population may be described as Khmer 97.6%, Cham 1.2%, Chinese 0.1%, Vietnamese 0.1%, and other 0.9%. The official language, and the main language of 96.3% of the population, is Khmer; 3.7% report other languages. Buddhism is the official religion (Theravada Buddhism) and represents 97.9% of the population; Muslims are 1.1% of the population, Christian 0.5%, and other 0.6%. Life expectancy is estimated as 65.2 years (male 62.7; female 67.9). The literacy rate is estimated at 80.5% (male 86.5%; female 75%). Youth unemployment is about 1%. The government type is a parliamentary constitutional monarchy (CIA Factbook, 2019).

Cambodia's history and current sociocultural conditions impact its present-day well-being. When Cambodia emerged from the Pol Pot era of the 1970s, only 50 of 1,000 physicians in the nation had survived, and of that number only two were psychiatrists (Rich, 2015).

Cambodia's Transcultural Psychosocial Organization (TPO), Cambodia's main mental health NGO, has estimated that 30% of Cambodians suffer mental health issues, and the National Institute for Mental Health (NIMH) in the U.S.A. has found that 51% of Cambodians suffer from mood-related disorders, compared to just 9.5% in the "West" (Rich, 2015). Cambodian psychiatrists at TPO estimate as much as 47% of the population to be suffering from posttraumatic stress disorder (PTSD) (Sirikantraporn, Rich, Jafari, & Giovannelli, 2016). Furthermore, the 2015 World Happiness Report of the Sustainable Development Solutions Network (SDSN) ranked Cambodians' satisfaction with their lives at 145 out of 158 nations, with Cambodia as the lowest-ranked Southeast Asian nation evaluated on the index (Rich, 2015). A recent survey published by Cambodia's Royal University examined a sample of 3,000 adults from Cambodia's 25 provinces. The study found that approximately 18% of males and 31% of females could be diagnosed with anxiety disorders, and about 10% of men and about 20% of women would likely merit a depression diagnosis (RUPP, 2012). This same research found that of those who survived the civil war of the Pol Pot era, about 92% endured at least one traumatic event, although the mean number of such events was seven. Notably, among young persons who did not directly experience the civil war, still about 70% reported experiencing at least one traumatic event (RUPP, 2012). Recent research by Sirikantraporn, Rich, Jafari, and Chandhok (2016) found in a sample from Phnom Penh that 97% of those surveyed reported experiencing at least one type of trauma, and 84% experienced more than five types of trauma. In fact, data from this study utilising the Life Events Checklist showed that the most frequently reported number of traumas was 9 (17% of the

sample) (Rich & Sirikantraporn, 2018). The most frequent types of trauma reported in this sample were transportation accidents (90%), natural disaster (86%), and severe human suffering (73%). Qualitative work with a subsample of this study (Rich & Sirikantraporn, 2018) examined posttraumatic growth (PTG) among Cambodians using grounded theory. A total of 12 Phnom Penh residents participated in in-depth qualitative interviews (the sample characteristics were 50% female, mean age 20.86, 91% single, 77% college students, 93% Buddhists). Data indicated that the participants developed maturing perspectives, including increased personal strength, empowered identity sense, enriched connections with others, and activated desire to help others. Finding meaning in suffering in a future-oriented manner aided PTG. Some participants reported enhanced spirituality and more nuanced views of karma as a result of their trauma. These results carry significance for clinical application development (Rich & Sirikantraporn, 2018).

Perceptions of mental health differ significantly between the majority of Cambodia's population and the majority cultures in the U.S.A. and Western Europe. The first author of this chapter recently taught psychology, social science, and mathematics courses at the American University of Phnom Penh (AUPP) in Cambodia, an elite educational institution modelled on selective small U.S. liberal arts colleges, and his experiences demonstrate some of the differences. For example, when teaching introductory psychology and introductory sociology with respected, standard U.S. textbooks (Kalat, 2011; Macionis, 2014), significant cultural differences became evident. Two chapters from the psychology textbook and their topics seemed especially to reflect these issues. First, the chapter on child development included many theories, topics, and research that students felt did not reflect how children grew, changed, and developed in Cambodia. For instance, discussion of Freud's theories brought students to laughter, and faculty were invited to a discussion with administration to explain the situation (with the result that the topic was deemed permissible as it was a required theory described in the U.S. textbook). In the abnormal psychology chapter, there was scant coverage of culture-bound syndromes, and the discussions of medications were not easily applied to Cambodia, nor were discussions of the various mental health professionals who provide much of the psychotherapy in the U.S.A. For instance, compared to a higher rate of seeking help from health professionals in the U.S.A., research in Cambodia finds that when seeking help for mental health issues, 50% of a national Cambodian sample approached family, 28% approached Buddhist monks, 24% approached a medium-healer, and 21% approached traditional healers, while only about 4% approached physicians, and 24% approached a pharmacy (RUPP, 2012). The Royal University survey also found that just 19% of those surveyed were familiar with psychology as a discipline, though after explanation, 97% reported a desire to have psychological services nearby at a health centre, indicating a need for such services (Rich, 2015; RUPP, 2012). Notably, although psychotropic medications such as anxiolytics or antidepressants are common medical treatments in the U.S.A., in Cambodia, even where these are available (typically only in the largest cities, such as Phnom Penh), they are very expensive, with a year's supply often costing more than the annual salary of an average Cambodian,

and in addition the quality of the medication is sometimes uncertain due to fraud, corruption, and storage in open-air pharmacies with over 100°F heat (Rich, 2015). Furthermore, the textbook chapter on abnormal psychology did not address culture-bound syndromes common in Cambodia and Southeast Asia, such as *kyol goeu* (wind overload), which leads to falling, turning pale, sweating, sleep paralysis, nightmares, and panic attacks (Hauff, 2001; Hinton, Pich, Chhean, & Pollack, 2005). Nor did the chapter discuss conditions such as *baksbat* (broken courage), which has similarities to PTSD. As yet another example, given the paucity of credentialed mental health professionals in Cambodia as well as the lack and expense of psychotropic medications, some Cambodians resort to the use of "chaining" to assist their relatives with mental health needs such as acute psychosis. So that the relative does not run away or run into trouble, such as becoming aggressive with neighbours or authorities, the relatives may elect to restrain their loved one temporarily, such as to a home or to a tree. As a final example, given the lack of professionals in Cambodia, it is not uncommon for many people to seek traditional healing for both physical and mental health issues, such as the use of coining or cupping the skin with heated coins or cups (Ratliff, 1997). The effects, pro and con, of such treatment were of course nowhere to be found in Kalat's (2011) otherwise-excellent (for use in the U.S.A.) textbook.

In conclusion, despite many challenges and a traumatic 20th-century history, some indicators suggest a future of cautious optimism for Cambodia along several dimensions. For instance, while in 2004 1 in 2 Cambodians lived in poverty, by 2011 the figure according to the World Bank had improved to 1 in 5 (Rich, 2015). Furthermore, between 1998 and 2007, Cambodia's gross domestic product grew almost 10% per year, the sixth most rapid growth around the globe (Rich, 2015). Other indicators also indicate economic improvement, as per capita income moved from about $240 in 1993 to $1,000 in 2013, such that Cambodia may be considered on the cusp of admission to lower-middle-income countries by the World Bank, and it includes a small but growing middle class (Strangio, 2014). The Royal University of Phnom Penh began offering BA degrees in psychology in 1994, and MA degrees in 2008, and its faculty typically hold the BA or MA degree from a foreign university, with international PhD faculty from abroad visiting annually to teach occasional seminars (Rich, 2015). In addition to standard psychology courses familiar to the U.S.A. and Western Europe, the curriculum includes content more relevant to the local context, such as courses on trauma, sexual abuse, substance misuse, family violence, and Buddhist psychology. There have been about 13 MA graduates of this programme, and Cambodia's population is also served by graduates of RUPP's social work MA programme which began in 2009, as well as by mental health professionals from TPO (Rich, 2015). Additional education capacity may be found at the American University of Phnom Penh, which features several transfer agreements with universities in the U.S.A. and faculty with PhDs or JDs. Significant strides have been made in reducing corruption in education; for instance, efforts to curb cheating on final-year exams of high school seniors led to a reduction in the pass rate from 87% in 2013 to just 25.7% in 2014 (Rich, 2015; Rollet & Kunthear, 2014). Other signs of

change are evident. For instance, former Khmer Rouge leader Ta Mok, also known as Brother Number Five, "The Butcher", was arrested in 1999, an event viewed by many as the official end to the Khmer Rouge (Pol Pot died in 1998, and Ta Mok died in prison in 2006 awaiting trial). Ta Mok had houses in the Khmer Rouge stronghold of Along Veng and one in Takeo Province; as of 2014, the latter had become a university. Finally, one may consider the National Library in Phnom Penh. Used as a stable by the Khmer Rouge in the 1970s, with most of its books destroyed, by 2015 it featured a peaceful environment for study and a small but significant selection of books on psychology.

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4 Moving forward

Understanding the adjustment of domestic violence survivors from the perspective of family counselling

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Domestic violence occurs in many countries around the world and is a major health and human rights issue with devastating consequences. Statistics regarding domestic violence have continued to rise at an alarming rate (Gizem & Huseyn, 2015), with an estimate of 1 in 3 women affected worldwide (Davis, 2002; World Health Organization [WHO], 2000). Domestic violence remains a significant problem for women in the U.S., with 16% of all violent crimes and 33% of violent offences against women reported in 2006–2007 resulting from domestic violence (Baly, 2010). In the U.S., based on findings published by the Saving Grace Report (2011), the Federal Bureau of Investigation estimates that violence will happen to 1 out of every 2 women in their lifetime.

In Malaysia, Abdullah, Raj-Hashim, and Schmit (1995) found that almost 39% of Malaysian women reported being abused by their partners, which indicates the intensity of the issue. The authors conducted in-depth interviews with 1,221 individuals aged 15 years old in 1990, 60 battered women in 1990–1991, 77 police officers, hospital staff, civil servants, and Muslim legal agency personnel in 1990–1992. The authors also analysed 38 cases from the Women's Aid Organisation (WAO). Their findings indicated a high level of physical abuse of women by husbands and boyfriends in Malaysia. Physical injuries which the women sustained included bruises and swelling (50%), cuts (8%), head injuries (5%), burns (5%), fractures (3%), and miscarriages (3%). In addition, Surianti, Normanieza, and Man (2017) reported on a sample comprising 12 women who were divorced and five who were waiting for divorce proceedings regarding their decisions to leave their violent relationships. Their findings revealed five themes which explained why abused women sought a divorce, including the respondents reaching the point of ultimatum, being concerned for their children's welfare, fear of harm, seeking financial independence, and having pre and post-divorce support.

The Malaysian Royal Police Department (2017) revealed that a total of 57,519 domestic violence cases towards women were reported in 2010–2017. The findings also showed that reported domestic violence cases had increased by 66% each year, from 3,488 in 2013 to 5,796 in 2016. When considering the main ethnicity groups, Malays had 33,301 cases reported, followed by Indians (14,164), Chinese

(8,942), and others (6,263). The Malaysian Royal Police Department (2017) reported that the major factor that led to domestic violence was failure to control emotions (see also Md Akhir et al., 2012). In addition, contributing factors which led to the inability to control one's emotions consisted of spouse betrayal, financial problems, jealousy, and personal problems (Malaysian Royal Police Department, 2014). The highest-reported domestic violence cases were physical, psychological, sexual, social, and financial. Substance addiction was identified as another main contributor to domestic abuse, often resulting in a negative environment for family members. Addiction cases are prevalent in all situations regardless of socioeconomic status, race, communication issues, urbanisation process, religion, and education level. A common pattern of domestic violence is that the abuser alternates between violent, abusive behaviours and apologetic behaviours.

Walker (1984) argues that the violence cycle has three distinct stages: the tension-building phase, the explosion or acute battering phase, and the honeymoon respite phase. In the tension-building phase, the gradual growth of tension results in increased roughness such as name-calling towards the victim. This can lead to the acute battering phase, where the abuser's anger spirals out of control and can become overly aggressive (Walker, 1984). This second phase is usually followed by the honeymoon period, where the abuser is loving and remorseful. The honeymoon phase may explain why the victims maintain their status in the relationship instead of leaving.

Walker (1984) also postulated that women stay in their abusive relationships because they are unable to end the violence or remove themselves from it. From this viewpoint, it is the sense of helplessness, where the repeated cycle enforces women to be helpless, which in turn makes them stay in that relationship. On the other hand, many women remained in the abusive relationship due to fear for their safety. This is supported by the Saving Grace Report (2011), which showed that 75% of deaths and serious injuries occur when women attempt to leave their abusive relationships. Further, economic dependence, religious beliefs, lack of resources, social stigma of divorce, and isolation also prevent women from leaving violent environments.

While children and the elderly can be victims of domestic abuse, the focus for this chapter is domestic violence between spouses. Specifically, this chapter will focus on how the victims, or survivors, continue to live after leaving their abusive relationship. Having ample knowledge and understanding about experiences of becoming domestic violence survivors will greatly impact survivors themselves, current victims, society, and the related agencies dealing with the issue. Each of them will have a clear picture regarding the subject matter, and they can equip themselves with necessary information, action, and intervention.

Surviving after a violent relationship

Choi (2013) indicated that deciding to step out of an abusive relationship is hard to do; however, many abused women may leave after considering various aspects. Hoff (1990) reported that women who lived in a post-abusive relationship had to

endure poverty, homelessness, the stress of single parenthood, continuing safety concerns, and social isolation. This is because one has to transition from being controlled to being in control, while coping with the new challenges in life outside of a violent household (Anderson, Renner, & Danis, 2012).

Starting a new life takes remarkable strength as one's energy shifts from being a victim to becoming a survivor (Senter & Caldwell, 2002). However, Jacobson and Gottman (1998) mentioned that despite all the obstacles, many women are still able to escape from violent homes due to available resources and positive attitudes (Dunbar & Jeannechild, 1996). These included a strong sense of spirituality (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988), which is one of the main contributors to a successful post-separation life. Spirituality is a strength and resource that can be utilised by the survivors in the process of leaving and maintaining change. Elkins and colleagues (1988) defined spirituality as "a way of being in experiencing that comes about through awareness of a transcendent dimension and that is characterised by certain identifiable values in regard to self, others, nature, life and whatever one considers to be the ultimate" (p. 10).

According to Patzel (2001), women's personal strengths and internal resources are factors which encourage them to leave. Ulrich (1991) found that women's personal growth became a strong motivation for leaving an abusive relationship. However, the victim should not be left to manage her new life alone. Indeed, victims need support from all kinds of resources, which include unconditional love, empathetic support, and constant help from friends and relatives (Moe, 2007). These forms of support can aid the women in the fight for their freedom. Anderson and colleagues (2012) also identified resilience as one of the ways that survivors can develop healthy and stable personalities despite enduring highly stressful environments (see also Linley & Joseph, 2004).

Therefore, survivors will benefit from sharing their experiences and survival processes with others in the hopes of inspiring current victims to leave abusive relationships. This can also be beneficial for the authorities involved, such that they can plan necessary actions and interventions to help survivors.

Method

Participants

In this qualitative study, three Malay women who had left abusive marriages were selected using purposive sampling. The first participant (Participant A) was a 39-year-old career woman. She had married her ex-husband at the age of 25, and had two children aged 11 and 9 who are currently under the care of her former husband. At the time of the interview, she had remarried and had one child aged 1 year. Her previous husband had begun abusing her physically, emotionally, and mentally after a year of marriage. Despite the abuse, she did not think of taking any action until she finally decided to leave him after 10 years of abuse. The second participant (Participant B) was a 33-year-old, married to her ex-husband from the age of 22. The abuse started when she was pregnant with

her second child, and did not stop until her fourth child was born. She filed for a divorce in 2015, but it was only in 2016 that the divorce was finalised; she has since remarried. The third participant (Participant C) was a 45-year-old woman who was married at the age of 21; she has one adult daughter. The domestic violence started 2 years after she was married, as she was physically, emotionally, and psychologically abused by her ex-husband, who she divorced in 2017.

Procedures and analysis

The researchers conducted in-depth interviews in order to understand the survivors' experiences after leaving their abusive home environment. Permission was obtained from each participant by contacting them personally. A semi-structured interview was chosen for the study, as it can provide extensive data on life experiences of domestic violence survivors. The use of the semi-structured interview was also due to the nature of its flexibility in approaching and getting useful information from the survivors. Probes were used to ask the respondents to expand on their answers, while prompts were used to ask the respondent about something they had not mentioned. Follow-up questions were also presented to obtain the information needed for the study (Merriam, 2009; Yin, 2009).

The interviews were conducted using an audiotape recorder and lasted approximately 60–90 minutes for each participant. The questions asked were "Tell me about your experience being in an abusive relationship." "How long have you been in the relationship with your spouse?" "In your opinion, what are the common factors that made your spouse abuse you?" "What kind of abuse caused you to suffer most?" "What made you decide to leave the relationship?" "How did you find yourself after leaving that relationship?" and "What is your hope for your new life that you are living right now?" Brief follow-up interview sessions were also conducted to gather additional information and obtain clarifications. These follow-up interviews were conducted by phone or email.

Each interview was transcribed and analysed (Creswell, 2009). Strategies proposed by Creswell and Miller (2000) were utilised to ensure trustworthiness. Four analyses used were (1) triangulation of different data sources by examining evidence from the sources and using it to build a coherent justification of the themes; (2) employing members to check the accuracy of the findings through the report, with specific descriptions and identified themes—this was then sent back to participants to determine whether the content was accurate; (3) use of rich description to describe the setting, convey the findings, and offer varied perspective about a theme; and (4) initiation of self-reflection to create a narrative and contemplate how the interpretation of the findings was influenced by her own background.

Results

Three themes emerged from the analyses: (1) appreciation of life; (2) deeper understanding of abusive behaviour; and (3) an increased relationship with God.

Appreciation of life

After leaving the abusive relationship, all participants admitted that they had a revelation that they were too devoted to their ex-husbands. They stated that they forgot to love themselves as they were too devoted to blindly loving and obeying their husbands. Examples that can be found include statements such as

> … before this, I just obey whatever my husband asked me to do. If I didn't do what he asked, he would punch me, kick me, and said bad things to me and my family. But, since I do not know what to do and due to my respect for him as a husband, I just kept quiet. Nevertheless, after getting some information, I decided to ask for fasakh (annulment of marriage) and after staying alone, I realised that my life is more meaningful without him. I'm able to live without him …
>
> (Participant A)

Accurate understanding of what abuse is

Participant B did not realise that she was being abused by her husband during her marriage. This was due to her husband's justification of abuse as a way of teaching. She suffered profusely but did not inform her family members. This continued until she confided in a close friend, and her friend suggested she take some necessary action. Due to this, she finally decided to escape the relationship and file for divorce. As she said,

> … before this I was blind, I thought he really loved me and whatever he was doing was because he wanted to teach me. But praise to Allah, I finally understood that that is not the correct way of teaching, but a form of abuse …
>
> (Participant B)

Elevation to God

After leaving her abusive relationship, Participant C realised that she understood herself better through deep contemplation on the experiences with her ex-husband, which led her to be closer to God. She states that she has finally found peace in her life.

> … maybe in our marriage, I loved him too much to the point that whatever he said and did to me, I just kept it to myself. My family members told me to seek a divorce but I was afraid of living alone without a husband. I was afraid of what other people might think if I became a single parent. Despite having my only daughter tell me that it is ok to live alone rather than to spend life being abused, I did not want to do what they suggested for me to do. I lived with my husband for 23 years and I didn't think I was able to

stay alone. Nevertheless, after having counselling sessions, I think I became clearer about what I should do with my life. I seek forgiveness from Allah, I performed a lot of solat sunat (additional prayers) and finally I came to a conclusion that Allah is always near to me. I believed that He would not leave me. Soon after that, I asked for fasakh (annulment of the marriage contract and dissolution of the complete marital bond). Initially, my ex-husband did not want to divorce me, but he finally agreed to divorce me. And to be honest, I think my life became totally different. Syukur Alhamdulillah (praise the Lord).

(Participant C).

The application of family and marriage counselling theory to manage domestic violence

Some models of family and marriage counselling have discussed the issue of domestic violence in order to understand how marriage and family models can be applied in domestic violence cases (e.g., Goldenberg, Stanton, & Goldenberg, 2013; McGoldrick, Giordano, & Garcia-Preto, 2005).

Family-systems therapy helps to provide a picture regarding how the family system should be functioning. In cases of domestic violence, the family system is functioning in a negative manner and has a huge and often devastating impact on each of the family members. Thus, leaving the relationship will help survivors recreate their life with the members left with them. With the support from significant others and professional help, it is hoped that survivors will be able to redesign their lives.

Understanding domestic violence cases through family systems therapy

Family systems therapy views families as intimately interconnected. The physical, social, and emotional functioning of family members are closely interdependent, with changes in one part of the system reflected in other parts (e.g., Goldenberg et al., 2013; McGoldrick et al., 2005). This argument becomes one of the reasons women need to leave abusive relationships. This is motivated by the fact that, according to the family systems perspective, families repeat themselves. Any incident that happens in one generation will often recur in the next generation. The same issues tend to be played out from one generation to another. As a result, relationship patterns in previous generations may provide implicit models for family functioning in the next generation. Thus, if the women in the current generation stay in an abusive relationship, it is strongly believed that the abusive lifestyle will be repeated by their offspring in the future. In family counselling and marriage, there are several therapies that discuss the issue of domestic violence. Among the theories that will be applied to the case study are multigenerational family systems therapy, structural family therapy, and strategic family therapy (e.g., Goldenberg et al., 2013; McGoldrick et al., 2005).

Multigenerational family systems therapy

Multigenerational family systems therapy is based on the assumption that, as an emotional unit, a family is emotionally integrated. Thus, anything that happens within that domestic domain affects each member of the family. The theory focuses on emotional connectedness and assumes that the family can either promote cohesiveness and cooperation or tension and anxiety. Therefore, a change in one person's attitude will be followed by a reciprocal change in the functioning of the other members. When anxiety levels grow within the family unit, the stress will also increase and finally lead to an overwhelming isolation or out-of-control feeling, and subsequently the family unit will be shaken as a whole (Bowen, 1978; Kerr, 1981). In general, this theory focuses on multigenerational transmission. In order to stop the transmission across generations, someone has to stop the cycle. In domestic violence issues, it is usually the survivor who has to take the necessary action if they want their life and the lives of their offspring to be better.

Multigenerational family systems therapy further explains how previous experiences with the family impact relationships with others, including the spouse and children in the nuclear family. The theory also emphasises that the ability to balance emotions and thoughts will influence the relationship with another person. If there is an imbalance within all the concepts in theory, it would result in emotional disturbances among the family members, since all the concepts are interconnected with each other. This emotional disturbance will then influence the entire family system. According to Bowen (1978), worries among family members will continue to grow if they are not treated (Kerr, 1988). The long-term effects will be transferred to the next generation, which will eventually influence and shape relationships with other people in the future.

TRIANGLES

Triangles are the basic concept of human relationship systems. A two-person dyad becomes unstable once anxiety increases. Then one or both members of the dyad usually pull in a third person to relieve some of the pressure and tension. In a three-person system, anxiety is spread and the relationship where the anxiety began starts to experience some relief.

This is what happened in participants B and C's relationships, where the tension occurred between the spouses. The partners had inadvertently expressed the stress to their small children who were ignorant of the situation, and the tension was relieved momentarily. However, as the real problems were not identified, the tension would recur and the spouses would ultimately take it out on the children. In this case, when the third person can no longer take the anxiety, more people are involved, forming a series of interlocking triangles. With enough stress and tension, members will be "prisoned" into a triangular position and develop symptoms. This happened to participants B and C's families, both having been stuck in the damaging situation for several years.

NUCLEAR FAMILY EMOTIONAL PROCESS

The nuclear family manages differentiation and anxiety with conflict, distance, and over- and under-functioning reciprocity, which at extremes can lead to the dysfunction of a spouse and child's focus. People engaged in conflict will fight, argue, blame, and criticise each other. Partners who distance themselves tend to be emotionally unavailable and avoid potentially uncomfortable though important topics.

EMOTIONAL CUT-OFF

In multigenerational family systems therapy, emotional cut-off is an extremely distancing posture where family members discontinue emotional contact with each other (Nicholas, 2014). This has significant implications for the functioning of future generations, as the emotional family unit is severed in such a way that anxiety has fewer places to be absorbed in the extended family system. Consequently, chronic anxiety increases. People look for other relationships to substitute for the cut-off relationship. These new relationships intensify and people become vulnerable to symptoms.

Experiential family therapy

Experiential family therapy focuses on the concept of here and now. The therapy emphasises the emotional experience rather than a pattern of interaction in the family. The idea of this therapy is it to take into consideration that the root cause of family problems is emotional suppression. Experiential therapists believe that families should be the best place to share experiences. In the family, parents should create a balance in controlling their children. In addition, the children should be respected and raised in a healthy environment. As such, problematic behaviours will be shown when parents do not provide a good environment for children.

Referring to the data collected from the survivors, the children of all three participants faced damaging and negative emotional experiences. This is due to their parents' relationship and the way their parents expressed their emotions.

Structural family therapy

Structural family therapy emphasises the importance of structure in the family. When the family appears as a collection of individuals who affect each other in a powerful yet unpredictable way (Nicholas, 2014), it reflects that the family does not have a healthy family structure. Based on the data collected, the fathers (husbands) displayed a dominant character in an unpredictable manner, meaning all family members were unable to enjoy normal family life.

BOUNDARY

The main concept in structural family therapy is boundaries in the family (Minuchin, 1974). A boundary may be rigid, clear, or confusing. The problem might exist when a boundary is unclear or too rigid, which can later cause a dysfunctional situation to emerge among family members.

Based on the three cases presented above, it is undeniable that boundaries in the family are unclear when the families cannot function appropriately anymore.

Strategic family therapy

Strategic family therapy focuses on the communication aspect of the family. The therapy looks at the process in a family that can be classified as negative and positive feedback. Both types of feedback are important, with the aim to achieve a balance in certain situations. A healthy family will be able to provide good and positive feedback through communication in the family. Problematic behaviours will exist when the family system is unable to achieve balance due to ineffective communication (Jackson & Weakland, 1961).

Discussion and conclusion

Domestic violence is a serious matter that affects many families. However, not all victims are able to make the decision to leave the abusive relationship due to various reasons. Those who are able to leave the abusive relationship may possess an accurate understanding of what abuse is. These survivors have reported that their new lives are much more meaningful for them. They do not regret their decision to leave and they appreciate their new lives. Further, many have also reported that leaving the abusive relationship has helped them to have a better relationship with God.

In addition, survivors who begin a new life after leaving an abusive relationship are reliant on various kinds of support. As the family unit is the primary source of reference, the researchers suggest the application of family therapy in order to better understand the subject matter. Therefore, counsellors and all professional helpers in the area play a vital role in offering help to the survivors and families.

By applying marriage and family counselling therapies, while also inviting the significant family members to join in the session to determine the best solution to manage their lives, it is hoped that the victims will be able to begin a new life. Understanding the issues and knowing the victims' backgrounds can thus help counsellors provide reassurance and effective help to the clients.

Acknowledgement

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5 Filipina migrant domestic workers in Asia

Mental health and resilience

Esslin Terrighena and David Barron

Filipina migrant domestic workers in Asia: Mental health and resilience

Due to poor economic conditions in the Philippines, an increasing number of Filipinos are offering domestic services overseas, which is matched by the increasing desire of high-income countries to outsource domestic household chores (Lindio-McGovern, 2003; van der Ham, Ujano-Batangan, Ignacio, & Wolffers, 2014). Estimates show that one third of Filipinos currently working abroad[1] are employed as domestic workers on short-term contracts for service-oriented labour in private households, with the top five host countries located in Asia[2] (Center for Migrant Advocacy [CMA], 2011; Commission of Filipinos Overseas [CFO], 2014; Garabiles, Ofreneo, & Hall, 2017). The majority of these are Filipina women (98%). The Philippine government encourages its citizens to seek overseas opportunities in light of a high internal unemployment rate, and host countries enjoy the benefits of low-paid foreign labour[3] (Briones, 2008, 2017; Uy-Tioco, 2007; van der Ham et al., 2014). Nonetheless, Filipina migrant domestic workers (FMDWs) are often subjected to restrictive and disadvantageous labour and migration policies, leaving these women vulnerable to exploitation and abuse (International Labour Organization [ILO], 2012). Together with additional stressors pertaining to migration, employment, health, and interpersonal relationships, this presents high risks to the mental health and well-being of FMDWs. Indeed, studies indicate that FMDWs may be twice as likely to suffer from mental illness as local women in the host country (HOME, 2015; Lau, Cheng, Chow, Ungvari, & Leung, 2009; McCurdy-Lightbound, 2014) and show significantly greater distress during employment abroad than before or after their short-term migration (van der Ham et al., 2014). Despite this, research exploring the impact of risk and protective factors is limited.

This chapter presents a critical, non-systematic review of current literature examining mental health in FMDWs, stressors faced by FMDWs, effective coping strategies that enhance resilience, and the complexity of mental health attitudes in the FMDW community. Enhancing resilience for FMDWs is not only crucial to improving their mental health and well-being within often systemically limited, aversive environments, but also bears positive economic and mental health implications

for communities in the Philippines and host countries (Knapp, McDaid, & Parsonage, 2011; Suthendran, Wessels, Heng, & Shian-Ling, 2017).

Mental health profile

Mental health can be defined as a state of well-being in which individuals can balance the stressors of life while working productively and making a contribution to their community (World Health Organization [WHO], 2015). Statistics indicate that FMDWs report experiencing high stress during their overseas employment (Anjara, Nellums, Bonetto, & Van Bortel, 2017; McCurdy-Lightbound, 2014; van der Ham et al., 2014), with almost a quarter of female foreign domestic workers showing evidence of higher than average levels of distress (Humanitarian Organization for Miration Economics [HOME], 2015). Research from Hong Kong has suggested that over 60% of FMDWs admitted showed signs of acute and transient psychotic disorder, including symptoms of delusion (66.7%), depression (63%), mutism (33.3%), auditory hallucinations (44.4%), and visual hallucinations (18.5%) (Lau et al., 2009). This prevalence is double that of age-matched local women, indicating twice the vulnerability in FMDWs (Lau et al., 2009). Crucially, 90% of the presented psychiatric symptoms were found to be stress-related, with family and marital problems, vocational pressure, and financial worries as key stressors prior to psychiatric illness. These findings build on prior research in Singapore (Mahendran & Aw, 1993) and Kuwait (El Hilu et al., 1990), which revealed high occurrence of psychosis and depression among FMDWs, with family and migration stressors preceding hospitalisation. FMDWs are indicated to be prone to depression, fatigue (Bagley, Madrid, & Bolitho, 1997; Sayres, 2005), and suicidal ideation associated with stressors experienced in their employment conditions (Ayalon, 2012).

However, some research has on the contrary shown that FMDWs indicate relatively good levels of overall well-being, job satisfaction, and quality of life while working abroad (Anjara et al., 2017; Humanitarian Organization for Miration Economics [HOME], 2015; van der Ham et al., 2014). Anjara and colleagues (2017) found that over 70% of FMDWs in Singapore reported good or very good quality of life and health satisfaction. The discrepancies in such self-reported well-being may result from various factors. One explanation is that mental health issues are under-reported and that self-reports are biased towards positive mental health, as admitting to mental distress can have negative economic and social consequences (Lau et al., 2009; Tuliao, 2014). For example, Lau and colleagues (2009) highlighted that 80% of domestic workers admitted to hospitals for acute psychiatric symptoms were returned to their home country shortly after treatment. Although some FMDWs may have chosen to return home, strong stigmas against mental health issues are likely to have motivated many employers to terminate contracts (Lau et al., 2009). Such mental health stigmas are also prevalent in the Filipino community and may skew opinions of which symptoms constitute poor well-being to more extreme expressions (Tuliao, 2014). In the same vein, Filipina women applying for domestic work through agencies may be denied application if

they show signs of poor mental health (Desjarlais & Eisenberg, 1995) or report emotional distress, such as homesickness (Quizon, 2011). Moreover, FMDWs may have distinct beliefs around the concept of well-being. For instance, many FMDWs have a strong religious affiliation, whereby expressing distress may be considered ungrateful or unfaithful towards maintaining trust in higher deities (Nakonz & Shik, 2009). Likewise, FMDWs may judge their well-being comparatively to their families back home, emphasise gratitude for the opportunity of overseas employment, and find positivity in being able to support their families financially, thereby restricting themselves from reporting their own well-being negatively, despite experiencing emotional struggles (Raijman, Schammah-Gesser, & Kemp, 2003).

Risk factors

Migration stressors

Migration to a host country bears multiple stressors relating to adjustment in a foreign environment (e.g., Bhugra, 2004). For FMDWs, this stress can be exacerbated due to the restrictive migration policies placed on them compared to foreign workers in other occupations (ILO, 2012). For example, although citizenship may be obtained in Western countries, in the East, FMDWs are often precluded the right to permanent settlement, which is typically granted to foreigners who legally reside in the host country for a minimum number of years (Hugo, 2009). Moreover, in some host countries (e.g., Qatar), FMDWs are not permitted to terminate their employment contract and leave the country without their employer's written permission (Asian Migrant Centre) and may face detention if they are seen to be absconding from their workplace. Further, in case of termination, FMDWs often have no time (e.g., Saudi Arabia), or a very brief period (e.g., 14 days in Hong Kong), in which they can find a new employer before being returned to the Philippines (Chang & Ling, 2010). Thus, FMDWs often deal with instability and uncertainty regarding their length of stay (Arnado, 2010).

Policies preventing FMDWs from putting down roots in their host country or moving freely are likely to affect their acculturation and cultural identity (Berry & Sabatier, 2011). Explicitly, migration stimulates individuals to evaluate and potentially restructure their singular cultural identity (e.g., Filipino) to acknowledge their new experiences. This can have different outcomes, including separation, whereby the home culture is maintained; assimilation, whereby the host culture is adopted; or integration, whereby home and host cultures are mixed (Berry & Sabatier, 2011; Lai, 2011; Naujoks, 2010). Such restructuring can cause confusion and distress, especially in the initial stages, in which FMDWs are confronted with cultural beliefs and practices that may be unfamiliar and differ from their own.

Further, FMDWs have been shown to experience discrimination and alienation due to their heritage or occupation, particularly in countries emphasizing hierarchy (Chen, Benet-Martínez, & Harris Bond, 2008; Loh & Estrellado, 2016). Such discrimination may not only occur in the FMDWs' micro-context, but also in

the macro-context, including systemic discrimination in media and politics (Ladegaard, 2013a). Concurrently, the Philippine government promotes the image of FMDWs as heroes who make sacrifices to support their families and contribute to the Philippine economy through overseas employment (e.g., Briones, 2017; van der Ham et al., 2014). This empowering narrative can stand in stark contrast to many Eastern host countries' views on FMDWs, which may enhance psychological distress during migration (Loh & Estrellado, 2016). FMDWs have been shown to struggle with the lack of a sense of belonging (Straiton, Ledesma, & Donnelly, 2017), loss of home identity (Lai, 2011), low host-language proficiency, and failure to achieve satisfying bicultural identity integration (Chen et al., 2008), which are likely to result in high levels of stress and poor mental health. Notably, perceived discrimination has been shown to not only enhance mental distress, but also result in deterioration of physical health. This is attributed to various reasons, including elevated stress hormones, participation in unhealthy behaviours and lifestyles, and avoidance behaviours that delay seeking medical help due to internalised or anticipated discrimination (e.g., Pascoe & Smart Richman, 2009; Tuliao, 2014).

Therefore, while cultural integration has been associated with the best mental health outcomes (Bernardo, Daganzo, & Ocampo, 2016; Chen et al., 2008), uncertainty and discrimination can make such integration challenging for FMDWs. Studies have rather shown that discriminatory migration pressures can encourage separation in the form of diasporic identities or coerce assimilation with the host culture to reduce likelihood of discrimination (Bernardo et al., 2016). Diasporic identities are characterised by living abroad while retaining an active connection and identity with the home country (Parreñas, 2000). Often reflective of cultural separation, diasporic identities can have dual effects on mental health and well-being. On the one hand, FMDWs have reported that maintaining close connections with the Filipino community in the host country can provide social support and a sense of identity, improving subjective well-being (Tillu, 2011; Yu, 2009). On the other hand, individuals may experience emotional distress as diaspora can enhance homesickness and feelings of loss post-migration as well as perpetuate reminders of burdening commitments in the Philippines (Chen et al., 2008; Lai, 2011; Mendoza, Mordeno, Latkin, & Hall, 2017).

Coerced assimilation often entails complete rejection of own cultural identity, especially in FMDWs with low self-esteem, which has been associated with isolation and distress (Straiton et al., 2017; Ullah, 2015). Such assimilation can further magnify internalised discrimination pertaining to the Filipino culture, which can negatively impact FMDW perceptions and behaviour (Cheung & Hardin, 2010; Williams & Mohammed, 2009). Explicitly, research has shown that FMDWs who were primed towards their cultural identity and hold strong beliefs in favour of social hierarchy (i.e., social dominance orientation, SDO) valued their labour up to 25% cheaper compared to those with similar SDO beliefs but no immediate priming (Cheung & Hardin, 2010). During overseas employment, this may be triggered by various external factors, such as agencies who advertise FMDWs for domestic work by highlighting hierarchical and racial attributes (e.g., "Filipina helpers are obedient Supermaids.") (England & Stiell, 1997; Guevarra, 2014) and

media which portrays FMDWs as an out-group (Ladegaard, 2013a). Crucially, internalised racism may not only cause distress for FMDWs, but can also contribute to maintenance of their economic status quo and uphold the system that perpetuates their discrimination.

Vocational stressors

Lindio-McGovern (2003) emphasises a structuralist view in understanding the motivations of Filipina women to seek overseas domestic work, which puts migration in a macro-context of structural and developmental factors of globalisation; that is, low-income countries supply labour force to meet the demands of high-income countries. This system often treats FMDWs as disposable individuals of little value beyond their services, and easily replaced due to a high supply (Ladegaard, 2013a; Lindio-McGovern, 2003). In line with this, compared to Western host countries (Bell & Piper, 2005), FMDWs in the East are commonly excluded from protective employment regulations (Garabiles et al., 2017). For example, FMDWs in Singapore are excluded from the Employment Act and Workmen's Compensation Act, and thereby, minimum holiday leave and wage requirements do not apply. Further, they are governed by strict regulations that prohibit them from falling pregnant, marrying a Singaporean citizen, becoming a permanent resident, or deserting employment (Loh & Estrellado, 2016; Ueno, 2009). To aid enforcement of these restrictions, employers in Singapore are forced to deposit $5,000, which is forfeited in case of violation (Tan, 2010). This puts FMDWs at risk of restrictive measures as employers attempt to protect themselves from financial liability, including limits on FMDWs spending time outside the home or using mobile phones (Ueno, 2009). Moreover, studies show that FMDWs consistently report being subjected to long hours in poor work conditions (Loh & Estrellado, 2016; Ueno, 2009). This is exacerbated when FMDWs are required to live with the employer, which can blur the boundaries of working hours and off-time (Ogaya, 2004). Further, patriarchal perceptions are common, that is, that domestic work is not considered "real work", but rather an extension of the traditional female role of managing the household (Iyer, Devasahayam, & Yeoh, 2004). In this context, being treated as "one of the family" can have mixed consequences for FMDWs: On the one hand, FMDWs are likely to benefit from more inclusive treatment. On the other hand, this can hold expectations of constant availability and involvement in chores not directly related to domestic work (Ogaya, 2004).

The isolating conditions of working in the home environment further contribute to increased opportunities for undetected psychological, physical, and sexual abuse, including humiliation, insults, privacy invasion, beatings, and food restrictions (e.g., Bernardo et al., 2016). Ullah (2015) interviewed 215 female migrant domestic workers (135 Filipina) in Hong Kong and revealed that almost half of the sample reported psychological abuse from their employer (including derogatory name calling [22%], denial of a rest day in the week [22%], or confinement [18%]), a quarter reported receiving physical abuse, such as pinching, pushing, or slapping, and many reported sexual abuse (including molestation [17%], rape [4%], or attempted rape

[10%]). FMDWs further report being physically exhausted without adequate rest or nutrition (Bagley et al., 1997; Bernardo et al., 2016; Sayres, 2005) as well as being prohibited from having social contact with friends or family (Jureidini & Moukarbel, 2004). FMDWs also indicate being underpaid or having to wait for their pay, which increases financial worries and helplessness, and decreases mental well-being (Bagley et al., 1997). Negative work conditions may be exacerbated by tension between family members and FMDWs, for example, wives perceiving them as threats to marital and parent–child relations (Ogaya, 2004; Ueno, 2009; Ullah, 2015). Likewise, FMDWs often have to perform tasks without adequate training (e.g., elderly care) or psychological support (e.g., after death of care recipient) (Lau, 2017). This can decrease physical safety, self-efficacy, and job satisfaction (Ayalon, 2012; Bai, Kwok, Chan, & Ho, 2013), while increasing suicidal ideation and attempts (Ayalon, 2012).

Despite such physical and mental health risks present at the place of employment, healthcare is not compulsory in many Eastern host countries, which can make FMDWs dependent on their employer's financial goodwill when falling ill or cause them to avoid taking time off for fear of negative consequences (Siddiqui, 2008). The resulting lack of treatment can lead to severe illness, long-term damage, or chronic conditions (Islam & Cojocaru, 2016). In line with this, many vocational pressures, including abuse, are borne by FMDWs without being reported, as regulations in Eastern host countries commonly provide these women with little recourse to unjust treatment. For example, employers often have the right to return their FMDWs within a certain time period with few, if any, negative consequences, while for FMDWs, leaving an employer even with good cause can result in high fines by the agency and involuntary return to the Philippines (Ueno, 2009). In addition, while some countries regulate how much agencies are permitted to charge for migrant domestic workers (e.g., Hong Kong limits this to 10% of the first month of wages; Employment Agency Regulations, Cap. 57A), reports indicate that charges are frequently significantly higher and FMDWs often accumulate high debt from compulsory training taken prior to migration. Thus, FMDWs are at risk of remaining in abusive working conditions and remain dependent on their hiring agencies and employers (Parreñas, 2000).

A further factor contributing to poor mental outcomes is the contradictory class mobility and identity narratives ascribed to FMDWs. Surveys demonstrate that over 20%–30% of FMDWs are university educated (Battistella & Asis, 2011), with some surveys indicating that over 60% had partial or full professional education (Bagley et al., 1997). This can be directly linked to decreased job satisfaction, distress, and negative sense of self when FMDWs feel overqualified for domestic work and have to grapple with the stigma attached to their new role (Bagley et al., 1997; Peralta-Catipon, 2012).

Interpersonal stressors

Research indicates that the loss of an immediate social support network in the Philippines can magnify feelings of isolation, loneliness, and homesickness (Aguilar,

1996). While this is linked to poorer adjustment and well-being for FMDWs (Bagley et al., 1997), interpersonal stressors may go beyond this to include navigating changes in traditional family roles and pressures placed on FMDWs by family, friends, and society.

Despite the strong economic impact the remittances of FMDWs have in the Philippines, the migration of daughters, wives, and mothers to become breadwinners abroad requires adjustments to the traditional gendered family roles commonly held in the Philippines (Asis, Huang, & Yeoh, 2004). Explicitly, men are expected to provide financially for the family, while women are expected to create nurturing family environments, including raising children and nursing the elderly (Tung, 2000). Such roles become blurred as FMDWs enter the workforce overseas, where they are paid for work traditionally considered their duty in the household (Lan, 2003) and additionally gain financial independence from their partners. This can cause tension between FMDWs and their families as they integrate these changes into their identities (Lai, 2011).

As financial providers but also family nurturers, FMDWs are often expected to send larger percentages of their income home than their male counterparts to support their immediate and extended families (Straiton et al., 2017). FMDWs have reported feeling overwhelmed, as fulfilling such financial demands is not always feasible (e.g., due to high living costs in the host country), resulting in guilt and distress when expectations cannot be met (Straiton et al., 2017). As a result, FMDWs may feel alienated from their families as they get the sense of being viewed in terms of their financial value rather than their personhood (Lan, 2003). Furthermore, FMDWs have highlighted concerns about their husbands, with some indicating that they feel their husbands are being lazy or unfaithful while they are overseas working hard and sacrificing for their families (Silvey, 2006). In particular, the loss of spatial proximity to children has been shown to contribute to high levels of homesickness, grief, depression, disempowerment, and anxiety (Pratt, Johnston, & Banta, 2017). This is further exacerbated by lack of financial resources and restrictive employment regulations which prevent reunification on a regular basis (Cruz, 2012; Uy-Tioco, 2007). Studies have highlighted that family stressors are most frequently cited by FMDWs in connection with poor mental health, especially by those who sought psychiatric treatment (Bagley et al., 1997; Lau et al., 2009).

Protective factors

Despite evidence for the multiple risk factors increasing FMDWs' vulnerability to mental health issues, there is a significant lack of research examining effective strategies for enhancing resilience (e.g., Windle, 2011). This is particularly relevant as health models are moving away from basic symptom management towards preventative measures and promoting healthy development (Garabiles et al., 2017). Resilience factors decrease negative effects of stress on mental health and well-being by encouraging flexible responses that facilitate stress management and effective adaption to changing environments (van der Ham et al., 2014). This can

contribute to healthy development despite environmental adversity, healthy functioning during acute adversity, and healthy recovery following adversity (Vázquez, 2013; Windle, 2011). Coping resources that enhance resilience can be personal, social, or from the wider community (e.g., Saleebey, 2000).

While from a policy perspective, better migration and employment regulations would be desirable, from a mental health perspective it is essential to identify coping strategies that can enhance resilience for FMDWs within the limitations of aversive environments (van der Ham et al., 2014). This rings particularly true in light of the complexities surrounding migration. For example, FMDWs often choose overseas engagement in domestic work as a way of sustaining their livelihood and economic stability, which they cannot sustain in the Philippines. While improved migration policies may decrease vulnerability to exploitation and abuse (Lim & Oishi, 1996), these may also decrease the global appeal for low-paid foreign domestic workers. This threatens their opportunities for employment and, thus, their capability of achieving economic sustainability (Briones, 2011, 2017). Placing the focus on resilience, fostering internal capabilities, and aiming for goal attainment can promote empowerment and agency for FMDWs to write their own narratives rather than being categorised as passive victims or sacrificial heroes (e.g., Briones, 2017). Given the risk of available coping strategies having unintended negative effects (Chib, Wilkin, & Hua, 2013; Heras, 2007; Mendoza et al., 2017), it is crucial to reveal which strategies work best for whom, under which circumstances.

Personal resources

In terms of personal resources, FMDWs have been found to regulate emotions and responses to stressors, and employ active efforts to reduce stressful circumstances (Ullah, 2015), augmenting their sense of agency and self-efficacy (Lutz, 2002). Reasons that lead to migration can be major contributors to successful adjustment in the host country (Loh & Estrellado, 2016). Bagley and colleagues (1997) indicated that of 600 FMDWs interviewed in Hong Kong, those who were single, without children, and without debt, and who had higher education and saw their work abroad as an adventure reported lower stress levels and better psychological adjustment. Importantly, aspirations which emphasised domestic work as a means to securing a future were associated with enhanced mental well-being (Loh & Estrellado, 2016; Straiton et al., 2017). Comparatively, FMDWs with financial, vocational, or family stressors had higher stress levels and poorer mental health (Bagley et al., 1997). While original migration circumstances may not be modifiable, supporting FMDWs in gaining further education while overseas and structuring their future goals is likely to allow them to regain control, perspective, and well-being (Daraei & Mohajery, 2013; Lyons, 2004). In line with this, FMDWs show evidence of cognitive restructuring whereby they reframed challenging circumstances as a medium to financial outcomes and economic stability, helping them to achieve acceptance and endurance (Loh & Estrellado, 2016).

Religion has been identified as a coping resource, as it permits reappraisal of hardships towards giving adversity meaning and re-evaluating it as the key to salvation. Van der Ham and colleagues (2014) found that over 90% of FMDWs in their sample considered themselves religious, and many valued prayer and religion highly in coping with adverse situations (Humanitarian Organization for Miration Economics [HOME], 2015; Tuliao, 2014; van der Ham et al., 2014). FMDWs may choose to pray for divine guidance, giving them a sense of control in dealing with issues by handing over their problems to a deity (Nakonz & Shik, 2009). Thus, religious beliefs can improve mental health and well-being by promoting acceptance and relief in circumstances in which little actual change can occur. Importantly, religious involvement has been shown to correlate with high self-esteem, which can protect individuals when experiencing humiliation or abuse in their employment (Nakonz & Shik, 2009).

Ueno (2009) interviewed Filipina and Indonesian domestic workers and found that while FMDWs in the West may use more overt, assertive resistance strategies to deal with vocational stressors (Parreñas, 2000), FMDWs in the East would rather resort to covert, passive resistance. Indeed, FMDWs in the West have been known to draw benefits from the family-like relationships with their employers, who may help them by providing loans or legalising their immigration status. Whereas in the East, FMDWs may rely on everyday resistance, which is considered an oppositional act performed with agency by individuals in relation to a power relationship (see Scott, 1985). Everyday resistance has been suggested to redistribute power to those who have been marginalised, by undermining the power of the majority or oppressors (Johansson & Vinthagen, 2016). Indeed, scholars have highlighted that FMDWs may resort to performing acts of self-depreciation, disguising emotions, making excuses to gain permission to leave the house, talking ill about employers outside the home, completing only chores that employers will notice, taking food that goes unnoticed, and pretending to not understand a request (Lan, 2006; Ueno, 2009). Other subtle acts were directly aimed at regaining agency, such as choosing to identify themselves as domestic helpers or "DH" rather than the commonly used term "maid", thus allowing them to create their identity beyond that ascribed to a "maid". Everyday resistance utilising culturally aligned behaviours that adapt to oppressive circumstances has been considered a resilience factor associated with enhanced mental well-being (Chaudhary, Hviid, Marsico, & Villadsen).

Furthermore, self-efficacy has been linked to improved well-being (van der Ham et al., 2014). Explicitly, training in both the language and culture of the host country (Bai et al., 2013; Chen et al., 2008) as well as employment-specific skills (Ayalon, 2012) have been emphasised as key predictors to positive psychological adjustment during overseas employment. Language proficiency can decrease isolation, enhance integration with host culture and employers, and increase self-esteem (Paillard-Borg & Hallberg, 2018). Moreover, acquiring relevant skills when working with vulnerable populations, such as the elderly and young children, has been shown to buffer FMDWs from the effects of stressful situations pertaining to such care (Ayalon, 2012; Bai et al., 2013).

Moreover, FMDWs have been shown to manage their conflicted identities between national heroes and discrimination in host countries by regaining control and power back home. Explicitly, Lan (2003) interviewed 56 FMDWs employed in Taiwan and revealed that negative effects of discrimination due to domestic occupational status abroad can be buffered by employing local Filipino domestic workers in the Philippines to care for own children and families. Notably, overseas domestic work may allow FMDWs to pay for childcare and domestic help in the Philippines as well as support their families and communities (van der Ham et al., 2014). This can elevate their status, balance out the negativity of their occupation in the host country, and appease family demands (van der Ham et al., 2014).

Social resources

Improvements in technology have been able to ease some of the separation issues between FMDWs and their families by permitting affordable, covert, instant communication and so-called transnational mothering (e.g., Chib et al., 2013). FMDWs report that they can still play the role of mothers by being able to monitor their children and have daily exchanges with them, similar to what they would have if they were in the same space (Parreñas, 2005; Uy-Tioco, 2007). This has been found to create a sense of family memories, staying current with each other's lives, and nurturing secure attachments despite distance (Garabiles et al., 2017). This enhances resilience not only for the FMDW, but for the whole family unit.

Garabiles and colleagues (2017) investigated resilience in transnational FMDW families and highlighted that resilient families have high levels of communication among immediate family members and successfully restructure family roles, often with the father taking over an active parenting role. Furthermore, validation of each other's hard work and sacrifices, regular temporary family reunifications, and/or defined goals for permanent family reunification are revealed as crucial to family well-being (Asis, 2006; Garabiles et al., 2017; Hoang, Lam, Yeoh, & Graham, 2015). These findings are in line with models of family resilience which underline the importance of balancing family stressors and capabilities to enhance flexibility and adaptation to changing circumstances (Patterson, 2002; Patterson, Williams, Edwards, Chamow, & Grauf-Grounds, 2018; Walsh, 2003). Such protective effects of social coping resources are indirectly supported by findings that the majority (~ 70%) of FMDWs admitted to psychiatric hospitals were single (Lau et al., 2009).

Research has further highlighted the significance of maintaining friendships both in the Philippines and the host country. Social networks are a crucial source of informational, practical, and emotional support (Chib et al., 2013). In line with this, social support in the host country has been found to relieve emotional distress and manage adversity by means of the emotional expression of tears and laughter. This includes gossiping and ridiculing employers who have caused hardship (Lan, 2006; van der Ham et al., 2014) as well as using laughter as a medium to regain identity through humour, enhance social bonds, alleviate anxiety and, crucially, create superiority over adversities. In this sense, laughter

can communicate suffering, but it can simultaneously be a curative process (Lade-gaard, 2013b). Social relationships in interdependent cultures can also help individuals to understand their identity in relation to others (Peralta-Catipon, 2012). This can shift the sense of self from a FMDW (with unfulfilled roles or perceived hierarchical inferiority) (Lindio-McGovern, 2003) to sense of self within a diasporic society. Moreover, McKay (2007) indicates that technology as a new form of communication may hold unique benefits for FMDWs, such as facilitating the expression of emotion more easily via text than face to face.

Increasing cohesion of the family-and-friend network can decrease loneliness and homesickness and enhance mental health and well-being in FMDWs through providing social coping resources (van der Ham et al., 2014). Despite this, transnational communication can also be a source of stress when social pressures are creating demands or if FMDWs leave the Philippines to avoid difficult circumstances, such as an abusive marriage. Similarly, social networks can contribute to poor mental health when FMDWs avoid sharing concerns or answering questions about their migration or employment in order to prevent burdening their family and friends (Mendoza et al., 2017). Lai (2011) indicated that forgetting family ties and burdens could also be a buffer to emotional distress, which permits FMDWs to focus on themselves and be released from perpetual worry about family processes outside their control. Moreover, it can help to re-establish self-identity separate from a culture in which female identity and well-being are often subsumed by the well-being of the family as a whole (Lai, 2011). This can enhance well-being by providing anxiety relief, but also allowing FMDWs to grant themselves immediate rewards and pleasures with their earnings (Lai, 2011).

Community resources

While employed abroad, FMDWs use community resources to remain culturally connected, and regain space and power through group activism or resistance (Menjívar & Salcido, 2002). Seeking cultural connection with other FMDWs in the host country has been shown to improve mental health and well-being (Anderson, 2010). Hong Kong is a striking example of this, as evidenced in weekly Sunday group activities of FMDWs in public spaces. FMDWs report being able to recreate a sense of belonging and familiarity through shared cultural features and mutual heritage, such as food, language, and dance (Anderson, 2010; Straiton et al., 2017; Yu, 2009). Research has shown that strength of ethnic identification in Filipino American immigrants was not only linked to fewer depressive symptoms but also protected them from the effects of discrimination (Mossakowski, 2003). Although not directly tested, such cultural reinforcement in host countries may have similar protective effects for FMDWs. Likewise, shared experiences and shared burdens have been indicated as valuable by FMDWs. For example, church has been found to offer distraction from a stressful week as well as create a sense of cohesion (Nakonz & Shik, 2009). Religious ceremonies in host countries may be uniquely tailored to FMDWs' problems and lives (Nakonz & Shik, 2009). Such gatherings permit sharing of stories and emotions to relieve

distress and be addressed by collective prayer, enhancing a sense of community or even, as some FMDWs refer to it, serve as a replacement family. These platforms often also provide free support in the form of counselling, legal aid, and healthcare through charities, in part run by Filipinas themselves.

Gatherings, church communities, and socialisation in public spaces can also become a political force and allow FMDWs to publicise their rights on a national and global platform (Yeoh & Huang, 1999). This has been shown to augment one's sense of control, agency, resistance, and well-being. Yu (2009) interviewed FMDWs in Hong Kong who emphasised the value of public gatherings for reclaiming autonomy and enabling them to define a space for themselves that is not conflicted by the blurred boundaries of employment and employer's home. Thus, these gatherings have the power to disrupt the hierarchical relationships of domestic work and facilitate the formation of diasporic networks on an equal platform (Law, 2001; Yu, 2009). In line with this, FMDWs indicate that not only do they frequently use the same space every week, but they also recognise the invisible boundaries of the spaces of neighbouring groups, establishing a form of home space (Yeoh & Annadhurai, 2008). Research has shown that individuals use their home environment interactively to both express and confirm their identity, for example, through decorations that express meaning and evoke emotions or memories (Qazimi, 2014). Social interactions in a communal space can contribute further to establishing self-identities in an interdependent context (Peralta-Catipon, 2012). Notably, this is not without challenges, as FMDWs report that both locals and other FMDWs in the host country may ascribe undesired stereotyped identities to them that can contradict what they wish to be seen as, resulting in distress and defensiveness (Chang & Groves, 2000; Paillard-Borg & Hallberg, 2018; Peralta-Catipon, 2012).

Conclusion

The demand for outsourcing domestic chores in high-income countries and the supply of low-paid domestic workers from low-income countries have evoked an increase in short-term migration of Filipina women employed as domestic workers overseas. Through this chapter, we sought to provide a critical, non-systematic review on current literature examining mental health in FMDWs, stressors faced by the FMDWs, effective coping strategies that enhance resilience, and the complexity of mental health attitudes in the FMDW community. FMDWs often face restrictive employment regulations, which leave them vulnerable to exploitation, discrimination, and extreme mental and physical abuse. Together with other stressors pertaining to migration, employment, and interpersonal relationships, FMDWs are exposed to many risks to their mental health and well-being. Despite the significant value of FMDWs to the economies of both their home and host countries, research that explores effective strategies to enhance resilience in FMDWs is scarce. Studies indicate that personal, social, and community resources can be beneficial in buffering FMDWs from the effects of stressors. Effective strategies include personal resources (e.g., religiosity), social resources (e.g., social

networks both in the host country and of origin), and community resources (e.g., cultural connectedness, through identification). However, as highlighted, research is particularly sparse in regard to effecting coping mechanisms. As such, future research is required in this area to improve the mental health and resilience of FMDWs. As mentioned, enhancing resilience for FMDWs is not only crucial to improving their mental health and well-being within often systemically limited, aversive environments, but it also bears positive economic and mental health implications for communities in the Philippines and host countries.

Notes

1 An estimated 10% of the Philippine population is currently employed abroad, contributing to approximately 12% of the Philippines' GDP (Bayangos & Jansen, 2009, 2011; Center for Migrant Advocacy [CMA], 2011; Commission of Filipinos Overseas [CFO], 2014).
2 Saudi Arabia, United Arab Emirates, Singapore, Hong Kong, and Qatar currently host the largest numbers of FMDWs (Philippine Overseas Employment Administration [POEA], 2011).
3 Examples of average monthly salaries range in different countries (2017): France (1,700 USD), Canada (1,400 USD), Hong Kong (550 USD), and Saudi Arabia (400 USD). www.hlc.com.hk/en/domestic-helper.html

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6 Sexism and disengagement in the Thai workplace

Prapimpa Jarunratanakul

Over the last few decades of economic and social development, the social status of Thai women appears to have improved. This is seen in a lessened gender gap in the participation rate of the labour force (64.3% for women and 80.7% for men) and a decrease in the gender wage gap (UNDP, 2015). However, women and men are not treated equally in some workplaces, especially in male-dominated industries (Bui & Permpoonwiwat, 2015). The traditional perception that women should be followers has resulted in disadvantageous positioning and in inequality between men and women in the workplace. Recent research with Thai women in the workplace has highlighted the negative impact of gender stereotypes and sexism on self-concepts (Koul, Lerdpornkulrat, & Poondej, 2016) alongside career aspirations and performance (Jarunratanakul & Jinchang, 2018) in male-dominated domains.

Jarunratanakul and Jinchang (2018) investigated Thai female employees and undergraduates in male-dominated industries (e.g., military and police institutions, ICT/information and communications technology). The authors found that confronting sexist behaviours at work elicited feelings of stereotype threat and also caused identity separation and performance deficits on intellectual tasks. The findings of the study indicated that women in the public sector appeared to be less motivated by career advancement opportunities than those in the private sectors, with this finding having support from other previous research (e.g., Rashid & Rashid, 2012). The authors also introduced participants to the Mindfulness-Based Stress Reduction programme (MBSR; see Kabat-Zinn, 2003) when exposed to sexist behaviours. The results indicated that these women performed significantly better on a reasoning test than those with no mindfulness practice. Hence, Thai organisations should be concerned about investigating the factors that influence gender stereotype threats, protective factors of negative psychological responses (e.g., disengagement), and performance decrements.

Factors that influence gender stereotype threat and disengagement

Stereotype threat is defined as the social psychological threat that occurs when negatively stereotyped group members feel afraid of being viewed according to

that stereotype (Steele & Aronson, 1995). The experience of stereotype threat can cause women to steer their interest away from threatening domains and consequently impair their performance due to their increasing anxiety levels and negative thoughts. This might interfere with one's problem-solving process and working memories, in addition to reducing task confidence (Shapiro & Neuberg, 2007). Due to the persistence of gender inequality and sexism in the Thai workplace, organisations should investigate possible factors that influence the experience of stereotype threat as well as protective factors of disengagement and performance deficits among females experiencing such threats.

Societal, individual, and organisational factors can simultaneously have an impact on individuals' responses to stereotype threat (Block, Koch, Liberman, Merriweather, & Roberson, 2011) and women's career advancement (Yukongdi & Rowley, 2009). Hansatit (2014) indicated that gender role socialisation and historical precedence were possible contributors to barriers or glass ceilings for women in positions of power. The results suggested that Thai women appeared to associate their gender role socialisation with their later experiences at work; that is, some of them may have a strong attitude, belief, or stereotype in which women are helpers. This pre-existing assumption may restrict women from achieving certain career goals, or restrict them to achieving goals only in limited occupational areas. Hansatit (2014) postulated that the cultures of their organisations appeared to be the key to women's career advancement and the perception of women as a whole. As noted by Steele, Spencer, and Aronson (2002), the culture of an organisation that conveys social cues, such as the meaning of a particular social identity, can lead to minorities who do not share the favoured identity and experience stereotype threat and social identity threat. As noted by Bell and McLaughlin (2002), women found that it required more effort for them to be promoted in management compared to men due to several reasons, such as domestic roles and political issues inside organisations. As such, it seems that gender inequalities persist in Thailand due to discriminatory social norms and customs, which may take precedence over regulations that may be endorsed within certain organisations and societies. According to social role theory (Eagly, 1987), gender stereotypes are derived from different social roles assigned to women and men. Women are traditionally associated with communal traits such as warmth nurturance and social sensitivity. A role is a set of expectations involved with a particular social position in a certain setting (Staines, 1986). Evidence was found for the correlation of group stereotypes with the perceived attributes of their corresponding social roles (e.g., white female nurses) and their corresponding role behavioural attributes (e.g., nurturing) (Koenig & Eagly, 2014). This might suggest that gender role socialisation reinforces gender stereotyping and hinders one's willingness to achieve career goals.

Another organisational factor which can result in stereotype threat is token or solo status in the workplace. According to Kanter's tokenism theory (1977), in workplace settings which have a dominant proportion of employees of a particular gender or group, minorities tend to be evaluated by others based on their identity group memberships. Evidence was found for the notion that the sole minority in

the workplace was more likely to experience stereotype threat, feel discouraged by stereotypes, and discount feedback regarding their performance (due to uncertainty whether the feedback is based on their group membership's stereotypes) compared to non-solo counterparts (Roberson, Deitch, Brief, & Block, 2003). These emotional responses may lead to them engaging in psychological and behavioural job withdrawal. Thus, disengaging themselves from the domains in which performance evaluations occur may allow stigmatised people to keep their self-esteem intact; however, chronic disengagement may affect their motivation and steer them away from a task. However, as suggested by Hansatit (2014), one of the difficulties encountered by Thai employees in senior management positions was the lack of mentors or role models due to predominant male senior executives within the same company. This suggests that organisations should develop long-term workplace diversity strategies to achieve a balanced number of male and female managers in their recruiting systems.

Furthermore, gender differences in career opportunities and ranks are perceived as intrinsically relevant to the stereotypes of women at work. As noted by Vichit-Vadakan, Jaturongkachoke, Tansanguanwong, Björkman, and Stalker (2006), men typically receive higher wages and receive promotions faster than women in the same position. Social comparison in terms of wages and promotions can be threatening to self-evaluation (Schwinghammer, Stapel, & Blanton, 2006). Social comparison refers to the process in which people gain more accurate understanding of the self by comparison with others (Festinger, 1954). Even though not all women will consciously compare themselves with male counterparts through formal evaluation, women in male-dominated workplaces tend to compare themselves to their male colleagues, as the men provide the most salient comparison standards (von Hippel, Issa, Ma, & Stokes, 2011). On the other hand, comparing one's self with women who perform well in the stereotyped domain can reduce stereotype threat because it suggests that the stereotype is overcome (Marx, Stapel, & Muller, 2005). Empirical support for the influence of social comparison with men on identity separation, through stereotype threat, was found with women in male-dominated industries (Jarunratanakul & Jinchang, 2018). Unlike von Hippel and colleagues' (2011) study, which found a full mediation effect of stereotype threat, the partial mediating role was detected in the Thai samples. However, people in a collective society tend to be less sensitive to inequality (Markus & Kitayama, 1991). Indeed, as gender inequality and traditional stereotyping have long been embedded in Thai society, the female samples might be less susceptible to the feelings of stereotype threat.

Individual factors are also likely to influence the extent to which individuals in the stigmatised group experience stereotype threat and how they react to it. One individual factor that increases the experience of stereotype threat is level of group identification. It refers to the extent to which an individual identifies with a negatively stereotyped group and may consequently affect the ways they respond to stereotype threat (Branscombe, Ellemers, Spears, & Doosje, 1999). Prior research has found that those high on gender identification were more likely to experience stereotype threat than those low on group identification (Bergeron,

Block, & Echtenkamp, 2006). This might be because women who are low on group identification tend to distance themselves from their devalued group and attempt to improve their own status. Inequality in senior positions based on gender has been found in the Thai workplace (Yukongdi, 2005). Identifying themselves with their gender, along with a negative stereotype of females' competence in male-dominated fields, may present an obstacle for women in terms of achieving higher positions of power.

Furthermore, the effect of negative stereotypes or stereotype threat on performance might depend on individuals' cultural orientation. As mentioned, Thailand is classified as a highly collectivistic culture (Hofstede, 2001). People with high collectivism tend to preserve traditional ideas and beliefs, such as obedience, conformity, loyalty to the group, and maintaining appropriate demeanour and harmonious relationships by adjusting their behaviour to others and maintaining harmony. These are important cultural values for collectivists (Markus & Kitayama, 1991). Thus, collectivist people appear to have a higher social identification compared to those high in individualism due to their commitment to a sense of duty (Clugston, Howell, & Dorfman, 2000), and their social behaviour can be best predicted by group norms and sense of duty and obligation (Miller, 1994). Vertical collectivism refers to adjusting one's behaviour to group norms, following others' expectations, and sacrificing one's own interest for the group's interests (Komarraju & Cokley, 2008). These cultural differences may alter the degree of influence from stereotype threat on performance. For instance, Turkish people strongly value achievement motivations and often strive to fulfil their family and ethnic group's high achievement expectations. Mok and colleagues (2017) utilised a sample of Turkish-origin students in German high schools and found that the more Turkish students endorsed vertical collectivism (the tendency to sacrifice personal interests for group interests), the more they attempted to meet their group's high achievement expectations after the negative stereotype threat was activated. This might increase performance pressure and impair their performance. Exposure to negative stereotypes can cause distracting thoughts such as worry, rumination, and mind-wandering and can impact working memory capacities which are necessary for difficult tasks (Mrazek, Franklin, Phillips, Baird, & Schooler, 2013).

Protective factors of stereotype threat

Female role models in male-dominated areas

Regarding the negative impact of gender role socialisation on psychological responses and career development among women, there is empirical evidence for stereotype change and the causal influence of group members' future social roles on the content of their future stereotypes (Koenig & Eagly, 2014). This finding was supported by social role theory, which states that when a group's social roles change, the stereotype content will be changed as well. Even though the power of existing stereotypes can be a barrier of stereotype change, substantial changes in the occupational roles of women might change their stereotype

towards the behavioural attributes of their new roles. For instance, celebrating females' success in male-dominated tasks, or having both female and male role models available, might create a fair gender climate. In addition, this can encourage new expectations that females should require new roles or different behaviours to be perceived as more competent. Additionally, social impact theory (Latane, 1981) can help explain how role models can alleviate stereotype threat. While stereotype threat can be regarded as a source of psychological impact that is directed towards a target individual or several target individuals, role models can serve as psychological cohorts of other targets. By targeting several persons instead of one, stereotype threat's influence on a particular target is reduced. This suggests that organisations should encourage more successful female role models in male-dominated domains to alleviate performance deficits under stereotype threat.

Enhancement of self-concept in male-dominated areas

As noted by Nagy and colleagues (2008), self-concept is regarded as a strong predictor of science, technology, engineering, and mathematics (STEM)–related educational and career development and enhancement of self-esteem in the quantitative domains. This is key to reducing gender inequalities in STEM fields. A study with Thai high school students by Koul and colleagues (2016) found interactions between females' gender identity and stereotypical attitudes about maths and physics self-concepts. Based on self-efficacy theory (Bandura, 1999), internalisation of gender roles plays an important role in the development of self-efficacy and academic choices. For instance, females learn to believe that they are less competent in maths and physics. According to expectancy-value theory (Eccles, Wigfield, Harold, & Blumenfeld, 1993), such gender schemas may influence women to have low expectations of success in such fields. Based on cognitive balance theory (Greenwald et al., 2002), stereotypical attitudes, social identity, and self-concept are consistently organised into cognitive structures in a balanced way. For example, individuals develop a self-concept in maths ("maths is not for me") by associating their cultural stereotypes and beliefs about gender (e.g., "men perform better on reasoning tasks or maths than women") with one's gender identity (e.g., "I am female"). The reduction of stereotype threat and gender biases could enhance maths and physics self-concepts for women. Their findings also suggest that teachers should promote growth mindset (i.e., view intelligence as a malleable trait) rather than fixed mindset (view intelligence from an entity view) and explicitly discuss stereotypical beliefs and their negative impact on performance deficits in the classroom. Having female role models in science and discussions on the lives of female scientists might promote high self-concept in male-dominated areas.

According to Dweck (2006), individuals' beliefs about learning and intelligence potentially influence their persistence in the face of challenges and setbacks. These people view intelligence as a malleable attribute that changes through their hard work and effort, such that failure is perceived as part of academic and personal growth. Based on the incremental view of intelligence, people with a growth

mindset tend to hold mastery-oriented goals, and they believe that they can learn from their mistakes. That is, failure by developing problem-solving strategies does not affect their sense of identity and can motivate them to persevere through certain challenges. On the other hand, people with fixed mindsets tend to focus on performance goals as a means to show other people that they are smart, and such people try to avoid challenging tasks or threatening situations which may affect their sense of identity. Regarding negative effects of stereotype threat on women's performance outcomes, encouraging persons with fixed mindsets to develop growth mindsets would be beneficial both for organisations and employees in the long run. Reducing stereotype threat can help stigmatised group members to overcome internalised pressure to confirm stereotypes and to develop self-efficacy in a given field.

High power mindsets

In a masculine domain, women tend to be confronted with the negative impact of sexism on performance. Sexism can be expressed in both subtle and hostile manners. Hostile and benevolent sexism can both result in ambivalent attitudes towards women (Glick & Fiske, 1996). The former type of sexism reflects overtly negative attitudes towards women (e.g., the notions that women are inferior to and less competent than men). The latter is presented in a positive disguise (e.g., women need to be protected by men), but it can also be harmful to the target person. Prior research found that exposure to benevolent sexism led to worse performance by female participants, due to facing more ambiguity and doubt about how to identify the situation, as compared to when hostile sexism was expressed (Dardenne, Dumont, & Bollier, 2007). As hostile sexism is explicitly manifest, it leads to less intrusive thoughts and allows the target person sufficient cognitive resources to focus on the task. However, benevolent sexist remarks are more subtle, which can create a mindset of self-doubt, preoccupation with the task, and decreased self-esteem (mental intrusions) (Beilock, Kulp, Holt, & Carr, 2004). Such interfering thoughts can drain cognitive resources, which could impair performance. This does not mean that we should encourage explicit forms of sexism and be concerned only about the negative impact of benevolent sexism; we should be aware of the long-term effects of hostile sexism as well.

Recent research revealed that priming women with high power could make them endorse benevolent sexism less compared to those in low power and control conditions (Vial & Napier, 2017). This suggests that feelings of power can decrease group identification and buffer the negative effects of stereotype threat (Kiefer & Sekaquaptewa, 2007). Priming disadvantaged groups (i.e., women in male-dominated fields) can lower their group identification, as feelings of power can increase independence and self-construal feelings (Caza, Tiedens, & Lee, 2011), reduce individuals' need for connection (Fast & Gruenfeld, 2011), and enhance people's efforts to obtain a sense of belonging (Waytz, Chou, Magee, & Galinsky, 2015). Very few women manage to reach top positions in male-dominated areas by dissociating themselves from their in-group. Rucker, Galinsky,

and Dubois (2012) stated that the psychological experience of holding power can lead to self-focus (lower need to belong and foster a sense of self-reliance and independence) whereas powerlessness produces a more other-focus (making people become more sensitive to bonding with the group). Hence, organisations should create fair working environments which allow both men and women to exercise some control over resources and experience a sense of power.

Mindfulness practice

Prior research has shown that perceived sexism and feelings of stereotype can decrease women's intellectual performance due to increased anxiety and reduced working memory (Koch, Konigorski, & Sieverding, 2014; Logel, Iserman, Davies, Quinn, & Spencer, 2009). When negative gender stereotypes are evoked, stigmatised group members tend to feel anxious and fear that they might confirm such negative stereotypes. Such threats can affect performance because they decrease working memory capacity and cognitive resources, which are required for reasoning tests, language processing, and maths problems (Beilock, Rydell, & McConnell, 2007; Daneman & Carpenter, 1980; Quinn & Spencer, 2001; Süß, Oberauer, Wilhelm, & Schulze, 2002). Mindfulness can be constructed as a distortional trait and state that involves awareness of the present moment or current activity with non-biased perceptions (Brown, Ryan, & Creswell, 2007). Mindfulness practices have been found to be a potential way to reduce the detrimental effect of sexism and stereotype threat on women's performance on intellectual tasks (maths and reasoning tests) in both Western samples (Weger, Hooper, Meier, & Hopthrow, 2011) and Thai samples (Jarunratanakul & Jinchang, 2018). Cultivating mindfulness through training and educating people about the negative effects of sexism and stereotype threat on task performance can thus develop inoculation against such negative impact.

Individual mobility

Individual mobility (i.e., leaving the group and joining a higher-status out-group) has been regarded as one of the most prevalent strategies to cope with social identity threats (Ellemers, van Knippenberg, & Wilke, 1990). Based on social identity theory (Tajfel & Turner, 1986), the stereotyped group members attempt to cope with threats in order to maintain their positive self-esteem. Findings by Mok and colleagues (2017) provided empirical support for the interaction of negative stereotypes and vertical collectivism on motivation. They revealed this after exposure to stereotype threat (i.e., working on a performance test under stereotype threat) provided Turkish students (who endorsed vertical collectivism) with the opportunity to temporarily join a high-performing out-group, and helped the stereotyped group members potentially improve their performance outcomes. Mobility motivation can reflect people's desire to collaborate with out-groups as part of a collective team, and achievement motivation is an important part for most Turkish migrants and their parents' expectations (Mok, Martiny, Gleibs,

Deaux, & Froehlich, 2017). Thus those with strong vertical collectivism will try to meet their group's achievement expectations and will be motivated to engage in a temporary individual mobility strategy (especially when it leads to benefits for their own group) after the experience of stereotype threat. Mixed-gender group work or ethnically mixed classrooms might promote a more favourable learning environment for workers or students from different backgrounds (Antonio et al., 2004).

Conclusion

Empirical evidence and the review of relevant literature have indicated that female Thai employees in male-dominated fields encounter sexism at work and suffer from feelings of stereotype threat, lack of motivation in task accomplishment in male domains, and performance decrements. The existence of gender-role socialisation, embedded histories of gender inequality, cultural centredness of organisations which reflect gender bias in performance evaluation processes or decision-making on career advancement, and unbalanced numbers of male and female employees in positions of power might limit women's ability to get promoted in management or male-dominated areas.

Hard work and competence might not be enough to guarantee career success within contexts where workplace norms endorse gender inequalities. At an organisational level, network or affinity groups that can help provide women with social support, female role models in male-dominated areas, and developmental opportunities should be encouraged among management. As several individual factors can also influence the experience of stereotype threat and behavioural responses (engaging in withdrawal behaviours at work or decreased performance), employees particularly in stigmatised groups should be provided some proactive training courses or workshops. This can help to educate them about possible protective factors against negative psychological responses and performance decrements when experiencing sexism and stereotype threat, such as promoting growth mindsets to enhance self-concept in the male-dominated areas. Doing so can allow women more opportunities to obtain a sense of control and a powerful mindset for reducing the negative effects of certain types of gender identification, and for cultivating mindfulness through training or practice.

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Part 2

Well-being

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Subjective well-being (SWB) has been studied extensively in the West (Diener, 1984) by a range of psychologists, including humanistic psychologists (Rich, 2001, 2014, 2016), and has been included under the subdiscipline of positive psychology since Seligman and Csikszentmihalyi (2000) initiated the calls for the study of what makes life most worth living under the then-new positive psychology movement. Despite being extensively examined in the West, studies on this particular topic, positive psychology and well-being, have begun to be explored in Southeast Asia only recently, mostly within the last ten years.

So far, existing work on well-being in this region mostly emphasises similar issues as the West, including work on the definition of subjective well-being, well-being indices, measurement issues, correlates of well-being, and culture-specific dimensions of well-being. However, one of the biggest challenges faced by psychologists in Southeast Asia is that despite acknowledging some similarities with the Western philosophies and research, we are responsible for highlighting our own distinctive values regarding well-being as well.

Recently, there has been a growing interest in improving mental health and subjective well-being amongst Southeast Asian populations. Government agencies and non-profit organisations are supporting programmes on developing positive aspects of human behaviour instead of solely focusing on treating mental illness. Consequently, research and activities aimed at improving subjective well-being are increasing in the Southeast Asia region. For example, the ASEAN Secretariat presented a 182-page report focused on the ASEAN Mental Health System in 2017 as an effort to recognise the importance of mental health policy and services in ASEAN community empowerment. This may be a turning point in mental health awareness among communities in Southeast Asia.

There is no need to give an exact definition of subjective well-being here, as the concept is so subjective and broad, and psychologists are still debating its definition (Seligman, 2011). Furthermore, there are differences in how the East and the West define SWB, such as differing relationships with individualism and collectivism (Oishi, 2010), and this reality consequently determines the relevant dimensions as well. However, simply put, the definition proposed by Diener (1984) in his classic article on the topic provides a reasonable starting point: subjective well-being refers to the myriad ways in which people experience and

evaluate their own lives positively. Nevertheless, this definition still leaves the concept open for some discussion and debate. Up until now, a majority of studies that aim to define and determine the dimensions or indicators of subjective well-being are inconclusive (e.g., Lomas, 2018; Mathews & Izquierdo, 2009). Generally speaking, Southeast Asian societies share some similar indicators and associations with Western societies, but interestingly, the correlation between, for example, familial attributes and subjective well-being or happiness is found to be stronger in Southeast Asian society. This example is one of the many instances of cases that differentiate Southeast Asia from the West and consequently suggest further investigation of cultural differences in well-being are warranted. As evidenced in this volume, ongoing studies are now being conducted by psychologists in this region on these issues.

Other than dimensions of subjective well-being, measurement issues are another problematic aspect of studying subjective well-being, as they vary internationally and culturally. Initially, Southeast Asian psychologists did not see any options other than to opt for the most popular or readily available Western tools. These scholars were aware of the methodological issues, but were still struggling to establish their own culture-related scales. That said, there are efforts to generate validated scales that are locally appropriate. For example Swami (2008) validated the Malay Subjective Happiness Scale, and Maulana, Khawaja, and Obst (2019) developed and validated the Indonesian Well-being Scale.

Finally, existing research on well-being examined culture-specific values and norms which define who we are. Previous research has indicated that Southeast Asian cultures typically have lower levels of subjective well-being than usually found in the West. It is evident that this perception is not only due to the use of "Western tools" which might not be so applicable to Southeast Asian culture, but also due to the way we define subjective well-being in Southeast Asia (Lomas, 2018). Southeast Asian people, similar to their cousins and relatives in other Asian countries, are basically collectivistic (Nisbett, 2004). Therefore, there are some norms, values, perspectives, and constructs which are difficult to translate into the Western language or perspective. The Japanese, for example, are known for their *ikigai*, a concept related to having a meaningful life. The Malays and Javanese are known for their *budi* (a term relating to wisdom, understanding, intellect, morality, and virtue), Thais for their deference towards the monarchy, and other Southeast Asian countries for their filial piety and Confucianist philosophies. In other words, each of us defines subjective well-being in our own way, and we have the right to do so. However, Southeast Asian psychologists acknowledge that the definition, correlates, and dimensions of subjective well-being are challenging to test in ways that reflect local cultural nuances. These major issues bring us to the chapters presented here in this section on well-being.

There are five chapters in this section, which begins with Takwin and Mundakir, who talk about meaning in life and subjective well-being in on-call employees in Jakarta and how hope and forgiveness mediate these two dimensions. Work in an environment where one is on continuous alert is indeed stressful and challenging, and these conditions require considerable psychological strength. The authors used

a double-mediation method, and their results revealed that there are positive correlations between all aspects investigated. Increasing meaning in life predicts greater forgiveness and subjective well-being in on-call employees. In addition, the deeper the meaning in life, the higher the hope, which positively influences subjective well-being.

The next chapter is on the subjective well-being of Singaporeans and how well-being correlates with values. Specifically, Tambyah and colleagues focused on how values related to psychological flourishing and satisfaction of life. Their findings demonstrated that Diener's flourishing scale and satisfaction of life are applicable to a Singaporean context. The authors also found that the four higher order values were confirmed and were in line with past findings on dimensional structure, magnitude, and relationships among values.

In related research, Truong also attempted to understand the subjective well-being of the Vietnamese. In Chapter 9, the author describes the study of 713 Vietnamese teenagers and their parents. Truong found that parents with better qualifications and socioeconomic status scored higher in subjective well-being. This finding is in line with past studies on the effects of demographic factors on subjective well-being. Interestingly, Truong also found that fathers have higher emotional and social well-being than mothers, while mothers have higher psychological well-being. Looking further at gender differences, mothers who have sons tend to be happier. Finally, Truong found that teenagers have lower subjective well-being compared to their parents, especially regarding social well-being.

Muhamad and colleagues begin Chapter 10 by explaining the paucity of studies on social well-being in Malaysia. Based on this background, they investigate social well-being and how it correlates with mental health among Malaysian young adults by using the social well-being scale by Keyes (1998). Their results demonstrate that social well-being was significantly defined according to social relationships. This is not surprising, as past studies typically have indicated that the harmony and welfare of the group are vital in a collectivistic society. In addition, the researchers also found that apart from social relationships, other Malaysian social well-being correlates include economic status, religiosity, health, educational development, and familial relationships. Finally, the research concludes that social well-being is positively related with mental health, and this is useful in establishing social policies in Malaysia.

The last chapter in this section is by Sirikantraporn and Taephant and examines the role of cognitive emotion regulation strategies and types of aggression among Thais exposed to political stress. Thailand has been battling the instability of its democratically elected governments for many years. Utilizing a sample of 117 adult Thais who were relatively representative of Thailand in terms of adult age religious affiliation, participants completed a range of questionnaires with results contextualised to the current situation and culture in Thailand, finding that an approach of acceptance was associated with lowered aggression, results that fit the cultural emphasis on social harmony in Thailand.

In sum, this section of the book clearly demonstrates the diversity of approaches to well-being in Southeast Asia research, and emphasises both continuities and

cultural differences with work on well-being in the West. Thus, taken together, these chapters will provide insights into well-being that should be valuable to scholars focused on Southeast Asia as well as psychologists in the West with interest in how the concept of well-being may vary around the globe.

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7 The relationship between meaning in life and subjective well-being among on-call employees with forgiveness and hope as mediators

Bagus Takwin and Aninda Enza Azura Mundakir

Research in the field of positive psychology regarding meaning in life and well-being continues to develop (Steger, Dik, & Duffy, 2012). One of the well-being constructs used in psychology is subjective well-being, which refers to a person's psychological condition or subjective happiness (Diener, Suh, Lucas, & Smith, 1999). Wright and Cropanzano (2000) describe three characteristics that determine the condition of individual well-being. First, well-being is a psychological event when individuals feel happy, when they subjectively believe they are satisfied with life in terms of relationships, work, health, meaning, and purpose (Diener & Ryan, 2009). Second, well-being involves emotional conditions. Individuals with better psychological conditions tend to experience positive emotions more than negative emotions (Diener & Larsen, 1993). Third, well-being is considered as an overall evaluation by individuals in their various spheres of life, such as relationships, work, health, meaning, and goals (Diener & Ryan, 2009). This evaluation covers both cognitive and affective dimensions: life satisfaction, positive influences, and negative influences (Diener, 2000).

Meaning in life is something that helps to make a person's life stable in the midst of changing realities of life situations (Baumeister & Vohs, 2003). With meaning in life, people can often overcome their limited and changing environmental and biological conditions. Various situations that are uncertain and beyond one's control, including uncertain job demands that come from on-call work, can be interpreted in such a way as to provide positive meaning and can be overcome positively. Individuals who have found life meaning report that their work enjoyment is positively influenced (Bonebright, Clay, & Ankenmann, 2000). On the other hand, a lack of meaning in life brings adverse effects on mental health, including boredom (Fahlman, Mercer, Gaskovski, Eastwood, & Eastwood, 2009), depression (Psarraa & Kleftaras, 2013), and suicidal ideation (Braden, Overholser, Fisher, & Ridley, 2015). A study conducted by Cohen and Cairns (2012) found the existence of a negative relationship between high levels of seeking meaning in life and subjective well-being. This result is in line with work by Halama and Dedová (2007), who found that life meanings significantly predict life satisfaction, and that there is a strong relationship between meaning in life and subjective well-being (Ho, Cheung, & Cheung, 2010).

In addition, along these lines, Yalçın and Malkoç (2015) found that forgiveness and hope fully mediate the relationship between meaning in life and subjective well-being. Hope is an important variable that affects the condition of individual well-being, which includes two components (agency thinking and pathway thinking). Agency thinking is the sense that an individual trusts in her or his ability to achieve goals and maintain a path for achieving goals, while pathway thinking refers to self-confidence in producing solutions to achieve something desired (Tong, Fredrickson, Chang, & Lim, 2010). The strong relationship between hope and subjective well-being is reinforced by supporting studies, such as work that finds that the amount of hope is positively associated with the amount of happiness (Alarcon, Bowling, & Khazon, 2013) and that hope significantly predicts subjective well-being (Eryılmaz, 2011). Furthermore, research has found significant relationships between hope and meaning in life (Varahrami, Arnau, Rosen, & Mascaro, 2010). Similarly, Dogra, Basu, and Das (2011) found that the presence of meaning in life increased the level of individual hope.

Apart from hope, studies from Allemand, Hill, Ghaemmaghami, and Martin (2012) and Chan (2013) found that forgiveness also correlated with well-being. Forgiveness is an intrapersonal and interpersonal process which takes the form of a reaction to something that is not appropriate (McCullough, 2000). According to McCullough (2008), forgiveness includes changes in motivation in which a person becomes increasingly motivated to decrease the desire to take revenge against the offender and is increasingly motivated by the desire to reconcile with the offender, even though the offender's actions are dangerous or morally wrong. When someone forgives, they will feel protected from the motivation for revenge. As a human cognitive mechanism likely developed at least in part through the process of natural selection, and a very important method by which humans may restore valued social relations, appropriate use of forgiveness maintains good social relations and reduces the risk of future exploitation (McCullough, Kurzban, & Tabak, 2010). In line with this, research from Tse and Yip (2009) found that forgiving others has a positive relationship with subjective interpersonal adjustment and well-being. People who are more forgiving are known to have higher subjective and psychological well-being (Lawler-Row & Piferi, 2006). The final stage of the forgiveness process is finding meaning for oneself and others (Holter, Magnuson, Knutson, Knutson, Enright, & Enright, 2008).

One type of work that is known to have a high workload, high stress, low mental well-being, and poor quality of sleep is on-call work (Callaghan, Hanna, Brown, & Vassilas, 2005). On-call work requires workers to be willing to work at certain times as needed if requested (Ziebertz et al., 2015). Work with an on-call work pattern/situation includes various fields, such as doctors, midwives, firefighters, police, pilots, online transportation drivers, and various other occupations. High demand in time and workload can negatively affect workers' well-being (Nieuwenhuijsen, Bruinvels, & Frings-Dresen, 2010).

Previous studies have found that on-call work is associated with increased stress (French, McKinley, & Hastings, 2001), decreased quality of well-being, and decreased performance (Ware, Risser, Manser, & Karlson, 2006). In addition, on-call

work is known to have negative effects on health, such as decreased sleep quality (Bamberg, Dettmers, Funck, Krähe, & Vahle-Hinz, 2012), fatigue (Sonnentag & Zijlstra, 2006), increased blood pressure/heart rate (Riese, Van Doornen, Houtman, & De Geus, 2004), and even long-term effects for cardiovascular mortality (Kivimäki et al., 2006).

Previous studies regarding on-call employees have some limitations, namely, most of the samples used were limited to medical workers, such as doctors, so the range of on-call professions studied may not comprehensively describe the condition of on-call workers. For instance, previous research typically failed to distinguish the type of on-call worker clearly (such as the type of night job or the extent of the work), and it has not described fully the conditions of well-being for on call employees (Bamberg et al., 2012; Ziebertz et al., 2015). For example, the consequences of on-call work experienced by doctors are different from the consequences of on-call work experienced by other professions, including fatigue due to lack of sleep, unpleasant experiences, and stress (Ziebertz et al., 2015). These differences in consequences may have different influences on the meaning in life. These limitations make it difficult to fully interpret the previous results or to fully explain the consequences of the type of work and well-being for various sorts of on-call employees, including on-call employees in Indonesia.

So far, there have not been studies of well-being in on-call employees in Indonesia nor in Southeast Asia, more broadly defined. Such a paucity of research is significant given that lately the number of on-call employees is increasing in Indonesia. Thus, a study is needed that explores the factors of on-call employee well-being in Indonesia and that suggests how improvement in their well-being can be achieved. The study of the consequences of on-call work, especially on well-being, becomes necessary in Indonesia because there is a trend towards increasing numbers of people taking this type of work without knowing clearly how to maintain their well-being in carrying out their work.

Research on occupations finds that characteristics of work have a significant influence on meaning in life (Hackman & Oldham, 1976). On-call work is thought to have a special influence on perceptions of meaning in life and, thus, also on well-being. The characteristics and demands of on-call work that are different from other types of work that are more structured in terms of time and activity are the factors that likely produce that difference. On-call employees will always need to fulfill the demand of being available and ready to work whenever needed in a predetermined period of work, which in turn affects experiences of meaning of work and quality of well-being (Bamberg et al., 2012). Based on previous studies that showed the effects of on-call work on stress levels (French et al., 2001) and the effects of individual subjective experience in working on the meaning of life as a whole (Allan, Duffy, & Douglass, 2015), this study aims to examine the relationship between meaning of life and subjective well-being of workers in on-call work through mediators of hope and forgiveness. This study uses the theoretical framework and research design used by Yalçın and Malkoç (2015) which examines the relationship between meaning in life and subjective well-being mediated by hope and forgiveness in university students. This

study also aimed to examine whether the model they proposed also applies to on-call employees.

Subjective well-being

Subjective well-being (SWB) is an individual's evaluation of the condition of her of his well-being globally in various life domains based on her or his life experience, which includes both positive and negative effects (Diener, 1984). Veenhoven (1984) defines SWB as the degree to which individuals judge the quality of life as a whole, or how well an individual is satisfied with the life he lives through evaluating affective and cognitive components. Affective components include feelings, emotions, and moods, while cognitive components are assessed based on perceived differences between aspirations and achievements (Campbell, Converse, & Rodgers, 1976). There are a number of components of SWB, namely life satisfaction (global assessment of one's life), satisfaction with important domains (e.g., job satisfaction), positive influences (experiencing a lot of pleasant emotions and moods), and low levels of negative influences (experiencing some unpleasant emotions and moods). In the early, initial research on SWB, studying aspects of happiness typically relied on only one self-reported item to measure each construct, but as this line of research expanded, development of SWB measurements progressed, and different measuring instruments were used to measure life satisfaction and affect so as to obtain a more complete picture of conditions associated with SWB (Diener, 2000).

Meaning in life

Meaning in life has been defined in a range of ways, one of which is the integration of one's life into goals and what is done in life (Reker & Wong, 1988). One definition proposes that meaning in life can be achieved through striving to fulfil a need for values, goals, and self-esteem (Baumeister, 1991). The absence of a universal definition for meaning in life that is suitable for the life of every person relates to the reality that individuals create a meaning of their own lives through efforts to achieve life goals that are considered important for their existential search and discovery (Battista & Almond, 1973). The absence of meaning in life or feeling without meaning can cause a person to become frustrated, leading to a state of illness, even leading to death. Furthermore, suffering can cause a feeling of meaninglessness (Frankl, 1965).

Steger (2009) describes life meaning in three constituent component definitions, namely, motivational (purpose-centred definition), cognitive (significance-centred definition), and multifaceted definitions. The motivational (purpose-centred definition) approach focuses on the idea that every human being has a unique goal that is special and goes beyond the values she has (Frankl, 1965). Cognitive approaches (significance-centred definitions) define the meaning in life based on the significance of one's life. In this case, meaning in life is experienced when a person feels life and fights for something in his life (Baumeister, 1991; Crumbaugh & Maholick, 1964; Yalom, 1980). This multifaceted definition combines the views of the motivational

and cognitive approaches, and includes how a person feels he has achievement in his life. From these various definitions, Steger (2009) concludes that meaning in life may be viewed as an understanding or appreciation of a person of the magnitude of the development of potential within themselves and how these individuals make their lives more meaningful throughout the course of their lives to achieve a meaningful goal.

Forgiveness

Forgiveness is a method or process of changing a negative response to a neutral or a positive that requires at least two things, namely, the loss of negative responses, such as loss of desire for revenge, and the need for a positive response, such as the desire to do good to transgressors (Thompson et al., 2005). When someone forgives, there will be a new perspective in terms of cognition, emotion, and behaviour that no longer sees transgression as a negative thing (Malcolm & Greenberg, 2000), which also influences individual well-being (Witvliet, 2001). This change in perspective has two components, namely, valence and strength. People who forgive can change negative responses to transgressors by changing the valence from negative to neutral or positive, or by changing the valence and strength of responses which are called reality negotiations, where one changes the valence and the relationship with transgressors to become more in tune with their positive self-image (Higgins & Leibowitz, 2002).

According to Philpot (2006), forgiveness is the process or outcome of a process that involves voluntarily or consciously changing emotions and attitudes towards the offender from being negative. Gandhi (2000) argues that forgiveness is a strong attribute such that it can only be achieved by strong people, and weak people are considered not to be able to forgive.

How someone forgives cannot be assessed directly. McCullough (2000) argues that forgiveness occurs when individuals do not have the motivation to avoid things that have hurt them (avoidance motivations) and do not have the motivation to take revenge (revenge motivations), and there is an increase in positive behaviour towards individuals who have hurt them (benevolence motivations).

Hope

Hope is considered to be a basic personality trait and resource in human life that contributes to the condition of one's well-being (Snyder et al., 1991). Most researchers view hope as a unidimensional construct that involves the perception of achieving a goal. Most definitions of hope include a component in which the person has positive ideas and a future orientation (Landeen & Seeman, 2000). Hope constructs reflect individual perceptions about their ability to conceptualise goals, develop strategies to achieve those goals, and maintain the motivation to use strategies (Resnick, Fontana, Lehman, & Rosenheck, 2005). The main element of hope is the positive desires of individuals to achieve goals that are considered to be achievable (Snyder, Milici, & Slater, 2006).

Snyder and colleagues (2002) define hope as an individual's belief that she can start and maintain a series of actions to achieve her goals (this belief is referred to as agency thinking). Furthermore, the person believes that she can create a plausible plan or path in achieving that goal (this part is called pathways thinking).

The two components of hope, namely, agency and pathways, have reciprocal relationships, are additives, and are positively related. Individuals who have a tendency to succeed with a certain will or purpose (the will) usually see a way to achieve that goal. Conversely, some individuals may see ways to achieve a goal, but may not necessarily possess agency, so to maintain a way of achieving goals in a person's life, both components are needed (Snyder et al., 2002). The ability to plan goals and regulate ways to achieve them is referred to as mental action sequences that encourage individuals to produce positive emotions, psychological well-being, and influence self-assessment (Snyder, Batista, & Andersen, 1997).

On-call employees

On-call employees are employees who are responsible for working at certain times if needed by circumstances, superiors, or companies (Ziebertz et al., 2015). The period in which an on-call worker is ready to do a job according to a work contract, excluding the normal work schedule, if there is an urgent need is referred to as on-call duty (Q + AWorking hours, n.d.). Generally the form of on-call scheduling takes place within 24 hours of coverage at facilities where emergencies that need to be addressed can occur immediately, such as doctors and nurses in hospitals and firefighters at fire stations (Ziebertz et al., 2015). In addition, other public works that use on-call work schedules are online transportation drivers, technicians, midwives, search and rescue teams (SAR), and other jobs.

Based on a review of relevant literature, one may reasonably state that having meaning in life typically makes people appreciate their lives and see their work as something meaningful. The sense that life is meaningful and valuable will help people to have improved psychological adjustment, good-quality work, high work values, and higher job satisfaction, as well as positive influences on good overall well-being. Meaning in life for on-call employees can help such workers deal with the demands to be ready to work on short notice, reduce stress, and overcome or reduce declines in mental condition. Finding meaning in life typically results in increased forgiveness of the demands and the unpleasant treatment experienced from customers or clients. With finding meaning in life, the desire for revenge decreases and people become more positive about the existence of others who behave inadequately. Having meaning in life also influences the emergence of hope in on-call employees that what is being done is important and has a good impact on their lives. Mediated by forgiveness and hope, meaning in life has a positive influence on improving the subjective well-being of on-call employees.

The present study intends to test the following hypotheses: (a) There is an influence of forgiveness mediation on meaning in life and subjective well-being in on-call employees; and (b) there is an effect of mediating expectations on meaning in life and subjective well-being in employees on call.

Method

Participants in this study were workers who are responsible for working at certain times if needed by circumstances, superiors, or companies (Ziebertz et al., 2015) in a period where an on-call worker is ready to do a job according to a work contract, outside their normal work schedule, if there is an urgent need (New Labor Code, 2007). The respondents consisted of 257 people who worked as on-call employees in Jakarta.

The sampling method used was a non-probability sampling type of convenience sampling or accidental sampling. In this sampling method, researchers only use respondents or participants who are easily obtained based on their availability and willingness to respond (Gravetter & Forzano, 2012).

The measuring instruments used amounted to six, namely, the Meaning in Life Questionnaire (MLQ) to measure the variable meanings of life (Steger, Frazier, Oishi, & Kaler, 2006), the Scale of Positive and Negative Experience (SPANE; Diener et al., 2009), and the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), which are used to measure subjective well-being variables (SWB), the Heartland Forgiveness Scale (HFS) to measure forgiveness variables (Thompson et al., 2005), and the Adult Dispositional Hope Scale (ADHS) and the State Hope Scale (SHS) to measure hope variables (Snyder & Lopez, 2007).

Data processing was completed using two statistical analysis techniques, namely, descriptive statistical analysis and regression analysis. The researchers conducted descriptive statistical analysis to analyse the data by describing the collected data as it was without intent to make or infer conclusions that apply to the general population or other broader generalisations (Gravetter & Forzano, 2012). The analysis using descriptive statistics was conducted by researchers to obtain an overview or description of the situation objectively (Notoatmodjo, 2002) regarding the characteristics of respondents in the study and to provide a basic overview of the number, age, and distribution of respondents by region. To find out the influence of mediator variables, namely, forgiveness and hope, on the variables of life meaning and SWB, researchers used regression analysis techniques through a macro PROCESS programme developed by Hayes (2013).

Results

Table 7.1 shows that there are 144 men (56%) and 113 women (44%), with the age ranging from 18 to 56 years (M = 27.73 and SD = 8.67). There were seven types of employees: midwives, physicians, online transportation drivers, firefighters, nurses, technicians, and SAR team members. The majority of participants in this study were domiciled in Jakarta, Bogor, Depok, Tangerang, and Bekasi (JABODETABEK) (80.2%).

In order to explore the research problem proposed earlier, the researchers tested the hypothesis to examine the relationship between meaning in life and subjective well-being with forgiveness and hope as a mediator. A series of regression equations

Table 7.1 Description of Participants

Demographic	Description	
Sex	**Frequency**	**Percentage**
Male	144	56%
Female	113	44%
	Mean	**SD**
Age	27.73	8.67
Occupation	**Frequency**	**Percentage**
Midwife	42	16.3%
Physician	48	18.7%
Online Transportation Driver	37	14.4%
Firefighters	34	13.2%
Nurse	41	16%
Technician	44	17.1%
SAR team member	11	4.3%
Income (Rp)	**Frequency**	**Percentage**
> 5.000.001	41	16%
3.000.001–5.000.000	69	26.8%
1.000.001–3.000.000	104	40.5%
0–1.000.000	43	16.7%
Working Hours	**Frequency**	**Percentage**
1–6 hours	64	24.9%
7–12 hours	119	46.3%
13–18 hours	31	12.1%
19–24 hours	43	16.7%
Domicile	**Frequency**	**Percentage**
Jakarta	89	34.6%
Bogor	64	24.9%
Depok	12	4.7%
Tangerang	20	7.8%
Bekasi	21	8.2%
Outside JABODETABEK	51	19.8%

related to life meaning (independent variable), forgiveness and hope (potential mediator), and SWB (dependent variable) were carried out using SPSS (PROCESS; model 4) macro analysis recommended by Hayes (2013). To test whether there is a social desirability influence in terms of the tendency of participants to respond to positive answers in self-description (Paulhus, 2002), lie scale variables were used and considered in this study. The intercorrelation between test results of all research variables is described in Table 7.2, the results of regression testing in tables 7.3 and 7.4, and the results of the model analysis in Figure 7.1.

Table 7.2   Results of Pearson Product Correlation Calculation of All Moment
Variables

	1	*2*	*3*	*4*
Meaning in Life (1)	-	-	-	-
SWB (2)	.839**	-	-	-
Forgiveness (3)	.844**	.908**	-	-
Hope (4)	.791**	.811**	.774**	-
Lie Scale (5)	.048	−.028	.012	−.039

Note ** Significant at level 0.01 (one-tailed).

The results of intercorrelation testing show that there were positive correlations between meaning in life and SWB, meaning in life and forgiveness, meaning in life and hope, SWB and forgiveness, SWB and hope, and forgiveness and hope.

The lie scale was found not to have a correlation with the overall variable, so it was not used as a covariate in regression analysis. Because the correlation value was high between variables, multicollinearity assumptions were tested to see if there was an autocorrelation of related variables.

The results of the multicollinearity test showed VIF (Variance Inflation Factor) values <10 on all variables towards SWB, namely, VIF meaning in life (4.16), VIF forgiveness (3.88), and VIF hope (2.98). VIF value <10 indicates that there is no multicollinearity disturbance in this model.

Based on tables 7.3 and 7.4 and Figure 7.1, it can be seen that there are significant total effects (c = 0.2169, t (257) = 24.642, p <0.01) of this research model, which shows that there is a relationship between meaning in life and SWB mediated by forgiveness and hope. This significant relationship was found in the mediating relationship between the meaning in life and forgiveness (a1 = 0.847, p < .001). This shows that the greater the meaning in life that an individual has, the more forgiveness he has. The association of meaning in life and hope (a2 = 1.534, p < .001) also shows a significant relationship. The greater the meaning in life that an individual has, the greater hope she or he has. Forgiveness and SWB were also found to have a significant relationship (b1 = 0.131, p < .001), which indicates that the higher forgiveness an individual has, the greater the increase in SWB. The same thing applies to the relationship between hope and SWB, which shows that the greater the hopes held, the more the increase in SWB (b2 = 0.026, p < .001). Positive relationships between variables indicate that forgiveness and hope are able to mediate the relationship between meaning in life and SWB.

The total effect of this model shows that the effect size of 0.2169 is divided into direct effects and indirect effects. This research model shows that a direct relationship between the meaning in life and SWB is significant (c' = 0.0382, t (257) = 3.07, p < .001), with the magnitude of the effect of 0.0382, whereas the indirect effect is divided into 2 with a total effect size of 0.1787. This shows that in this model, from the total effect of 0.2169, there is a mediating effect of

Table 7.3 Overview of Regression Coefficients and Standard Errors in Testing the Mediation Model

		M1 (Forgiveness)			M2 (Hope)			Υ (SWB)			
		Consequent									
Variable		Coeff.	SE	p	Coeff.	SE	p		Coeff.	SE	p
X (Meaning in Life)	a_1	.847	.0258	<.001	a_2 1.534	.0536	<.001	c'	.079	.016	<.001
M1 (Forgiveness)		—	—	—	—	—	—	b_1	.131	.015	<.001
M2 (Hope)		—	—	—	—	—	—	b_2	.026	.007	<.001
Constant	iM_1	5.465	1.648	<.001	iM_2 −13.52	3.42	<.001	iy	−12.55	.407	<.001

Table 7.4 Analysis Mediation Effect of Forgiveness and Hope in the Relationship of Meaning in Life and SWB

	Coef	SE	p
Total Effect	0.2169	0.0088	0.0000
Direct Effect	0.0382	0.0124	0.0024
Indirect Effect	0.1787	0.0204	.1388–.2182
Ind1 (Pemaafan)	0.1338	0.0173	.0981–.1671
Ind2 (Harapan)	0.0449	0.0165	.0172–0.0813
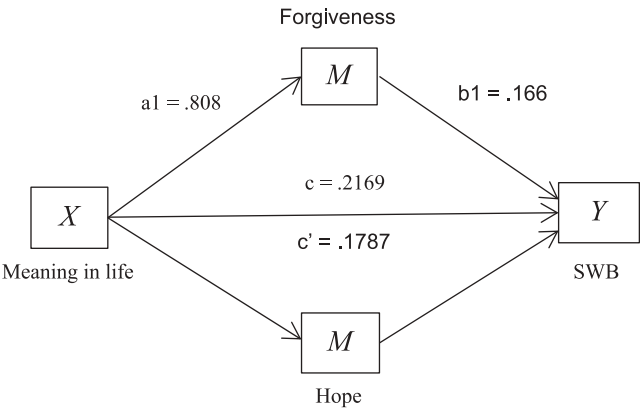
Figure 7.1 The results of the mediation analysis of forgiveness and hope as a mediator of the meaning in life and SWB

forgiveness of 0.808 (0.166) = 0.134 and hope of 1.38 (0.33) = 0.045. From the two indirect effects, it can be explained that the strongest role of mediation is forgiveness, where an increase in the value of one meaning in life will increase SWB by 0.134 through the role of forgiveness, whereas the role of hope mediation has an effect of 0.045 on the relationship between the meaning in life and SWB. From this relationship, it is evident that the higher the meaning in life that is had by on-call workers, the higher the level of forgiveness and hope possessed, such that SWB increases.

Discussion

A study conducted by Bamberg and colleagues (2012) found that on-call work has an impact on the well-being of workers, such as impaired welfare, a decrease in daily activities, a decrease in social activities, and a decrease in business activities. These effects are caused by the demands of the work situation to always be ready to work whenever needed at the agreed time, which causes stress and leads to negative meanings associated to the work. Meaning in work is one factor that influences overall meaning in life, and thus this relationship suggests that experiencing negative meaning in work can impact the total level of meaning in life and well-being of workers (Steger et al., 2012). Research, such as a study conducted by Taylor and colleagues (2000), suggests that meaning is one of the protective factors for mental health, and it is linked to positive effects, such as stress reduction.

The results of this study also are in line with a study conducted by Yalçın and Malkoç (2015), who found that an increase in meaning in life predicts greater forgiveness and greater subjective well-being. The greater the meaning in life that is possessed, the greater the increase in hope, which then positively affects subjective well-being. In line with the findings of this study, previous research conducted by Dogan, Sapmaz, Tel, Sapmaz, and Temizel (2012) regarding the relationship between meaning in life and subjective well-being in Turkish students shows that the existence of meaning in life significantly predicts subjective well-being. This finding shows that meaning in life is an important component of subjective well-being.

With the findings of this study, it can be understood that the model proposed by Yalçın and Malkoç (2015) can also apply to on-call employees, in addition to university students. This model also assists in explaining the subjective well-being of on-call employees in Indonesia. With this present study, one limitation of the Yalçın and Malkoç (2015) study, which only used university student participants, could be partially overcome, so that the interpretation of their study and this study could be extended to include on-call employees. The role of meaning in life was also found to be relevant in a sample of on-call employees. Meaning in life can give on-call employees the ability to positively accept the demands of their work and provide the power to forgive clients who may be behaving inappropriately. The workers' hope that what they do will have a positive impact is also influenced by the degree to which they experience meaning in life, and this sense of life meaning also will improve their subjective well-being.

The results of testing the forgiveness mediation hypothesis indicate that forgiveness can mediate the relationship between meaning in life and well-being. This is in line with the findings of a study conducted by McCullough (2000) regarding the relationship between forgiveness and subjective well-being. Prosocial changes in emotions, thoughts, and individual behaviours of negative emotions become positive by modifying thoughts towards others, developing empathy for others, and building new stories of situations (Malcolm & Greenberg, 2000). For on-call workers, the forgiveness process is needed to accept the existence of work calls that can occur at unexpected times. Positive changes in the possibility of negative feelings obtained from vocational work will result in an increase in subjective well-being (Lazarus & Folkman, 1984). As an interpersonal process, when a worker looks positively at the relationship between himself and the person being served, they are more likely to feel enhanced meaning in life, and this leads them to be more forgiving (Stillman et al., 2009).

The results of testing the second mediation hypothesis showed that the higher meaning in life that is possessed by someone can predict increases in hope, and then influence increases in subjective well-being (Yalçın & Malkoç, 2015). This finding is in accordance with the results of a study conducted by Irving and colleagues (2004) indicating that higher hope can increase subjective well-being. A meta-analysis of studies conducted by Alarcon and colleagues (2013) found that hope is positively related to better outcomes in various domains of life, one of which is work. In line with these findings, the study conducted by Lagacé-Séguin and d'Entremont (2010) shows that the significance and strength of hope are predictors of positive well-being.

The results of this study show that hope and forgiveness fully mediate the relationship between meaning in life and subjective well-being in on-call employees. The findings of this study have contributed to efforts to understand the factors associated with subjective well-being of on-call employees. Counselling services for companies that employ on-call employees need to note the influence of forgiveness and hope in improving the well-being of these workers. To overcome the negative impact of on-call work situations and improve the well-being of on-call employees, programmes to strengthen and improve their personal qualities are needed. In these programmes, modules that link meaning in life with forgiveness and hope need to be included. The programme can help on-call employees improve their ability to recognise in themselves their own meanings in life, identify life goals, and discover techniques that help them to forgive others, such as empathy, reframing, confrontation with anger, relaxation, and coping with pain.

In conclusion, despite its limitations, this study presents a significant contribution to the existing literature on subjective well-being and related factors among on-call employees. The study findings provide evidence to support the mediational effects of hope and forgiveness on meanings in life and subjective well-being. On this basis it can be recommended that to improve worker well-being, on-call employees need counselling services and self-improvement programmes that emphasise the role of meaning in life, forgiveness, and hope.

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8 Values and subjective well-being in Singapore

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Subjective well-being (SWB) is a multifaceted concept that comprises people's life satisfaction, their evaluation of their life domains such as work, health, and relationships, and how they think and feel about these aspects of their lives (Diener & Biswas-Diener, 2008). Research in this area focuses on measuring an individual's cognitive and affective perceptions of and reactions to her or his whole life as well as to specific domains of life (Diener, 1984, 2006; Myers & Diener, 1995). In this chapter, we focus on two aspects of SWB, namely, psychological flourishing and satisfaction with life.

Values

One of the more recognised studies in values came from Schwartz (1992, 2012). He defined values as trans-situational goals or guiding beliefs with varying importance which are often organised into a coherent system that helps to explain one's attitudes, behaviour, and decision-making (Schwartz et al., 2012). He conceptualised the Theory of Basic Human Values as listed in Table 8.1.

In addition, evidence for the structure of value relations has been strongly supported with data sets from other researchers using multidimensional scaling (Bilsky, Janik, & Schwartz, 2011; Fontaine, Poortinga, Delbeke, & Schwartz, 2008) and confirmatory factor analysis (Schwartz & Boehnke, 2004; Vecchione, Casconi, & Barbaranelli, 2009). Within the increasing body of research on values, there are studies connecting values to various attitudes, behaviours, and outcomes. Understanding the influence of values will help to explain why something matters to someone, or why someone will want something (Higgins, 2015). From consumer decisions like what to buy for dinner to major life decisions like marriage, or social decisions like presidential voting, all can be affected by the values that we follow (Brosch & Sander, 2015). Furthermore, violations of such values have been found to elicit negative emotions such as dejection or agitation, even for mild violations (Maio, 2010).

On a larger scale, the study of values across cultures can also give us important insights. For example, differences in cultural values can affect policy implementations and political strategies (Schwartz, 2011). The complexity of the value structures in a country can also indicate the socioeconomic status of the

Table 8.1 Conceptual Definitions of 10 Basic Values

Value	Conceptual definition[1]
Self-Direction	Independent thought and action—choosing, creating, exploring
Stimulation	Excitement, novelty, and challenge in life
Hedonism	Pleasure and sensuous gratification for oneself
Achievement	Personal success through demonstrating competence according to social standards
Power	Social status and prestige, control, or dominance over people and resources
Security	Safety, harmony, and stability of society, of relationships, and of self
Conformity	Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms
Tradition	Respect, commitment, and acceptance of the customs and ideas that traditional culture or religion provides
Benevolence	Preservation and enhancement of the welfare of people with whom one is in frequent personal contact
Universalism	Understanding, appreciation, tolerance, and protection of the welfare of all people and for nature

1 Adapted from "Are There Universal Aspects in the Content and Structure of Values?" by S. H. (Schwartz, 1994), Journal of Social Issues, 50, p. 22. Copyright 1994 by John Wiley & Sons, Inc.

country as, according to Maslow's hierarchy of needs theory (Maslow, 1970), HoVs (Hierarchies of Values) such as self-transcendence will only be pursued after lower-level psychological and security needs have been fulfilled. This could in turn imply that a country should have a decent standard of living to provide opportunities for citizens to fulfil the lower-level needs (Rudnev et al., 2018). Hence, given the importance of values and their influences on attitudes, behaviours, and outcomes, it would be interesting to explore if there are any correlations of the HoVs to the subjective well-being outcomes that we are going to look at next—psychological flourishing and satisfaction with life.

Psychological flourishing

Positive psychology is widely regarded as the fourth wave of psychology, after the disease model, behaviourism, and humanistic psychology. Psychological flourishing (PF) is one of the rising topics in the field of positive psychology, and it has garnered considerable research interest (Hone et al., 2014). The term suggests that it is synonymous with mental well-being, but as Keyes (2007, 2016) pointed out, it goes beyond the mere absence of mental illness. Instead, it includes positive states or outcomes in three aspects: emotional well-being, psychological functioning, and social functioning. Another synonymous term would be "happiness", but Diener and Biswas-Diener (2008, p. 241) have

highlighted how PF goes well beyond an individual's happiness to include the society and happiness of others.

Various measures have been developed to assess the level of flourishing within the world population. Keyes (2005) attempted to create a self-rated well-being assessment tool with the 14-item Mental Health Continuum Short Form (MHC-SF). This scale measures the emotional, social, and psychological well-being, and it has been used for various studies in many countries, such as South Africa (Keyes et al., 2008), Egypt (Salama-Younes, 2011), and South Korea (Lim, Ko, Shin, & Cho, 2013). Huppert and colleagues (2009) operationalised a conceptual framework of personal and interpersonal aspects of well-being for the third round of the European Social Survey. VanderWeele (2017) measured the six domains that contributed to flourishing: happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close relationships, and financial and material stability. Further, Seligman (2011) proposed the conceptualisation for flourishing consisting of positive emotions, engagement, relationships, meaning, and accomplishment/achievement (PERMA).

Diener and Biswas-Diener (2008) proposed the 12-item Psychological Flourishing Scale to measure if the major aspects of psychological wealth were present in one's life, and whether one's life had purpose and meaning. Since then, Diener and colleagues (2010) have revised this scale into an 8-item Flourishing Scale (renamed as FS). The scale has been translated and validated in various countries, such as China (Tang, Duan, Wang, & Liu, 2016), Egypt (Salama-Younes, 2017), France (Villieux, Sovet, Jung, & Guilbert, 2016), India (Singh, Junnarkar, & Jaswal, 2016), Japan (Sumi, 2013), New Zealand (Hone et al., 2014), Portugal (Silva & Caetano, 2013), and Spain (Checa, Perales, & Espejo, 2018). The extensive validation of the FS justified its selection as the measure for psychological flourishing in the present study.

Having a thorough understanding of PF can bring about many benefits. Mentally healthy adults experience lower levels of helplessness, clearer life goals, higher resilience, and even lower risks of cardiovascular disease and fewer health limitations to daily living activities (Keyes, 2007). In addition to individual benefits, PF can have implications on the community as well. Anderson and Baldwin (2017) highlighted how "neighbourhood flourishing" stems from the social experience of an individual's well-being and could have an impact on social activities such as meaningful interactions with family, community, and the wider society. Tools of PF measurements have been used to evaluate the effectiveness of social work programmes in countries like China (Tang et al., 2016). Hence, PF is not only beneficial for the individual, but also for the society at large (Nelson, Layous, Cole, & Lyubomirsky, 2016).

Satisfaction with life

Satisfaction with life or life satisfaction is an information-based evaluation and, thus, reflects the perceived distance between what is experienced and what is expected as a better life or envisioned as an ideal life. This aspect of subjective

well-being is a more cognitive assessment and is derived from a conscious judgement based on some standard. Various types of economic, social, and other indicators have been used in measuring life satisfaction. These indicators could be fairly objective, such as quantitative statistics with regard to per capita income, mortality rates, years of schooling, and others (for review, see Diener & Suh, 1997). Some of these indicators could be related to population density (Cramer, Torgersen, & Kringlen, 2004), public safety (Inoguchi & Fujii, 2009), and the quality of the area in which people live (Veenhoven, 2012). Life satisfaction measures could be more subjective in nature and involve mainly perceptual measures in assessing the quality of life as experienced by a society's individuals, such as satisfaction with income and possessions and perceived relative economic situation compared to the population average (Hellevik, 2003). One established and validated perceptual measure of satisfaction with life is the 5-item Satisfaction with Life Scale developed by Diener and colleagues (1985).

Connecting higher-order values with psychological flourishing and satisfaction with life

There have been numerous research studies on the determinants of psychological flourishing and satisfaction with life, such as demographic variables, personality, and other sociocultural indicators. Gudmundsdottir (2013) analysed how economic factors such as income might have a positive impact on life satisfaction but not on happiness. This is because people quickly adapt to their level of wealth (Olson & Schober, 1993) and tend to compare their incomes with others (Borooah, 2006). Positive correlations between income and well-being were also more prevalent in poorer or less-developed countries. In well-developed countries, especially in democracies, people have had most of their needs met by public goods provided by the government (Orviska, Caplanova, & Hudson, 2014). Other researchers (e.g., Diener & Tov, 2012; Glatzer, 2012) have suggested that research on well-being could incorporate more non-economic indicators (e.g., identity, feelings of belonging, and long-term goals), as there was a weak correlation between certain economic indicators (e.g., per capita income) and life satisfaction. Hence, we are specifically interested in knowing how non-economic indicators like values (using the conceptualisation of Schwartz's higher-order values) can influence psychological flourishing and satisfaction with life.

Ostermann and colleagues (2017), using a sample of German adults, found that realisation of openness to change can predict mental health as well as life satisfaction. Using the 21-item version of Schwartz's Portrait Values Questionnaire (PVQ), Sortheix and Lönnqvist (2014) concluded that benevolence (self-transcendence) and tradition (conservation) were positively related to life satisfaction among respondents from 25 European countries (N = 44,106). Other values that were social-focused were almost statistically significant. As for the person-focused values, self-enhancement was negatively associated with life satisfaction, while openness to change had a weak association. Sortheix and Schwartz (2017) also administered the

21-item version of the PVQ to participants from 32 European countries. They found that openness to change was correlated positively with subjective well-being.

Religion, which is commonly mentioned with values of conservation, was found to be a major contributor to human flourishing (VanderWeele, 2017). In a 6-week longitudinal study, Nelson and colleagues (2016) showed that pro-social behaviours promoted psychological flourishing more than self-focused or neutral behaviours. Conservation and self-transcendence fall within the dimension of social-focused values. Extraversion and conscientiousness, which embody the values of openness to change, are also common characteristics of flourishers (Schotanus-Dijkstra et al., 2016).

Howell and Buro (2015) examined the well-being of 478 Canadian students in a university setting, using the PVQ for Schwartz's values and FS. They found that conservation and self-transcendence were significant predictors of flourishing. These findings reflected how people embodied values of self-transcendence by subordinating the self for the betterment of others, as well as values of conservation to accept or conform to cultural customs. Wong (2011) had also previously explained that when it comes to eudemonic well-being, it is "antithetical" to place oneself before others.

Method

The dataset for this chapter is based on a Quality of Life (QoL) survey of a nationally representative sample of 1,503 Singaporeans in 2016 (hereafter referred to as the 2016 QoL survey), using a sampling frame of household addresses randomly selected from all residential areas across Singapore. The sampling frame provided a comprehensive reach of respondents across the Singapore population, thus ensuring data representativeness and findings that are reflective of the population. Face-to-face interviews for the 2016 QoL survey were conducted over a period of 12 weeks, from 28 October 2016 to 5 February 2017.

For the sample of respondents used in this study, the gender balance was about equal. Close to two thirds (60.9%) of the respondents were married, and 81.7% of respondents were below 65 years of age. Chinese respondents accounted for almost 77% of the total number interviewed, with 14.5% Malays, 7.3% Indians, and the remaining 1.2% from other ethnic groups. Respondents also had different educational levels, ranging from those with primary education or below (17.8%) to those with tertiary education and higher (25.9%).

To measure psychological well-being, respondents were asked to indicate on the 8-item Flourishing Scale (Diener et al., 2010) whether major aspects of psychological wealth were present in their lives and whether their lives had purpose and meaning, using a 6-point scale (1 = Strongly disagree; 6 = Strongly agree). To measure satisfaction with life, we used the 5-item Satisfaction with Life Scale developed by Diener and colleagues (1985). Respondents reported their level of agreement with statements such as "In most ways my life is close to my ideal" and "The conditions of my life are excellent." Questions were answered on a scale from 1 (strongly disagree) to 6 (strongly agree). In the 2016 QoL

survey, Singaporeans were also asked about their personal values. Using the PVQ, we provided Singaporeans with 21 descriptions of different individuals and asked the respondents to indicate to what extent they were like the persons described (1 = Not like me at all to 6 = Very much like me). In view of Singapore's multicultural society, the survey questions in English were professionally translated into Chinese, Malay, and Tamil. Pilot tests were conducted for the translated copies to ensure accuracy of the translations and ease of understanding.

Data analyses and results

Flourishing scale

The means and standard deviations of the responses to the 8 items of the Flourishing Scale are shown in Table 8.2.

In terms of data appropriateness, our analysis shows that the Kaiser-Meyer-Olkin measure was .919, Bartlett's test of sphericity was significant [chi-square (28) = 5626.17, p < .001], and the diagonals of the anti-image correlation matrix ranged from .906 (for purpose and meaning) to .942 (for optimistic). These measured indicators confirmed that our data were appropriate for the factorability of the Flourishing Scale, including all eight items. A principal component factor analysis confirmed the Flourishing Scale's uni-dimensionality: the total variance explained was 57.3% with a Cronbach's alpha of .891, compared to the 53% total variance explained and a Cronbach's alpha of .87 reported by Diener and colleagues (2010).

Satisfaction with life scale

A principal component factor analysis of the Satisfaction with Life Scale showed that all items loaded on one factor with 66.23% of the variance explained. The

Table 8.2 Flourishing Scale

	Mean	Std. Deviation
I lead a purposeful and meaningful life.	4.60	.780
My social relationships are supportive and rewarding.	4.57	.807
I am engaged and interested in my daily activities.	4.56	.780
I actively contribute to the happiness and well-being of others.	4.60	.739
I am competent and capable in the activities that are important to me.	4.71	.672
I am a good person and live a good life.	4.73	.701
I am optimistic about the future.	4.50	.898
People respect me.	4.80	.659

scale had a Cronbach alpha of .860 which indicated a good level of reliability, compared to other cross-cultural studies (Diener & Diener, 1995; Diener, Oishi, & Lucas, 2003) which reported Cronbach's alpha reliabilities ranging from .68 to .90 among groups. Table 8.3 shows that Singaporeans were generally satisfied with their lives and felt they had gotten the important things in life.

Portrait values questionnaire and higher-order values

A principal component factor analysis of the 21 statements of the PVQ showed that there were four factors (known as higher-order values) with the following dimensions: openness to change, conservation, self-transcendence, and self-enhancement (Schwartz, 2007). The openness to change dimension includes the basic values of stimulation, self-direction, and hedonism. The conservation dimension includes the basic values of conformity, tradition, and security. The self-transcendence dimension includes the basic values of universalism and benevolence. The self-enhancement dimension includes the basic values of achievement and power.

The scores for each of the four HoVs (conservation, openness to change, self-enhancement, and self-transcendence) were then computed by averaging responses to the items from the values that constituted the HoVs. The four value indices were computed by centring each individual's responses on his or her mean responses to all 21 value items (Rudnev, Magun, & Schwartz, 2018). This centring of value indices is important, as it reduces scale-use response biasness and reflects the relative importance of values to the respondent (Rudnev et al., 2018).

To validate the use of the PVQ in the Singaporean context and its theoretical structure, we conducted a factor analysis and a correlation analysis. Table 8.4

Table 8.3 Frequency Distribution of Responses to Satisfaction with Life

Domains		1*%	2%	3%	4%	5%	6%	Mean (Rank)
1	In most ways my life is close to my ideal	0.9	6.0	9.4	35.2	45.2	3.3	4.28 (4)
2	The conditions of my life are excellent	0.8	5.4	10.2	33.5	45.9	4.2	4.31 (3)
3	I am satisfied with my life	0.7	4.0	7.4	25.9	55.5	6.5	4.51 (1)
4	So far I have gotten the important things I want in life	0.9	6.0	8.3	27.3	50.1	7.4	4.42 (2)
5	If I could live my life over, I would change almost nothing	3.5	13.7	18.6	21.2	37.5	5.5	3.92 (5)

* 1=Strongly disagree, 2=Disagree 3=Slightly disagree, 4=Slightly agree, 5=Agree, 6=Strongly agree.

shows the factor analysis results for the four HoVs from the 2016 QoL survey compared to results for the ESS (European Social Survey) as reported in Schwartz (2007). As shown in Table 8.4, the reliability ratios (Cronbach alphas) for the higher-order values of the Singapore sample (2016 QoL survey) were higher than those for the ESS sample. The results show that the four higher-order values for the Singapore sample have comparable scale reliabilities to Schwartz's higher-order values.

To confirm Schwartz's (1992) suggestion that the HoVs are on the poles of two dimensions (conservation versus openness to change, and self-enhancement versus self-transcendence), we conducted a Pearson correlation analysis, which helped to assess the signs and magnitude of the relations between particular values (Rudnev et al., 2018). Our results showed that openness to change was positively correlated to self-enhancement (.68, $p < .01$), while strongly and negatively correlated with self-transcendence ($-.450$, $p < .01$) and conservation ($-.741$, $p < .01$). Conservation was negatively correlated with self-enhancement ($-.473$, $p < .01$) but positively correlated with self-transcendence (.196, $p < .01$). Finally, self-transcendence was strongly and negatively correlated with self-enhancement ($-.577$, $p < .01$). These results are in line with what Rudnev and colleagues (2018) hypothesised and found in their study of within-country analyses for 29 European countries in the six waves of the European Social Surveys (ESS) over the period of 2002 to 2012.

Essentially, the correlation results confirmed that openness to change and self-enhancement, and conservation and self-transcendence, are congruent with one another. The results also confirmed that openness to change and self-transcendence, openness to change and conservation, and self-enhancement and self-transcendence, are all incongruent with one another. These findings provided support for Schwartz's

Table 8.4 Cronbach Alpha Reliabilities, Means, and Standard Deviations of the Four Higher-Order Values for the 2016 QoL Survey and the European Social Survey

Schwartz's Higher-Order Values	Number of items		Cronbach alpha		Importance Mean (based on ipsatised scores)		Importance Standard Deviation	
	ESS (2007)	2016 QOL Survey	ESS (2007)	2016 QOL Survey	ESS (2007)	2016 QOL Survey	ESS (2007)	2016 QOL Survey
Openness to Change	6	6	.75	.78	−0.14	−0.26	0.64	0.50
Conservation	6	6	.73	.76	0.09	0.30	0.69	0.50
Self-transcendence	5	5	.69	.78	0.52	0.46	0.45	0.43
Self-enhancement	4	4	.72	.74	−0.68	−0.63	0.74	0.60

(1992) proposed two dimensions of HoV comprising both conservation versus open-ness to change and self-enhancement versus self-transcendence. Following the factor analysis and correlation analysis, to determine the impact of values on Singaporeans' psychological flourishing and satisfaction with life, we conducted separate regression analyses, with the HoVs as independent variables and the factor scores of the Flour-ishing Scale and the average scores for the Satisfaction with Life Scales as dependent variables.

Impact of HoVs on psychological flourishing and satisfaction with life

In Table 8.5, our regression analysis (R^2 = 0.15, F = 64.7, p < .001) shows that among the four higher-order values, only self-transcendence and conservation had a significantly positive impact on Singaporeans' psychological flourishing. Openness to change and self-enhancement had no significant impact on Singaporeans' psy-chological flourishing. Our regression analysis (R^2 = 0.079, F = 32.21, p < .001) also shows that among the four higher-order values, only conservation had a significantly positive impact on Singaporeans' satisfaction with life. Openness to change, self-enhancement and self-transcendence had no significant impact on Sin-gaporeans' satisfaction with life.

Discussion

Similar to Howell and Buro's (2015) study on Canadian respondents, we found that conservation and self-transcendence made a significant and positive contribution to psychological flourishing. Sortheix and Lönnqvist (2014) used life satisfaction as

Table 8.5 Impact of HoVs on Psychological Flourishing and Satisfaction with Life

Dependent variable: Psychological flourishing

	Unstandardised Coefficients			
	B	Std Error	t	p
Openness to Change	.058	.033	1.743	.082
Self-enhancement	.010	.032	.326	.744
Self-transcendence	.213	.034	6.208	< .001
Conservation	.169	.033	5.178	< .001
Dependent variable: Satisfaction with Life				
Openness to Change	.322	.039	8.266	< .001
Self-enhancement	.035	.034	1.019	.308
Self-transcendence	.002	.030	.070	.944
Conservation	–.020	.043	–.462	.644

their well-being indicator and found that conservation and self-transcendence were positively related to this aspect of well-being. For our study, only conservation had a significant positive influence on satisfaction with life.

These results as stated above were in contrast to other studies which examined the impact of HoVs on satisfaction with life (SWL). Sortheix and Lönnqvist (2015) found that there were no direct relations between HoVs and life satisfaction in students from Argentina, Bulgaria, and Finland. Khaptsova and Schwartz (2016) also reported similar results in their study of Russian adults. Ostermann et al. (2017) discovered that another HoV, openness to change, was predictive of life satisfaction for German adults. This was also the case for Sortheix and Schwartz (2017), where openness to change was positively related to SWL, while conservation was negatively related to SWL. Comparisons of our results with other studies (which used mainly European samples) highlight the need to examine how the cultural contexts of research studies and value congruences (e.g., between respondents and the environment) may help to shed more light on similarities and differences.

The "healthy values" perspective suggested that pursuing values that are aligned with growth and self-actualisation could help to promote SWB positively (e.g., Bobowik, Basabe, Páez, Jiménez, & Bilbao, 2011; Sagiv & Schwartz, 2000). This holds true in the Singaporean context for self-transcendence, a HoV that could encourage growth and self-actualisation with a focus on others and beyond the self. Self-transcendence was found to have a significantly positive impact on Singaporeans' psychological flourishing. Ironically, conservation (which is considered an "unhealthy value" because it is about anxiety avoidance and control) also contributed significantly and positively to Singaporeans' psychological flourishing and satisfaction with life. This could be because of the sociocultural context of Singapore. Although Singapore is economically well-developed and has a cosmopolitan business outlook, Singaporeans value stability and are still relatively conservative when it comes to certain values and traditions. Security was the top-ranked value from the list of values in the 2016 QoL survey (Tambyah & Tan, 2018).

Apart from country and cross-cultural differences, contrasting findings about the impact of HoVs on well-being could be due to the scales or measurement tools used. Ostermann and colleagues (2017) found that only realisation of values predicted SWL scores whereas importance ratings of HoVs do not account for variance in the prediction of SWL. They concluded that there was "a discrepancy between what is considered valuable and how it is actually realized in everyday life" (Ostermann et al., 2017, p. 668). Although we used importance ratings of HoVs in our study, they helped to account for the impact of HoVs (specifically conservation and self-transcendence) on psychological flourishing.

Conclusion

In this chapter, our analysis provided sound validation for Diener and colleagues' (2010) Flourishing Scale in an Asian context, with the flexibility of adapting the response scale numerically as well as in different languages. For the

Satisfaction with Life Scale, our analysis confirmed its uni-dimensionality and good reliability in the Singaporean context.

We confirmed Schwartz's (1992) proposition that the four higher-order values (HoVs), comprising conservation versus openness to change and self-enhancement versus self-transcendence, are indeed on opposing ends of a two-dimensional structure. We were also able to provide evidence for the signs and magnitudes of the relationships among the HoVs for an Asian country, complementing what Rudnev and colleagues (2018) had found for the 29 European countries.

Besides confirming the validity and reliability of the Flourishing Scale, the Satisfaction with Life Scale and HoVs, our study provided additional insights into the determinants of psychological flourishing and satisfaction with life by examining the impact of HoVs. Our study based on a nationally representative sample of 1,503 Singaporeans showed that self-transcendence and conservation had a significant and positive impact on Singaporeans' psychological flourishing. Conservation also had a significant and positive impact on Singaporeans' satisfaction with life.

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9 Subjective well-being of adolescents and their parents in Vietnam

Truong Thi Khanh Ha

During the 1980s and early 2000s, subjective well-being became an important research topic in psychology (Diener, 1984, 2000; Keyes, 1998, 2002; Myers, 1992; Ryff, 1989). Despite having different perspectives, researchers during this time generally agreed that one can only experience happiness when one is satisfied with one's own life. For example, Diener (1984) defined well-being as the subjective evaluation of one's life. While studying subjective well-being, he focused on the following factors: life satisfaction, positive affect, and absence of negative affect. Another example of this line of research is represented by the work of Cummins, McCabe, Romeo, and Gullone (1994), who argued that well-being is based on personal satisfaction within seven domains that contribute to the quality of life: standard of living, health, achievement in life, relationships, safety, community-connectedness, and future security. Later, these seven aspects became components of the Personal Well-being Index (Cummins & Lau, 2003). A final example of this line of research is the work of Keyes (2002), who combined hedonic well-being and eudaimonic well-being perspectives and defined well-being as subjective perceptions and evaluations of one's life based on affective states, as well as psychological and social functioning. Keyes therefore argued that well-being can alter personal mental health, and in turn, mental health can be measured through examination of well-being. This is reflected in the development of his well-being measurement instrument, the Mental Health Continuum (MHC; Keyes, 2002).

Happiness has long been an objective which many have sought. However, in Vietnam, quantitative research on the topic has only emerged recently (e.g., Nguyen & Dang, 2017; Truong, 2015). There are many variables and nuances related to the study of SWB in general, and that of adults and children in particular, that in Vietnam that have not been closely examined by research yet.

The research question of the nature of the relationship between the SWB of adolescents and the SWB of their parents is worthy of examination. Is the SWB of parents positively correlated with the SWB of their children? If the answer is "yes", then can we improve the SWB of the child by raising the SWB of the parents, and vice versa? Due to a lack of studies on these issues in Vietnam, the present study aims to investigate (a) the relationship between parents' subjective well-being and their adolescent children's subjective well-being and (b) the differences between them.

Research on the well-being of parents and adolescents

Comparative research

Comparative research has shown that adolescents' well-being is significantly higher than their parents' well-being (Casas et al., 2008, 2011; Lila, Van Aken, Musitu, & Buelga, 2006; Steinberg & Silk, 2002). There are several possible explanations for these results.

Steinberg and Silk (2002) argue that the transitions from childhood to adolescence are less straightforward than what parents usually expect. Some researchers believe that the transition-to-adulthood process for a family's first child is the most challenging transitional stage in the family cycle. In this transition process, children's self-actualisation can lead to drastic changes in a family relationship, requiring adaptation of each member of the family (Lila et al., 2006; Steinberg & Silk, 2002). Supporting this view, Putnick and colleagues (2010) report higher stress levels in parents during the transition of their children to adolescence and young adulthood.

Family conflict between parents and children is relatively common when children begin to enter adolescence. Dekovic (1999) found that the frequency of parent–adolescents conflicts are positively correlated with levels of depression in adolescents and negatively correlated with the level of parental authority. Many researchers also suggest that parent–child conflict has a greater negative effect on parents' well-being than on children's well-being. Although parent–child conflict may lead to feelings of denial, and may be a common experience for parents, such conflict may offer children a chance to rehearse and practise knowledge and interpersonal skills that may be needed or experienced in adulthood (Collins & Laursen, 2004; Steinberg & Silk, 2002).

Lachman (2004) argues that aging and difficulties with middle age also partly account for low levels of parental well-being. Although a middle-age crisis is not experienced by everyone, parents certainly often experience a decline in physical health and re-evaluate their own lives at the same time their children enter adolescence. Grey hair, wrinkles, decreased muscle strength, weight gain, decreased physical activity, and perceived delines in sexual attractiveness often impact middle-aged parents' well-being (Lachman, 2004). In contrast, the physical strength, physical appearance, and attractiveness of adolescents is increasing, and the possibilities in their futures and career opportunities are more open and flexible than the prospects of their parents. This situation in part thus helps explain why adolescents often have higher levels of well-being than their parents (Kerestes et al., 2011).

However, the above explanations, from our standpoint, are not aligned with the values and socioeconomic contexts often found in Asia. For example, Vietnam is a lower-middle-income Asian country with a collectivist culture and a high density of population, where values such as salary, occupation, social status, family well-being, social connection, etc. are highly respected by others. Job opportunities for the young in Vietnam are not diverse; moreover, it is difficult to find an occupation that suits one's capabilities and interests. Therefore, the majority of

adolescents with a high school diploma still have to completely rely on their parents for financial support. Truong and colleagues (2016) asked adolescent participants (from 16 to 18 years old) to identify the three most important things in their life. The results show that over 90% of participants mentioned factors such as the desire to be successful, have a high socioeconomic status, and have a stable job. In contrast, the desire to be youthful and free, or to have high levels of physical attractiveness, was not mentioned.

Although Western research has found much evidence for parents' crises during the transition of their children from childhood to adolescence, as mentioned earlier, many Vietnamese researchers have found contradicting evidence in Vietnam, where adolescents are struggling with the transition. Therefore, the first hypothesis of this study is that the level of adolescents' well-being in Vietnam is lower than their parents' levels of well-being.

Research on the relationship between parents' well-being and adolescents' well-being

Casas and colleagues' (2008, 2011) research on Spanish parent–adolescent children pairs, using a single item on the Overall Life Satisfaction (OLS) and Personal Well-being Index (PWI), found a weak correlation between parents' and their adolescent children's well-being (coefficients range from .16 to .19). Additionally, they argued that adolescent cultures may be constructed independently of and even be unrelated to adult cultures, particularly when communication between generations is not appropriate or intensive enough; as a result, the correlations are much lower than expected and there is an unclear relationship between a parent's and his or her child's subjective well-being (Casas et al., 2008, 2011). We argue that this explanation only applies in an individualistic culture, where children are encouraged to be independent of their parents. In a collectivistic culture, especially in Vietnam, where children are encouraged to be obedient to, and care for, their parents, the relationship between parents' and children's well-being might be stronger. Therefore, the second hypothesis of the study is that the well-being of parents and adolescent children in Vietnam are strongly correlated.

Method

Participants and procedures

The study was conducted on adolescents and their parents in three different areas— both cities and rural areas—of Vietnam: Hanoi, Hue, and Ho Chi Minh City (north, central, and south Vietnam respectively). All adolescents were selected from public secondary and high schools. Four schools were chosen in each province (two secondary and two high schools; two in urban and two in rural areas) from a list of average-ranking schools in the province. Consent was obtained from the directors. We randomly selected one class each from grades 8 and 9 (secondary school) and 10, 11, and 12 (high school). In the classroom, the adolescents were asked for

cooperation and were informed that all participants' identities and responses were anonymous and voluntary, and that they were free to refuse.

After the adolescents had completed the survey, the questionnaire was sent to their parents (every student was asked to give his or her parents one big envelope that contained two paper questionnaires and one recommendation letter from their school teacher). Parents were asked for cooperation and were informed that all participant identities and their responses were anonymous and voluntary. Each adolescent's father and mother were instructed to separately answer the question-naire at home and send it back to the school teacher through their child. Parental educational level (primary, secondary, intermediate, or graduate), family economic conditions, and parental occupational background were collected on each parent. All procedures were the same for adolescents and parents, except that the adults were paid for their participation.

More than 900 school students and 1,700 adults participated in the survey. However, after the survey, we removed invalid questionnaires and kept only those completed by all three members of the family (triadic mother–father–child). The final sample consisted of 713 school-student adolescents (41.20% boys) aged 14–18 years (Mage = 16.01 years; SDage = 1.39) from urban and rural areas in Hanoi, Hue, and Ho Chi Minh City. Their mothers ranged in age from 34 to 62 years (Mage = 44.13, SDage = 5.52), and their fathers ranged in age from 35 to 65 years (Mage = 47.34, SDage = 5.62).

Measures

In this study, we used Keyes' approach by including examination of both hedonic well-being and eudaimonic well-being (Keyes, 2002).

The Mental Health Continuum—Short Form (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2010) used in this study was derived from the Mental Health Continuum—Long Form (Keyes, 2002). Hedonic well-being was assessed by three items related to positive emotions and life satisfaction (emotional well-being), and eudaimonic well-being included positive individual functioning (psychological well-being) and positive social functioning (social well-being). Psychological well-being was assessed by six items related to self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Social well-being was assessed by five items related to social coherence, social acceptance, social actualisation, social contribution, and social integration (Lamers et al., 2010).

There are many ways to analyse the structure of MHC-SF (Rogoza, Truong, Różycka-Tran, Piotrowski, & Żemojtel-Piotrowska, 2018). However, the three-factor model has been validated widely in Europe (e.g., Petrillo, Capone, Caso, & Keyes, 2015) and in Asian contexts (e.g., Young-Jin, 2014). Thus, in this study, we used a three-factor structure analysis of the MHC-SF for assessment of global well-being, together with its three dimensions: social well-being, psychological well-being, and emotional well-being.

Information on age, gender, area of residence, education level, occupation of parents, and family economic conditions were also surveyed for comparative purposes.

Results

Structural analyses

Factor analysis results show (see Tables 9.1a and 9.1b) that all items of the MHC-SF scale fit into a three-factor solution, both in adults and in adolescent samples. This three-factor solution had an eigenvalue higher than 1 and explained more than 58% (in adolescent samples) and 67% (in adult samples) of the total variance. Factor loadings ranged from .49 to .83 (all factor loadings are more than .30). KMO values are more than .89 ($p < .001$).

All items fit into the expected three-factor solution and confirmed the three-dimension structure of the MHC-SF, as theorised by Keyes (2002): emotional well-being (items 1, 2, and 3), social well-being (items 4, 5, 6, 7, and 8), and psychological well-being (items 9, 10, 11, 12, 13, and 14).

Subsequently, we examined all measurements' internal consistency using Cronbach's alpha. The result shows that the reliability coefficient of all scales is high (see Table 9.2).

Table 9.1a   Factor Loadings for Adolescents Based on a Principal Components Analysis with Varimax Rotation with Kaiser Normalisation for 14 Items from the Mental Health Continuum—Short Form (MHC-SF) (n = 713)

Item	Factor Loadings		
	PWB	SWB	EWB
10	**.75**	.16	.02
13	**.74**	.18	.16
12	**.70**	.26	.17
14	**.64**	.14	.34
9	**.61**	.31	.12
11	**.49**	.22	.34
8	.16	**.77**	.10
6	.26	**.75**	.17
7	.14	**.74**	.13
5	.23	**.56**	.18
4	.24	**.56**	.19
1	.11	.10	**.82**
2	.24	.27	**.79**
3	.22	.23	**.75**

Note: PWB = Psychological Well-Being; SWB = Social Well-Being; EWB = Emotional Well-Being. Target factor loadings are shown in bold.

Table 9.1b Factor Loadings for Adults Based on a Principal Components Analysis with Varimax Rotation with Kaiser Normalisation for 14 Items from the Mental Health Continuum—Short Form (MHC-SF) (n = 1426)

Item	Factor Loadings		
	PWB	*SWB*	*EWB*
10	**.80**	.15	.20
11	**.71**	.22	.25
12	**.70**	.31	.18
14	**.66**	.30	.33
13	**.65**	.33	.24
9	**.64**	.39	.16
6	.26	**.75**	.21
8	.30	**.75**	.09
7	.35	**.72**	.19
5	.25	**.68**	.28
4	.18	**.67**	.37
1	.26	.19	**.81**
2	.30	.27	**.81**
3	.25	.27	**.78**

Note: PWB = Psychological Well-Being; SWB = Social Well-Being; EWB = Emotional Well-Being. Target factor loadings are shown in bold.

Table 9.2 Reliability of Mental Health Continuum—Short Form Well-Being Scales by Group

Group	Scales	Cronbach's α
Adult (n = 1426)	EWB	.86
	SWB	.85
	PWB	.87
	GWB	.92
Adolescent (n = 713)	EWB	.81
	SWB	.78
	PWB	.82
	GWB	.88

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.

To conclude, the Vietnamese version of the MHC-SF was shown to have high reliability and proven construct validity, and is therefore applicable to both the adults and the adolescent population in Vietnam.

Comparison between adolescent and parent samples

The descriptive statistics for both adolescent and parent samples revealed that skewness and kurtosis did not exceed 1 for any scale or sample. This means the data are assumed to be normally distributed (see Table 9.3 and Figure 9.1).

Paired-samples *t*-test results show that within all well-being scales being measured there is no significant difference between mother and father in well-being. However, children's well-being is significantly lower than their mothers' and fathers' well-being (p < .001).

Gender and place-of-residence differences in well-being

Examination of data concerning the gender of the adolescents found that the social well-being of male adolescents is significantly higher than female adolescents' social well-being. Mothers who have male children have significantly higher well-being than those who have female children (p < .01). The social well-being of fathers who have male children is higher than those who have female children (p < .05) (see Table 9.4).

Next, we combined the data of mothers and fathers, merging the data for adults, and made a comparative analysis between groups based on place of residence. The significant differences in well-being are shown in Table 9.5.

Table 9.3 Mean, Standard Deviation, Skewness, and Kurtosis of Mental Health Continuum—Short Form Well-Being Scales by Group

Group	Well-being	M	SD	S	K
Adolescent (n = 713)	EWB	4.26	1.05	−0.64	−0.06
	SWB	3.24	1.05	0.00	−0.66
	PWB	4.14	0.94	−0.47	−0.20
	GWB	3.84	0.84	−0.28	−0.18
Mother (n = 713)	EWB	4.43	1.07	−0.65	0.00
	SWB	3.98	1.07	−0.31	−0.35
	PWB	4.47	0.91	−0.64	0.13
	GWB	4.29	0.87	−0.39	−0.19
Father (n = 713)	EWB	4.43	1.05	−0.61	−0.00
	SWB	4.02	1.08	−0.27	−0.39
	PWB	4.44	0.92	−0.62	0.27
	GWB	4.28	0.90	−0.40	−0.05

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.
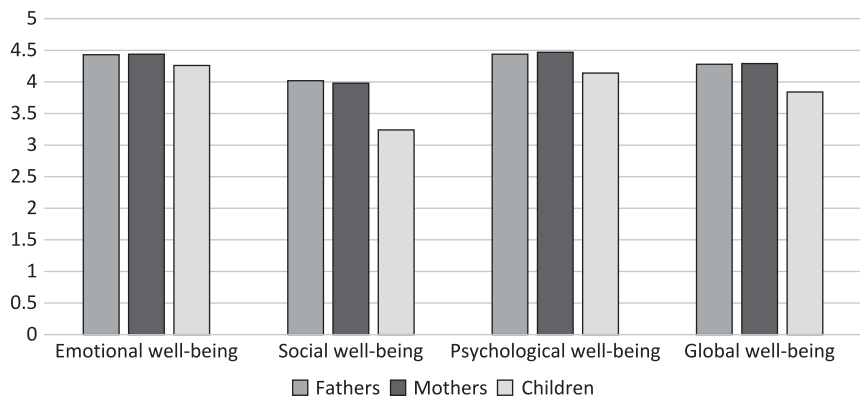
Figure 9.1 Mean comparison between father, mother, and adolescent samples on Mental Health Continuum—Short Form (MHC-SF) Scales

Table 9.4 Mean and Standard Deviation of Significant Scales of the Mental Health Continuum—Short Form Well-Being Scales by Gender, Group, and Child Status (N = 713)

Scale	Group				
	Adolescent				
	Female (n = 419)		Male (n = 294)		
	M	*SD*	*M*	*SD*	*p*
SWB	3.15	1.02	3.36	1.07	.009
	Mother, who has …				
	Daughter (n = 419)		Son (n = 294)		
	M	*SD*	*M*	*SD*	*p*
EWB	4.35	1.09	4.56	1.01	.009
SWB	3.88	1.08	4.12	1.04	.003
PWB	4.41	0.93	4.55	0.88	.050
GWB	4.21	0.89	4.40	0.84	.005
	Father, who has …				
	Daughter (n = 419)		Son (n = 294)		
	M	*SD*	*M*	*SD*	*p*
SWB	3.95	1.11	4.11	1.02	.042

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being. We show only the comparison data with significant difference (p ≤ .05).

Table 9.5 Group Mean and Standard Deviation of Mental Health Continuum—Short Form Well-Being Scales by Province (N = 2139)

Group	Well-being	Hanoi M (SD)	Hue M (SD)	Ho Chi Minh M (SD)	f	p
Adolescent (n = 713)	PWB	4.02 (0.93)	4.13 (0.94)	4.26 (0.94)	3.655	.026
	GWB	3.74 (0.81)	3.84 (0.83)	3.94 (0.87)	3.206	.041
Adult (n = 1426)	EWB	4.55 (0.99)	4.26 (1.03)	4.47 (1.12)	4.824	.008
	SWB	4.13 (1.04)	3.86 (1.06)	4.06 (1.12)	3.867	.021
	PWB	4.58 (0.87)	4.24 (0.93)	4.49 (0.94)	8.918	.000
	GWB	4.41 (0.85)	4.11 (0.89)	4.33 (0.92)	7.466	.001

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being. We show only the comparison data with significant difference (p < .05).

Parents' well-being in Hue is significantly lower than that of parents living in Hanoi and Ho Chi Minh City; adolescents' well-being in Hanoi is significantly lower than that of adolescents living in Hue and Ho Chi Minh City (p < .05) (see Table 9.6).

The emotional well-being and psychological well-being of rural adult male residents is significantly lower than that of urban male residents (p < .05). There is no significant difference found between female groups and adolescent groups living in urban and rural areas with respect to their level of well-being.

Educational background and financial status related to parents' difference in well-being

Both educational background and family income have a positive correlation with parents' well-being. However, there is no significant relationship between these two variables and adolescents' well-being (Table 9.7).

Table 9.6 Mean and Standard Deviation between Settings on Mental Health Continuum—Short Form Well-Being Scales for Fathers (N = 713)

Well-being	Urban (n = 333) M (SD)	Rural (n = 380) M (SD)	p
EWB	4.51 (1.02)	4.35 (1.08)	.041
SWB	4.06 (1.02)	3.98 (1.12)	.330
PWB	4.52 (0.90)	4.36 (0.94)	.023
GWB	4.35 (0.85)	4.22 (0.93)	.050

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.

Table 9.7 Correlation between Father, Mother, and Adolescent Global Well-Being and Parental Education and Family Economic Condition (N = 2139)

		Father Education (n = 713)	*Mother Education (n = 713)*	*Family Economic Condition (n = 713)*
Father	GWB	.13**	.10*	.09*
Mother	GWB	.13**	.14**	.18**
Adolescent	GWB	–.07	–.05	.02

Note: GWB = Global Well-Being
*p < .05; **p < .01, two-tailed.

Relationship between parents' well-being and children's well-being

There is a strong correlation between fathers' and mothers' global well-being (r = 0.64) and moderate correlations between emotional, social, and psychological well-being (see Table 9.8).

Both the relationships between the well-being of mothers and children and the well-being of fathers and children are positively correlated (r > .25), especially emotional well-being relationships (see Table 9.9).

While examining the relationship between the well-being of children and parents with a distinct educational background, we found the following correlations (see Tables 9.10 and 9.11).

Aside from a significant correlation between the emotional well-being of mothers and children, there is no other significant relationship between the well-being of children and parents with a college degree. The correlation between the well-being of children and parents with a high school level of education or lower is significant and quite close.

Descriptive statistics show that more than 81% of parents with a college degree are white-collar workers (e.g., officer, engineer, doctor, teacher, lecturer, military officer,

Table 9.8 Correlation between Mental Health Continuum—Short Form Well-Being Scales by Parent (N = 1426)

Father (n = 713)	*Mother (n = 713)*			
	EWB	SWB	PWB	GWB
EWB	.56**			
SWB		.57**		
PWB			.56**	
GWB				.64**

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being. **p < .01, two-tailed.

Table 9.9 Correlation between Parents and Adolescents on the Well-Being Mental Health Continuum—Short Form Well-Being Scales (N = 2139)

Adolescent (n = 713)	Father (n = 713)				Mother (n = 713)			
	EWB	SWB	PWB	GWB	EWB	SWB	PWB	GWB
EWB	.32**				.30**			
SWB		.24**				.21**		
PWB			.21**				0.19**	
GWB				.28**				.25**

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.
**$p < .01$, two-tailed.

Table 9.10 Correlation between Adolescent and Father Well-Being by Father's Education level (N=1266)

Adolescent (n = 633)	Father Education University (n =161)				Father Education Vocational, High School, < High School (n = 472)			
	EWB	SWB	PWB	GWB	EWB	SWB	PWB	GWB
EWB	.02				.37**			
SWB		.12				.26**		
PWB			.04				.23**	
GWB				.06				.32**

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.
**$p < .01$, two-tailed.

Table 9.11 Correlation between Adolescent and Mother Well-Being by Mother's Education level (N = 1260)

Adolescent (n = 630)	Mother Education University (n =151)				Mother Education Vocational, High School, < High School (n = 479)			
	EWB	SWB	PWB	GWB	EWB	SWB	PWB	GWB
EWB	.25**				.29**			
SWB		.03				.24**		
PWB			.08				.21**	
GWB				.09				.28**

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.
**$p < .01$, two-tailed.

police officer). In Vietnam, individuals who work these jobs typically are always busy in the workplace and rarely at home. Meanwhile, more than 84% of parents with a high school or lower degree of education have more time at home, working as a shopkeeper, farmer, worker, freelancer, and housekeeper or being retired.

The amount of time spent at home by parents may increase the duration of communication between parents and their children, therefore leading to a positive correlation between parental and child well-being. In contrast, parents who spend more time at work are less likely to communicate with their children, which could account for no significant relationships between such parents and their children's well-being.

Furthermore, parents with a higher education tend to respect and encourage their children's autonomy more than parents with a lower educational background. The latter tend to rarely care about their children's feelings and, thereby, the children also may care less about their parents' feelings.

The positive relationship between mothers' and their children's emotional well-being, independent from mothers' educational background, may be explained by the fact that in most cases in Vietnam, the mother is more emotionally attached to their children than the fathers are.

Categorising the children/adolescents based on gender, we can see the relationship between the well-being of father, mother, male children, and female children in Table 9.12.

The table above shows that the relationship between the well-being of male children and that of their father is stronger than the correlation with their mother;

Table 9.12 Correlations between Well-Being of Adolescent, Father, and Mother by Adolescent Gender (N = 2139)

Adolescent		*Father (n = 294)*				*Mother (n = 294)*			
		EWB	*SWB*	*PWB*	*GWB*	*EWB*	*SWB*	*PWB*	*GWB*
Male (n = 294)	EWB	.27**				.20**			
	SWB		.22**				.17**		
	PWB			.19**				.16**	
	GWB				.24**				.19**
Adolescent		*Father (n = 419)*				*Mother (n = 419)*			
		EWB	*SWB*	*PWB*	*GWB*	*EWB*	*SWB*	*PWB*	*GWB*
Female (n = 419)	EWB	.35**				.35**			
	SWB		.25**				.22**		
	PWB			.21**				.21**	
	GWB				.29**				.28**

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.
**$p < .01$, two-tailed.

however, the relationship between the well-being of female children and that of their mother is not stronger than the correlation with their father. The correlations between the well-being of female children and parents' well-being are stronger than between male children and parents (correlation coefficient approximately 0.3). Notably, the emotional well-being of female children is positively correlated with the emotional well-being of both parents with r ≥ .35.

Among parents who had completed secondary school, the correlation coefficient between well-being of parents and that of their children is relatively high, as shown in Tables 9.13 and 9.14.

Descriptive statistics show that fathers with a secondary degree (98% of whom are unskilled labour, 69% living in the countryside) have a well-being mean score of 4.17 (lower than the mean score of the whole sample). Similarly, mothers with a secondary degree (99% of whom are unskilled labour, 68% living in rural areas) have a well-being mean score of 4.15 (lower than the mean score of the whole sample). Children of this group have a well-being mean score of 3.93 (higher than the mean score of the whole sample).

Discussion

This research demonstrates evidence that the first hypothesis is likely true: the well-being of adolescents in Vietnam is significantly lower than the well-being of their parents.

Table 9.13 Correlation between Well-Being of Adolescent by Gender and Well-Being of Father with Secondary School Education (N = 298)

Adolescent Male (n = 51)	*Father* *Secondary School Degree (n = 51)*			
	EWB	*SWB*	*PWB*	*GWB*
EWB	.53**			
SWB		.46**		
PWB			.54**	
GWB				.64**
Adolescent Female (n = 98)	*Father* *Secondary School Degree (n = 98)*			
	EWB	*SWB*	*PWB*	*GWB*
EWB	.46**			
SWB		.33**		
PWB			.35**	
GWB				.43**

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological Well-Being; GWB = Global Well-Being.
**p < .01, two-tailed.

Table 9.14 Correlation between Well-Being of Adolescent by Gender and
Well-Being of Mother with Secondary School Education (N = 366)

Adolescent Male (n = 63)	*Mother* *Secondary School Degree (n = 63)*			
	EWB	*SWB*	*PWB*	*GWB*
EWB	.30[*]			
SWB		.47[**]		
PWB			.42[**]	
GWB				.48[**]
Adolescent Female (n = 120)	*Mother* *Secondary School Degree (n = 120)*			
	EWB	*SWB*	*PWB*	*GWB*
EWB	.41[**]			
SWB		.34[**]		
PWB			.32[**]	
GWB				.42[**]

Note: EWB = Emotional Well-Being; SWB = Social Well-Being; PWB = Psychological
Well-Being; GWB = Global Well-Being.
**p < .01, two-tailed.

We theorise that there are three possible explanations for adolescents' low level
of well-being. Firstly, Vietnamese society typically does not facilitate an environ-
ment in which the young can attain appropriate jobs and does not create situ-
ations that assist them to be able to live independently. Therefore, adolescents are
less likely to have a chance to become actively engaged in social issues, to make
any significant contribution to their society, to have and develop professional and
social skills, and to integrate within their society. Secondly, Vietnamese parents
often regularly put pressure on adolescents to attain very high academic achieve-
ments. The majority of parents in Vietnam tend to pressure their children to
study more in order to have better career opportunities, thereby avoiding their
risk of giving financial support to unemployed young adults in the future. For
this reason, adolescents have to study continually in order to pass highly competi-
tive advancement examinations. The well-being of adolescents at a transition in
education (grade 9 and grade 12 in Vietnam) is lower than the well-being of
other adolescents (Truong, 2015), which indicates that the pressure of academic
achievement might negatively affect the well-being of adolescents. Thirdly, there
are some traditional values in Vietnam, such as filial piety, that are often applied
rigidly, and these values might have a negative effect on the mental state of ado-
lescents. According to the concept of filial piety, adolescents are expected to
honour their parents. Answering the question of what parents expect the most
from their children, Truong and colleagues (2016) point out that parents expect

their children to "be hard-working, well-educated"; "be respectful to teachers"; "be obedient and care for parents"; and "have decent social relationships". These expectations are often applied and prioritised by the majority of Vietnamese families, and parents teach their children in ways that encourage children to meet these expectations. At school, traditionally, students are also expected to be obedient and respectful to teachers. Together, these traditions can lead to adolescents feeling stress, especially when adolescents' standpoints and desires are different from parents' and teachers' views. Further, Truong and colleagues (2016) asked adolescents to indicate the one thing they wished their parents and teachers would do. Most of them desired the following from their parents: "could understand their feelings and concerns", "not put pressure on them", "listening to what they said", and "believe in what they did". Additionally, students said that they wanted the following from their teachers: "could understand students' feelings and concerns" and "not to put pressure on students".

We agree that the transition to adolescence is challenging for both parents and children. However, in Vietnam, it is believed to be more difficult for children. Factors such as the social norm of filial piety, achievement pressure, lack of occupational opportunity, lack of opportunities to contribute to society, and financial dependence on parents likely are negatively affecting adolescents' well-being.

Differences in the economic, cultural, and social contexts in Hanoi, Hue, and Ho Chi Minh City may be contributing to the difference in father well-being for those living in urban and rural areas.

High expectations from parents in the capital, Hanoi, may be leading to an especially competitive academic environment for children, an extended time enrolled in school, and a concentration on examinations and academic achievements, all of which put pressure on the children, negatively affecting their well-being.

According to the second hypothesis examined in this study, regarding the correlation between the well-being of parents and children, the correlation was found to be stronger than the relationship found in the Spanish study by Casas and colleagues (2011). Moreover, in Vietnam there is a strong correlation between parents' and children's emotional well-being ($r > .30$).

The correlation between female children and their parents' well-being is stronger than the correlation between male children and their parents' well-being. This fits with findings by Casas and colleagues (2011); that is, according to these authors, the well-being of parents living in Catalonia might have an impact on well-being of girls more than boys. It was theorised that boys in Catalan culture are encouraged to behave more independently than girls, and therefore, the former are less affected by their parents' lifestyle, cognition, and affection. The latter are presupposed to be in danger; consequently, their parents tend to be more controlling and protective.

In Vietnam, sons are not as attached to their parents as daughters. Daughters regularly spend more time with their parents by doing housework for, having conversations with, and aiming to understand the emotional demands of their parents. Therefore, the correlation between female children and their parents' well-being is stronger than the correlation between male children and their parents' well-being.

The relationship between the well-being of male adolescents and their mothers is weaker than the relationship between male adolescents and their fathers' well-being. This is partly due to patriarchal traditions in Vietnam. While female children frequently communicate with and rely on both parents at about the same level, male children commonly express their concerns with the father more than with the mother.

The difference in the relationship between parents' and children's well-being among groups of parents with a distinct educational background may well be related to factors such as work requirements, time spent with children, and the tendency to value independence or interdependence of parents.

The results of the study effectively support the argument of Casas and colleagues (2008) that the relationship between parents' and their children's well-being is more dependent on a shared environment between them than on hereditary factors. While some parent–child groups do not show any significant correlation, other groups show strong relationships between the well-being of the parents and their children.

Limitation of the present study

One limitation of our study is the sample, which cannot be considered representative of the Vietnamese population. Although the data were collected from urban and rural areas in three different regions of Vietnam, the participants were adolescents studying at public schools. Our investigation included neither the many children from rich families who are enrolled in private schools or international schools nor the children who do not attend school, and hence, our conclusion applies only to this group of adolescents and their parents.

Acknowledgement

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10 What makes young Malaysians healthy?

Establishing the determinants of social well-being

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Well-being is a universal concept which has been positively associated with life outcomes such as health, longevity, health behaviours, freedom from mental and physical illness, social connectedness, and productivity (Diener & Seligman, 2004). In terms of health, higher levels of well-being are associated with better immune functioning, speedier recovery, and increased longevity (Diener & Biswas-Diener, 2008). Most researchers tend to agree that well-being includes the presence of positive emotions and moods (e.g., contentment), the absence of negative emotions (e.g., depression), satisfaction with life, fulfilment, and positive functioning (Diener, 2000; Frey & Stutzer, 2002; Ryff & Keyes, 1995). In other words, we can say that people with high levels of well-being live healthy, happy, and satisfied lives.

The World Happiness Report for the years 2015–2017 ranked Malaysia 35th among 156 nations, which indicates that Malaysians are experiencing rather high levels of well-being (Helliwell, Layard, & Sachs, 2018). On the other hand, findings from the Global Youth Well-Being Index suggest that a vast majority of the world's youth is experiencing medium to low levels of well-being[1] (Goldin, Patel, & Perry, 2014). The inconsistent findings reported by the World Happiness Report and Global Youth Well-Being Index can perhaps be explained by the different definitions adopted by the researchers and the domains of well-being that were measured. The Global Youth Well-Being Index measured dimensions such as citizen participation, economic opportunity, education, health, information and communications technology (ICT), and safety and security (Goldin et al., 2014). Meanwhile, in the World Happiness Report, the dimensions measured were happiness and life satisfaction, among others (Helliwell et al., 2018). Hence, it would be invalid to compare the results narrated by both reports.

In addition, although there are scholars who have agreed upon the definitions described above, others maintain that well-being should not merely involve being happy, but should also include the aspect of social life. Indeed, Keyes (1998) argued that as one is embedded in social structures and functioning,

one's social wellness should also be evaluated. While many definitions of the term "social well-being" have been suggested, this study will use the definition first suggested by Keyes (1998), who defined it as "the appraisal of one's circumstance and functioning in society" (p. 122). Keyes postulated that an individual's optimal functioning and mental health could only be achieved by integrating social wellness in the holistic concept of well-being. Keyes further suggested five dimensions of social wellness or social well-being: social integration, social acceptance, social contribution, social actualisation, and social coherence. Social integration describes one's evaluation of his or her relationship to society and community. Social acceptance refers to individuals who trust others and think that other people are kind. An individual who scores highly on social contribution believes that they are an important member of society who can share something of value. Social actualisation refers to the belief that society is able to grow and develop through its institutions and citizens. Finally, social coherence is our sense of being aware of what is going on with the world. While Keyes' (1998) definition of social well-being offers an insight into its meaning, to date no research has been conducted on the culturally specific definition of social well-being in Malaysia.

A review of the literature revealed that most research on social well-being was investigated through the economic lens (Bakar et al., 2015; Hassan, Nordin, & Ashari, 2016). However, there is evidence that social well-being could be related to mental health. This is apparent in the study by Zhang, Chen, McCubbin, McCubbin, and Foley (2011), who investigated the role of education, social well-being, and ethnicity on physical and mental health among residents in Hawaii. They found that two components of social well-being, namely, social integration and social coherence, mediated the relationship between education and mental health (Zhang et al., 2011). The authors concluded that educated people were more likely to have better social well-being, which in turn leads to enhancement of their mental health.

Social well-being in Malaysia

Considering the argument put forward by Keyes, while many studies have been conducted on well-being and happiness (Bakar, Osman, Bachok, Ibrahim, & Mohamed, 2015; Clark, Amar-Singh, & Hashim, 2014; Jaafar, Muhamad, Che Tak, Afiatin, & Sugandi, 2009), the same cannot be said about social well-being. Many of the well-being and happiness studies emphasise the holistic features of well-being. For example, Clark and colleagues (2014) investigated the subjective well-being of Malaysian school children aged 12 to 14. The authors found that younger students rated their happiness significantly higher in the majority of life domains as compared to older students. Further, Jaafar and colleagues (2009) investigated the level of happiness of Malaysians and Indonesians and found that Malaysians reported themselves as happier than Indonesians. On the other hand, scholars in Malaysia explored the concept of social well-being from the perspective of sustainability (Bakar et al., 2015). Moreover, the

Economic Planning Unit (EPU, 2016) reported that the social well-being of Malaysians has improved significantly over the last few years. For example, the index was at 110 points in 2007 and had improved to 121 points in 2012. However, limited information is available regarding the indicators used for measuring social well-being. In addition, this study was analysed based on responses from various age groups. Therefore, it cannot be ascertained that there was an improvement in youths' levels of social well-being.

Although research has been conducted on social well-being in Malaysia, scholars have not directly focused on youths and how social well-being is measured. Therefore, it is of importance to understand the current state of social well-being of Malaysian youths. As such, the aim of this study is to establish Malaysian youths' level of social well-being to complement their overall state of well-being. Specifically, the objectives of this study are to define the concept of social well-being across Malaysian youths, determine the level of social well-being amongst Malaysian youths, investigate the factors that contribute to social well-being in the Malaysian context, and examine the relationship between social well-being and mental health.

Method

Participants

Three hundred participants from Malaysia were asked to respond to the online questionnaire. In total, 259 completed questionnaires were returned (M_{age} = 21.97; SD = 1.78). Only respondents who fulfilled the criteria of being Malaysian and aged 18–25 years old were included in this study, and they were recruited using the convenience-sampling technique. In the final sample, 69.5% of the youths were women and 30.5% were men; 76.1% were Malay, 8.9% were Chinese, 5.8% were Indian, and 6.6% indicated other races.

Measures

The 15-item Social Well-Being Scale (Keyes, 1998) was used, which measures social integration, social acceptance, social contribution, social actualisation, and social coherence with items rated from strongly disagree to strongly agree. The total ratings represent each dimension, with higher scores indicating higher level of social well-being. The alpha reliability for social integration was .61, .67 for social contribution, .50 for social actualisation, .50 for social coherence, and .30 for social acceptance. Due to poor reliability, the social-acceptance dimension was not included in the subsequent analyses. The poor reliability of this dimension was previously reported by Zhang and colleagues (2011).

To measure mental health, respondents were asked to respond to the brief Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001). The PHQ-9 is a self-report measure of mental health which consists of 9 items. The index of mental health is the total score from these items, ranging from 0

to 27. Scores of 5, 10, 15, and 20 represent cut-off points for mild, moderate, moderately severe, and severe depression, respectively.

Procedures

Researchers invited potential respondents to participate in the study by approaching them in places such as colleges, shopping malls, and libraries. The participants were given a flyer explaining the purpose of the research. The participants could access the questionnaire at their convenience by clicking on the survey webpage link. Data collection lasted for 3 months. Ethical clearance was obtained from the university with which the researchers are affiliated.

Results

Definitions of social well-being

Table 10.1 summarises the definitions of social well-being as described by the Malaysian young adults. As indicated, various definitions of social well-being were suggested by the respondents. To Malaysian youths in this study, social well-being refers to interpersonal relationships, which encompass relationships with people around them.

Social well-being of Malaysian youths

Results obtained from the descriptive analysis of social well-being are shown in Figure 10.1. The analysis indicates that most young Malaysians exhibited medium to high levels of social wellness. Specifically, the majority of the respondents reported high levels of social actualisation, contribution, and integration. Nevertheless, the majority of the respondents exhibited medium levels of social coherence. Out of the four dimensions of social well-being, the youths scored highest in the social contribution dimension. This suggests that Malaysian youths feel that they have something valuable to contribute to their communities and societies. However, special attention needs to be directed to social coherence because 12.20% of the respondents scored lowly in this dimension.

Table 10.1 Definitions of Social Well-Being According to Malaysian Youths

Definition of social well-being	Ability to make friends
	Ability to mix with people around us
	Harmonious interpersonal relationships
	Being healthy
	People living in peace
	Sense of belonging in the society

Young Malaysians' Level of Social Wellness

■ High   ■ Medium   ■ Low

Social Coherence
31.30%
56.50%
12.20%

Social Actualization
53.10%
43.90%
3.10%

Social Contribution
58.40%
38.50%
3.10%

Social Integration
57.30%
40.80%
1.90%
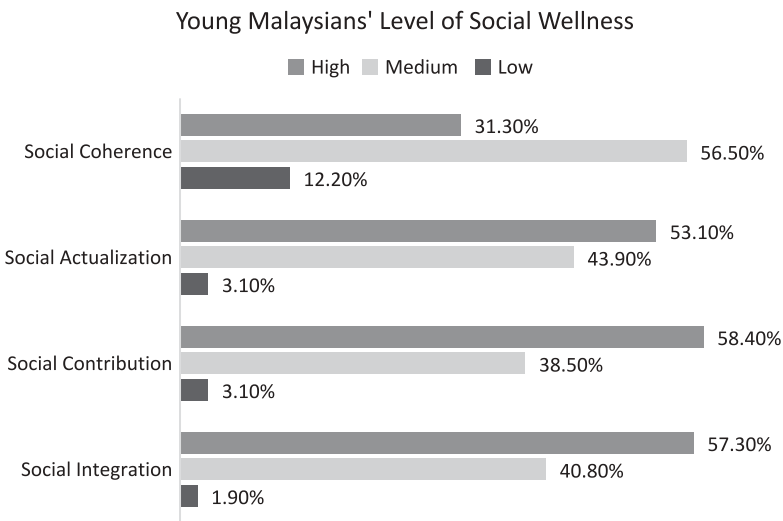
Figure 10.1 Malaysian youths' level of social well-being

Factors contributing to social well-being

Table 10.2 presents the factors that contributed to social well-being from the Malaysian young adults' perspective. As can be seen, Malaysian youths placed religiosity as the most important factor that contributes to their level of social well-being. This was followed by economic situations. Respondents perceived

Table 10.2 The Factors that Contributed to Social Well-Being in the Present Study

No. of importance	Factors contributing to social well-being
1	Religiosity/Spirituality
2	Economic situations
3	Personality traits
4	Health status
5	Interpersonal relationships at home
6	Interpersonal relationships (friends, teachers, etc.)
7	Education and intellectual development
8	Civic life (the influence of current government in determining the laws and policies)
9	Social participation
10	Sense of community
11	Infrastructure (the quality of one's residence)

Table 10.3 Pearson's Product Moment Correlation between Mental Health and Social
         Well-Being in Malaysian Youths

Factors	1	2	3	4	5
1. Mental Health		−.12	−.22**	−.22**	−.31**
2. Social Integration			.25**	.25**	.14*
3. Social Contribution				.55**	.46**
4. Social Actualisation					.49**
5. Social Coherence					

** Correlation is significant at the 0.01 level (2-tailed).
 * Correlation is significant at the 0.05 level (2-tailed).

health status to be less important as compared to personality traits in determining
their social well-being.

Social well-being and mental health

Table 10.3 provides the inter-correlations between social well-being and mental
health. There was a significant negative correlation for most indicators of social
well-being except social integration with mental health. The results from these
data suggest that youths who exhibit a high level of social contribution, actual-
isation, and coherence were less inclined to show mental health problems.
Therefore, we can suggest that a greater level of social well-being contributed to
better mental health.

Discussion

This study set out to determine Malaysian young adults' understanding of social
well-being. The results indicated that social well-being refers to their social rela-
tionships with others. The majority of the respondents demonstrated medium to
high levels of social well-being; religiosity was the most important factor that
contributes to Malaysian youths' social well-being. Additionally, a greater level
of social well-being was associated with fewer mental health problems.

The definitions of social well-being offered by the young adults were in con-
gruence with the definition offered by Keyes (1998). According to Keyes, social
well-being refers to an individual's ability to participate in society, fulfil the roles
of family member, friend, worker, or citizen, and engage in interactions with
others. Thus, it can be concluded that Malaysian youths possess a moderate
understanding of the constitution of social well-being. Nevertheless, it is not
possible to discuss the current findings in relation to past studies. This is
because, to our knowledge, no study has been conducted to explore the under-
standing of youth social well-being in the Malaysian context. However, a recent
study conducted in Malaysia on the subjective well-being of urban youth listed

housing, leisure, governance, public safety, social involvement, culture, health, environment, and family as factors in measuring subjective well-being (Ramli, Abu Samah, Abu Samah, Idris, & Mohammed Shaffril, 2017). Most of the elements of well-being listed in this study constitute the definitions of social well-being described by the participants in the current study. In addition, Zhang and colleagues (2011) also explored the social well-being of Hawaiians, but they did not ask respondents to define social well-being.

This study also reveals that Malaysian youths have medium to high levels of social actualisation, contribution, and integration. These findings are in congruence with the figures given by the Malaysian Economic Planning Unit (2016), which reported that the social well-being of Malaysians is improving over the years. In addition, Zhang and colleagues (2011) found that respondents reported high scores of total social well-being. However, they did not include the information about the specific dimensions of social well-being on which their respondents scored highest. From the perspective of happiness, the 2018 World Happiness Report stated that Malaysia has shown a significant increase in the level of happiness from 2008–2010 to 2015–2017 (Helliwell et al., 2018). This corresponds to the current findings which reveal that the level of social well-being among Malaysian youths is relatively high.

Our results also showed that respondents scored highest on the social contribution dimension. They regarded themselves as individuals who can accomplish goals that are valuable to society (Zhang et al., 2011). This may be attributed to government efforts to support positive youth development in Malaysia. According to Krauss, Hamzah, Juhari, and Abd Hamis (2014), the Malaysian government has acknowledged youths as developing persons who are needed as contributors to society. As such, this has given youths the chance to take on active roles in community development and enhance their social well-being. Another important finding was that some youths reported low scores on the social coherence dimension, which refers to one's perception of how the social world works. Individuals who had scored lowly in this dimension tended to be uncaring towards their environment (Keyes, 1998), and this may be attributed to the age of respondents. Many youths aged 18–25 do not pay much attention to the operations of the social world, as education is their main concern (Arnett, 2013). This is especially true in the Asian culture, where most young people believe that their academic performance will determine the outcome of future life. This belief and practice undoubtedly leaves limited room for other matters such as social coherence. Thus, the Malaysian government and other relevant parties should pay more attention to this issue and attempt to find avenues and means to enhance the social coherence of young Malaysians.

The findings highlight that Malaysian youths rated religiosity/spirituality as the most important factor that contributes to social well-being. It is encouraging to compare this finding with previous research (e.g., Krauss et al., 2005; Yaacob et al., 2015), which found that young Malaysians tend to score highly on religious beliefs. Indeed, Muslims reported religiosity as an important component and a contributing factor to their quality of life (Abdel-Khalek, 2010), which is

likely to include their social well-being. This finding is supported by a recent study by Peres, Kamei, Tobo, and Lucchetti (2017), where they found a positive association between religiosity and quality of life in their sample of the Brazilian population. It will be interesting to conduct further explorations on the reasons why youths perceive religiosity as an important factor which can contribute to social well-being.

This study produced results that corroborate the findings of previous work on this topic (e.g., Park & Lester, 2006; Young Lee, Janga, Lee, Cho, & Park, 2008; Zhang et al., 2011), which found the positive impact of social well-being on health-related behaviours. Thus, individuals who feel they have something valuable to offer to society, believe that the world can be a better place, and understand how the world works are less likely to be associated with mental health problems such as depression. The results of this study suggest a number of implications. First, the level of social well-being, especially social coherence, can be improved, as young adults reported low to medium levels. Although the Malaysian government has initiated many youth programmes to encourage youths' participation in society, the effectiveness of these programmes cannot be ascertained. Further efforts are needed to ensure the effectiveness of these programmes. Second, findings from this study also suggest that positive mental health among youths can be promoted via their social well-being. Therefore, it is highly recommended that relevant parties such as parents, teachers, and the government should provide avenues and means for these youths to improve their social well-being, which will improve their mental health. Relevant parties should provide more support to the youths so they may improve their ability to engage with people around them. This information can be used to develop targeted interventions aimed at improving youths' communication skills, which may lead them to be more socially integrated and socially contributive to their society. Having said that, a number of caveats need to be noted regarding the present study. First, as with other cross-sectional studies, this study cannot establish the causal relationship between social well-being and mental health. Second, the small number of respondents in this study might limit the generalisability of these findings to the Malaysian youth population. It would be more beneficial if future studies employ longitudinal research designs and recruit more participants. Despite the limitations above, this study contributes to prior research in the field of social well-being, especially in the Malaysian context. The current findings also add substantial research to our understanding of social well-being.

In conclusion, although the level of social well-being among Malaysian youths is not at a worrying level, precautions need to be taken as prevention is better than cure. It is hoped that this research will serve as a base for future studies on enhancing social wellness and well-being.

Acknowledgement

Note

1   Malaysia was not directly included in this index.

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11 Cognitive-emotional regulation and aggression among Thais

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Research has investigated interpersonal aggression and the role of emotion regulation in such behaviour. The growing literature on emotion regulation suggests that anger is the key emotion that needs to be regulated in order to either increase or decrease the potential aggressive behaviour (Eckhardt, Jamison, & Watts, 2002; Norstrom & Pape, 2010; Roberton, Daffern, & Bucks, 2012). Individuals in a society that is affected by political instability and tension are faced with a challenge to cope with these political stressors. Since social media has made political consumption increasingly available, it is likely that political stress may increase. Anger is one of the main emotions in relation to politically induced stress and may play a major role in how people react aggressively (verbally or physically) in interpersonal relationships when the situation calls for it (Halperin, Sharvit, & Gross, 2011). Political instability and unrest in Thailand are common. One of the many understudied phenomena in Thailand is the risk and protective factors associated with aggression among Thais exposed to political instability. Research has shown that adaptive cognitive emotion regulation (CER) strategies can have a positive effect on physiology, cognition, the subjective experience of coping with distress (Martin & Dahlen, 2005), the development of emotional well-being (Gross & John, 2003), and adjustment to stress (Garnefski, Kraaij, & Spinhoven, 2001). A nascent line of research is to explore the possibility that CER strategies may influence coping ability in times of political distress. Researchers who study political conflict and emotion regulation in several countries including Israel, the U.S.A., and Ireland (Halperin et al., 2011; Lee, Sohn, & Fowler, 2013) have recently come together to study the role of emotion regulation in political conflict, suggesting that cognitive reappraisal may be an important strategy that helps reduce the feelings of hatred, contempt, and disgust in political discussion. This might also help decrease the individuals' tendency to support harsh policies against the political target group (the outgroup; Halperin et al., 2011). Taking together the theoretical framework and empirical data of cognitive emotion regulation, this study aims to understand the role of CER strategies and aggressive behaviours among Thais who have been exposed to political stress and instability.

Thailand has been battling the instability of its democratically elected governments for many years. In 1932, Thailand's political system changed from the

absolute power of the kings to constitutional monarchy with a prime minister as the head of the government. The "coup season" has since started, and Thailand has endured 12 successful and 7 attempted military coups d'état, which is more than any other country in the contemporary world. Scholars have considered Thailand as the most coup-prone country in the world (Stout, 2014). These coups often followed street protests (Dalpino, 2012). These protests and demonstrations can last for several stressful months. For example, at its peak, the "Bangkok Shutdown" protest saw 170,000 people march on the streets for 7 months from November 2013 to May 2014 until the military intervened (Chambers & Waitoolkiat, 2016). The most recent coup ousted the Pheu Thai administration in 2014, and Thailand has been under the military-controlled government since then, with no clear plans for the next democratic elections. This suggests that political instability may continue to be stress-inducing for Thais.

Coping research in Thailand

Literature on coping and stress in Thailand has been limited to a few qualitative and experimental studies. Intarakamhang (2009) synthesised the findings from a sample of 490 quantitative and qualitative research studies of 15 higher-education institutions in Thailand on the subject of stress and coping during 1982–2007. Results showed that self-control practice, self-help, relaxation practices, and living up to moral/ethical standards have been identified as psychological factors related to the reduction of stress (Intarakamhang, 2009). Social support, such as peer support in the workplace, has also been found to be a coping factor for Thai workers (Pongumpai, 2004) and university students (Kuncharin & Mohamad, 2014). The paramount value put on social harmony among Thai people (Knutson & Posirisuk, 2006) largely influences how Thais communicate and cope, relying on strategies which often include self-control, being "jai yen" (calm), "kreng-jai" (considerate), and reluctant to impose upon another person, and taking another person's feelings into account (Klausner, 1993). Not surprisingly, avoidance coping, though generally discouraged in Western coping literature (Blalock & Joiner, 2000; Holahan et al., 2011), has been reported as one of the most frequently used coping strategies among a sample of Thai college students (Kuncharin & Mohamad, 2014). Another coping concept highly relevant in Thai society is the concept of internal control, which adopts the view of accepting external situations as outside of one's control. This concept has been reflected in the common Thai phrase "mai-pen-rai" (never mind) when facing unfortunate events (Scorzelli & Reinke-Scorzelli, 2001). Some of these findings are consistent with the Thai Buddhist philosophy, which is the major foundation of Thai society. Buddhism, the prevailing religion in the country (with 95% of the population endorsing Buddhism; Newman, Shell, Li, & Innadda, 2006), largely influences how Thai people perceive suffering and well-being. This often entails teachings on acceptance, mindfulness, self-regulation, and emotional balance, and encouragement of people not to harm themselves or others (Ariyabuddhiphongs & Jaiwong, 2010; Ekman, Davidson, Ricard, & Wallace,

2005). Considering the ongoing political instability which Thai people have endured, the roles of culturally salient coping and cognitive emotion regulation strategies are worth exploring.

Aggression, cognitive emotion regulation, and political stress

Social and clinical psychology studies on aggression indicate that several emotions may play a heavy role in leading the individual to act out aggressively during political tension. Some strong politically dominant emotions include fear, anger, contempt, disgust, and humiliation held by many societal members who are generally peaceful and not characterised as aggressive in other contexts. However, unregulated, these emotions may lead to interpersonal aggression (Halperin, Pliskin, Saguy, Liberman, & Gross, 2014).

In the field of political psychology, emotions of individuals in society significantly affect political attitudes and vice versa (Huddy, Seats, & Levy, 2013). Lambert and colleagues (2010) found that anger may lead to the support of aggressive action, while anxiety may lead to the opposition of aggressive action during political tension. Citizens' emotions are also often deemed as an important element to be used in politics. For example, Ost (2004) argued that anger is often captured and channelled by political organisers by offering up an "enemy" they identify as the source of the problem that leads to anger. This suggests that the ability to understand and cope with both positive and negative emotions also has implications for the behaviour of people exposed to political tension.

Cognitive emotion regulation has been empirically tested and studied as the ways that the brain perceives emotions that are generated by stimuli, appraises the significance of them, and chooses a response to the emotions and stimuli in order to achieve certain needs and goals (Ochsner & Gross, 2008). Cognitive regulation of emotional responses to aversive experiences is the process that one engages in when faced with strong negative emotions such as anger, hatred, and contempt, which are often associated with political tension and conflict. Maladaptive emotion regulation occurs when individuals either underregulate or overregulate in a manner that is not helpful for the individual and for the situation, especially when it leads to aggressive behaviours (Roberton et al., 2012).

Researchers have identified several CER strategies; however, the strategy extensively studied in the context of political tension has been cognitive reappraisal, with much support for its value. Cognitive reappraisal is the ability to engage in cognitive change by changing one's perception of a situation in a way that alters the emotional impact of the situation (Gross, 2002). However, because individuals are unlikely to change their perceptions in the midst of deeply ingrained conflicts (Bar-Tal & Halperin, 2007), such as political ones, researchers have started to explore other indirect ways to help individuals alter their emotional responses to political conflicts (Halperin et al., 2014). It is recognised that cognitive reappraisal may not be universally adaptive across cultures, especially in collectivistic cultures that may foster the use of avoidance or suppression and acceptance (Matsumoto, Yoo, & Nakagawa, 2008). Therefore,

other CER strategies should be further explored for coping with political stress in these cultures.

Coping is both cultural and contextual. While helpful, any CER model developed and tested in Western countries has a limitation in that it is decontextualised and assumes certain cultural values and knowledge. In addition, it may be very difficult to compare the model with a high-context and collectivistic culture, such as we find in Thailand. The ongoing political instability in Thailand causes tension and stress and calls for effective coping among Thais. Considering the past coping research in Thailand, which highlights the cultural values of acceptance and harmony, the CER model should be further expanded within the Thai context to examine maladaptive and adaptive coping strategies when it comes to aggression in the midst of political instability. This study aimed to explore the role of different cognitive emotion regulation (CER) strategies on various types of aggression among a sample of general Thai people exposed to political stress. Considering the ongoing and pervasive nature of the political tension and instability in Thailand, it is reasonable to assume that everyone who has lived in Thailand has been exposed to the instability. Based on the literature on coping in Thailand, CER in political tension, and aggression, the study hypothesised that acceptance, planning, positive reappraisal, positive refocusing, and putting into perspective would be significantly associated with lower scores on four dimensions of aggression (physical, verbal, anger, and hostility). Also, the study hypothesised that self-blame, other-blame, rumination, and catastrophising would be significantly associated with higher scores on the aforementioned four dimensions of aggression.

Methods

Participants

One hundred seventeen participants who were Thai adult volunteers completed a web-based survey operated by Qualtrics. A G-Power analysis was conducted for the use of the main scales in the study of a linear multiple regression, and the results suggested that a sample size of 84 for a medium-effect size was acceptable. These participants were recruited with a mixture of random and snowball sampling methods via word of mouth, flyers posted in universities, community centres, and a Facebook page with an attempt to reach as many Thai participants as possible in Bangkok and around the country. The snowball sampling method was used in the study flyer and email advertisement to recruit Thai adults, where participants were asked to refer eligible acquaintances who may be interested in participating in the study to the survey link.

Demographics

A total of 117 Thais participated in the study (see Table 11.1). The representativeness of the sample was relatively unbiased regarding adult age and religious affiliation when considering the Thai population. However, this sample consisted

Table 11.1 Characteristics of Participants (N=117)

Demographic variables	n	%
Age		
• 20–30	47	39.8
• 31–36	39	34.5
• 37 and older	31	26
Gender*		
• Female	75	64.5
• Male	42	35.5
Socioeconomic Status		
• < ฿20,000 per month	22	19.4
• ฿20,000–฿50,000	28	23.9
• ฿50,001–฿80,000	16	13.4
• ฿80,001–฿100,000	4	3.0
• > ฿100,001	38	32
• Declined to answer	9	7.5
Educational level (both graduated already and still attending)		
• High school	2	1.5
• Undergraduate level	23	19.4
• Graduate level	64	55.2
• Doctoral level	25	20.9
• Declined to answer	3	3.0
Marital Status*		
• Single	66	56.7
• Married	43	35.8
• Divorced	3	3.0
• Declined to answer	5	4.5
Religion		
• Buddhist	109	92.4
• Muslim	1	1.5
• Christian	1	1.5
• Hindu	3	3.0
• Other	2	1.7
• Declined to answer	1	1.5
Opinion on the political situation		
• Support the government led by Pheu Thai Party**	1	1.5
• Support political reform proposed by the protesters	26	22.4
• Support the military coup	26	22.4
• Did not support any of the above	44	37
• Support all of the above	5	4
• Decline to answer	15	12.7
Level of Stress caused by the political situation		
• Not at all	0	0
• A little bit	27	23.6
• Moderate	42	35.6
• Severe	48	40.8

Note
* indicates demographic variables that showed significant effects on BPAQ and CERQ.
** Pheu Thai party was the political party that led the Thai government at the time of the protest. The party was overruled after the military coup took control of the government.

of more females and individuals with higher education and income as compared to the general population. For comparison, according to the World Factbook (Central Intelligence Agency, 2016), Thai demographic characteristics are as follows: sex ratio of 0.97 male/female, Buddhist (94.6%), 15–24 years (14.47%), 25–54 years (46.5%), 55–64 years (11.64%), and monthly household income of ฿48, 951.

Measures

All Thai version measures were developed with a back-translation procedure (see Brislin, 1970). A bilingual Thai–English person translated the English version of all the measures into Thai. Another Thai–English bilingual person then translated the version back into English. Discrepancies emerging from this back-translation were discussed, and adjustments to the Thai translation of the measures were made.

Demographics

The demographics consisted of demographic questions such as age, gender, religion, socioeconomic status, levels of political stress, and opinion on the political situation.

Emotion regulation

To measure cognitive emotion regulation, we used the Cognitive Emotion Regulation Questionnaire (CERQ-36; Garnefski et al., 2001), a 36-item scale designed to evaluate the cognitive aspects of emotion regulation. The questionnaire is introduced with the following sentences:

> Everyone gets confronted with negative or unpleasant events now and then and everyone responds to them in his or her own way. With the following questions, you are asked to indicate what you generally think when you experience negative or unpleasant events.

The items were rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). Some of the items include "I feel that I am the one to blame for it", "I think of nicer things than what I have experienced", and "I think that I have to accept the situation". The CERQ had good factorial validity and high reliabilities, with Cronbach's α ranging between .75 and .87 (Garnefski & Kraaij, 2007). The CERQ has been validated in several international samples, such as Chinese (Zhu et al., 2008), Persian (Abdi, Taban, & Ghaemian, 2012), French (Jermann, Van der Linden, d'Acremont, & Zermatten, 2006), and Romanian (Perte & Miclea, 2011). The scale has 9 subscales for 9 CER strategies: self-blame (having thoughts that blame oneself for what one has experienced), other-blame (having thoughts that blame others for what one has experienced), rumination (having ongoing thoughts about the feelings that are associated with negative events), catastrophising (having

thoughts that emphasise the negativity of the experience), acceptance (having thoughts of acceptance and resignation in regard to what one has experienced), putting into perspective (having thoughts that relativise the negative event compared to other events), positive refocusing (having positive, happy, and pleasant thoughts instead of thinking about threatening and stressful events), refocus on planning (having thoughts about what to do and how to handle the experience one has had), and positive reappraisal (having thoughts about the goal, which is to give a positive meaning to the negative events in terms of personal growth).

Aggression

To measure aggression, we used the Buss-Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992), a 29-item scale that measures four aspects of human aggression (anger, hostility, verbal aggression, physical aggression). Internal reliability for the four subscales and total score was reasonable, with Cronbach's α ranging from .72 (verbal aggression) to .89 (total BPAQ score; Buss & Perry, 1992). Examples of the BPAQ items include "Once in a while I can't control the urge to strike another person" and "Given enough provocation, I may hit another person".

Psychometrics and factorial analysis studies examining the factorial structures in different languages and cultures show considerable congruence with English (Vigil-Colet, Lorenzo-Seva, Codornui-Raga, & Morales, 2005), Japanese (Nakano, 2001), and Spanish (Garcia-Leon et al., 2001).

Cronbach's alpha reliability coefficients of the scales for this sample were as follows: Cognitive Emotion Regulation Questionnaire (CERQ), 36 items, α= .89, self-blame (4 items), α=.77, acceptance (4 items), α=.72, rumination (4 items), α=.80, positive refocusing (4 items), α=.84, planning (4 items), α=.79, putting into perspective (4 items), α=.53, catastrophising (4 items), α=.47, other-blame (4 items), α=.79; Buss-Perry Aggression Questionnaire (BPAQ) 29 items, α= .83, good, physical (9 items) α=.75, verbal (5 items), α=.77, anger (8 items), α=.81, hostility (8 items), α=.79. Because putting into perspective and catastrophising had a Cronbach's alpha of lower than .70 (acceptable reliability efficiency), they were not included in the multiple linear regression analyses.

Procedures and analytic plans

The conduct of this study followed the American Psychological Association (APA) ethical standards and guidelines for research and publication. After approval from the Institutional Review Board (IRB) at Alliant International University was obtained, the recruitment process took place from December 2014 to March 2015. A web-based survey was used to increase the level of anonymity of the survey to maximise the likelihood of participation. The participants completed the demographic information questions, cognitive emotion regulation questionnaire, and aggression scale. These measures and questions were translated and back-translated by three bilingual Thai–English researchers

with 100% solved discrepancies. Due to the lack of research on the main variables for a Thai sample and based on past literature on the variables in other populations, a series of t-test and ANOVA analyses were used to compare the group means of each demographic variable and each main variable. These tests aimed to screen and examine if any of the demographic variables were statistically salient and needed to be included in the further steps of data analysis of the main variables. Spearman's Rank-Order Correlation was used to test relationships between the four dimensions of aggression (verbal aggression, physical aggression, anger, and hostility, leading to total aggression) and nine cognitive emotion regulation skills. In order to test the study exploratory hypotheses based on all the analyses, five separate multiple linear regression analyses were used to explore the predictive powers of the independent factors (all significant variables from previous analyses) and five dependent variables (aggression sub-scales).

Results

Analytical results

A series of independent-samples t-test and ANOVA analyses were conducted to explore the group mean differences of demographic variables on the CERQ and BPAQ. The t-test analyses revealed significant differences between male and female (with the mean scores for the male group being significantly higher than the female group) on the following variables: hostility in males ($M = 23.06$, $SD = 6.10$) and females ($M = 15.93$, $SD = 6.32$), $t(47) = 3.72$, $p > .001$; total aggression in males ($M = 83.80$, $SD = 12.63$), and females ($M = 69.37$, $SD = 18.81$), $t(45) = 2.61$, $p = .012$: CERQ-self-blame in males ($M = 10.22$, $SD = 3.07$) and females ($M = 8.52$, $SD = 2.19$), $t(50) = 2.29$, $p = .026$; CERQ-other-blame in males ($M = 9.90$, $SD = 2.97$) and females ($M = 8.05$, $SD = 2.67$), $t(52) = 2.34$, $p = .023$. A one-way between subjects ANOVA was conducted and found a significant difference between marital status (single) and verbal aggression, [$F(3,44) = 3.66$ $p = .01$], indicating that single participants had higher mean scores on verbal aggression than married participants.

Out of seven CER subscales, four subscales showed significant correlations with the aggression subscales (see Table 11.2). These results include CER-planning and verbal aggression, $(117) = -.32$, $p < .05$; CER-planning and total aggression, $r(117) = .30$, $p < .05$; CER-acceptance and verbal aggression, $r(117) = -42$, $p < .05$; CER-acceptance and hostility, $r(117) = -.35$, $p < .05$, total aggression score, $r(117) = -.37$, $p < .05$, CER-rumination and hostility, $r(117) = .32$, $p < .05$, CER-rumination and anger, $r(117) = .35$, $p < .05$, and CER-other-blame and hostility, $r(117) = .42$, $p < .01$, physical aggression, $r(117) = .32$, $p < .05$.

Next, five multiple linear regression analyses were used to input significant demographic variables (i.e., gender and marital status) and significant relationships from Table 11.2 into the predictive analyses (see tables 11.3a–11.3e). The

Table 11.2 Intercorrelation Matrix of CERQ and BPAQ (N=117)

Constructs	M (SD), range	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Physical Aggression	17.8 (6), 9–37	1.00													
2. Verbal Aggression	17.5 (5.6), 7–35	.06	1.00												
3. Anger	20(7), 7–38	.49**	.30*	1.00											
4. Hostility	18.2(7), 8–36	.27	.38**	.24	1.00										
5. Total Aggression	73.9(18.7), 39–118	.64**	.62**	.75**	.34*	1.00									
6. CERQ-Self-blame	9.1(2.6), 4–18	-.20	.12	-.11	.21	.09	1.00								
7. CERQ-Acceptance	12.6(2.8), 4–17	.03	**-.42****	.08	**-.35***	**-.37***	.11	1.00							
8. CERQ-Rumination	21.3(5.9), 10–42	.03	-.06	**.35***	**.32***	.10	.52**	.32*	1.00						
9. CERQ-Refocusing	43.5(6.5), 17–57	-.15	.14	-.07	.02	-.01	.09	.25	.06	1.00					
10. CERQ-Planning	13.3(2.6), 6–20	.13	**-.32***	.14	.07	**-.30***	-.01	.23	.08	.16	1.00				
11. CERQ-Reappraisal	15.9(2.6), 6–20	-.05	.24	.11	.02	.04	-.13	.35**	.01	.32*	.56**	1.00			
12. CERQ-Putting things in Perspective	13.3(2.6), 6–20	.19	.07	.04	.07	.14	.06	.35**	.04	.21	.35**	.48**	1.00		
13. CERQ-Catastrophising	13.4(2.6), 6–21	.03	-.13	-.12	.24	-.00	.47**	.26	.54**	.28	-.05	.14	.35**	1.00	
14. CERQ-Other-blame	8.7(2.9), 4–15	**.32***	.11	.10	**.42****	.26	.43**	.09	.48**	-.02	.30*	.12	.39**	.50**	1.00

Note
* p < .05.
** p < .01.
Bold: significant correlations between CERQ subscales and BPAQ subscales.
Cognitive Emotion Regulation Questionnaire (CERQ), Bus-Perry Aggression Questionnaire (BPAQ).

CERQ variables that were found to have significant relationships from Table 11.2 included acceptance, planning, other-blame, and rumination. The other five CERQ variables were not included because they were not found to have any significant relationships with the dependent variables as shown in Table 11.2. In addition, two of the variables were found to have low reliability as assessed by Cronbach's alpha (putting into perspective and catastrophising).

The first multiple linear regression analysis is for verbal aggression as a dependent variable, and gender, marital status, CERQ-acceptance, CERQ-planning, CERQ-other-blame, and CERQ-rumination as independent variables. The results suggested that CERQ-acceptance remained a significant predictor of reduced verbal aggression, (B =-1.08, β = .56, t=-3.66, R square= .587, p = .001), and CERQ-rumination remained a significant predictor of increased verbal aggression, (B = .65, β = .40, t= 2.40, R square= .587, p = .02.) The second

Table 11.3a Multiple Linear Regression Analysis for Verbal Aggression (N=117)

Dependent Variables	Predictive Variables	B (Std. Error)	β	t	p value
Verbal Aggression	CERQ-Other-blame	.23 (.31)	.11	.70	.48
	CERQ-Rumination*	**.65* (.26)**	.40	2.40	.02
	CERQ-Acceptance*	**−1.08****	−.56	−3.66	.00
	CERQ-Planning	**(.29)**	.15.	1.00	.32
	Gender	.29 (.29)	−.01	.70	.99
	(0=female, 1=male)	−.005 (1.56)	.25	.89	.54
	Marital Status	.56 (.25)			
	(0=single, 1=married)				

R square= .587.
Note
* p < .05.
** p < .01.
Bold: significant results.

Table 11.3b Multiple Linear Regression Analysis for Physical Aggression (N=117)

Dependent Variable	Predictive Variables	B (Std. Error)	β	t	p value
Physical Aggression	**CERQ-Other-blame***	**.99* (.44)**	.42	2.23	.03
	CERQ-Rumination	−.50 (.38)	−.24	−1.29	.20
	CERQ-Acceptance	.09 (.41)	.04	.32	.81
	CERQ-Planning	.09 (.41)	.04	.23	.82
	Gender (0=Female, 1=Male)	3.29 (2.17)	.22	1.51	.13

R Square = .372.
Note
* p < .05.
Bold: significant results.

Table 11.3c Multiple Linear Regression Analysis for Hostility (N=117)

Dependent Variable	Independent Variables	B (Std. Error)	β	t	p value
Hostility	CERQ-Other-blame	.63 (.40)	.37	1.68	.09
	CERQ-Rumination	−.02 (.32)	−.01	−.56	.95
	CERQ-Acceptance*	**−.85* (.35)**	−.35	−2.40	.02
	CERQ-Planning	.251 (.34)	.24	.12	.17
	Gender (0=Female, 1=Male)**	**5.62** (1.86)**	.38	3.04	.004

R Square = .652.
* p < .05.
** p < .01.
Bold= significant results.

Table 11.3d Multiple Linear Regression Analysis for Total Aggression (N=117)

Dependent Variable	Independent Variables	B (Std. Error)	β	t	p value
Total Aggression	**CERQ-Other-blame***	**2.20* (1.07)**	.36	2.04	.04
	CERQ-Rumination	−1.58 (.91)	.35	−1.73	.09
	CERQ-Acceptance*	**−2.62* (.99)**	−.41	−2.61	.01
	CERQ-Planning	.05 (.99)	.008	.05	.95
	Gender (0=Female, 1=Male)*	**10.69* (5.23)**	.27	2.04	.04

R Square= .575.
Note
* p < .05.
Bold= significant results.

Table 11.3e Multiple Linear Regression Analysis for Anger (N=117)

Dependent Variable	Independent Variables	B (Std. Error)	β	t	p value
Anger	CERQ-Rumination	.47 (.40)	.22	1.17	.24
	CERQ-Other-blame	.31 (.46)	.13	.67	.50
	CERQ-Acceptance	.51 (.43)	.21	1.16	.25
	CERQ-Planning	.25 (.42)	.10	.59	.55
	Gender (0=Female, 1=Male)*	1.36 (2.28)	.09	.59	.55

multiple linear regression analysis was physical aggression as a dependent variable, and gender, CERQ-acceptance, CERQ-planning, CERQ-other-blame, and CERQ-rumination as independent variables. The results showed the

CERQ-other-blame remained a significant predictor of increased physical aggression, (B =.99, **β** = .42, *t*=2.23, R Square = .372, *p*=.03.) The third multiple linear regression analysis was for hostility as a dependent variable, and gender, CERQ-acceptance, CERQ-planning, CERQ-other-blame, and CERQ-rumination as independent variables. The results showed that the effects of dummy-coded gender (male) and CERQ-acceptance as predictors of hostility remained significant. Gender (male) was found to be a predictor of increased hostility, (B = 5.62, **β** = .38, *t*=3.04, R Square = .652, *p* = .004), and CERQ-acceptance was found to be a predictor of reduced hostility, (B=-.85, **β**= -.35, *t*=-2.40, R Square= .652, *p*=.02), respectively. The fourth multiple linear regression is for total aggression as a dependent variable, and gender, CERQ-acceptance, CERQ-planning, CERQ-other-blame, and CERQ-rumination as independent variables, gender (male), CERQ-acceptance, and CERQ-other-blame remained the significant predictors. Gender (male) was found to be a significant predictor of increased total aggression, (B=10.69, **β**= .27, *t* =2.04, R Square= .575, *p* = .04), CER-acceptance was found to be a significant predictor of reduced total aggression, (B=-2.62, **β**= -.41, *t*=-2.61, R Square=.575, *p* = .01), and CER-other-blame was found to be a significant predictor of increased total aggression, (B=2.20, **β**=.36, *t*=2.04, R Square=.575, *p*= .04). Lastly, the fifth multiple linear regression is for total aggression as a dependent variable. None of the independent variables (gender, CERQ-acceptance, CERQ-planning, CERQ-other-blame, and CERQ-rumination) were found to be significant predictor.

Discussion

In the years since Thailand declared itself a constitutional monarchy, its democratic climate has not been without instability and occasional military coups (12 times to date). Political instability often evokes strong emotions in individuals living in the society (Memon, Memon, Shaikh, & Memon, 2015). This study examined the role of cognitive emotion regulation strategies and types of aggression among Thais exposed to political stress. All scales used in this study had acceptable to good internal reliability coefficients, which suggest that these are reliable scales to use for this sample of Thais. All participants reported some level of political stress, with over 40% of the sample feeling that they were severely affected by it. As this question was rather general in relation to their level of stress caused by the political situation in Thailand, there was a lack of specificity. Therefore, it is impossible to compare the levels of stress based on different aspects of the political situation. Nonetheless, these high rates of reported political stress among Thais in this sample are an indicator that political stress and its ramifications should be further explored and understood. Cultivating the ability to adaptively regulate negative emotions (often related to stress) among people could be one effective way to promote interpersonal well-being despite political stress.

Men were found to be more aggressive than women on almost all subscales of the BPAQ (physical, verbal, hostility, and total aggression), except for anger.

This finding is consistent with the meta-analysis of several studies (e.g., Archer, 2004; Eagly & Steffen, 1986) that indicate men tend to engage in more costly methods of aggression, such as physical aggression and hostility; however, when it comes to anger, there were no gender differences. These studies also found that women, as opposed to men, saw aggressive acts as producing more harm to the target, anxiety, and guilt (Eagly & Steffen, 1986), which may deter females from aggressive behaviours. In addition, men reported higher use of self-blame and other-blame. This may suggest that males in the Thai context are prone to be more aggressive, be encouraged to express aggression, and use more maladaptive CER strategies. The question as to whether these relationships are of biological, political, sociological/cultural processes, or the interplay of all of these aspects is definitely worth further exploration.

A significant negative correlation was found between one's ability to plan ahead and one's tendency s verbal aggression and total aggression. When gender was taken into account, the ability to plan ahead did not maintain its predictive power. This significant negative correlation is discussion-worthy. The ability to plan ahead requires strong executive functions, which are often studied as a broad collection of processes and abilities responsible for controlling one's thoughts, emotions, and actions (Gioia, Isquith, Guy, & Kenworthy, 2000). Impaired executive functions may manifest as poor behavioural inhibition, in aggression and impulsivity (Anderson, Anderson, Northam, Jacobs, & Catroppa, 2001). In addition, increased planning ability itself has been found to be a protective factor against high-risk behaviours among injection drug users (Sirikantraporn, Mateu-Gelabert, Friedman, Sandoral, & Torruella, 2012). This study's findings also suggest that the ability to plan ahead may help individuals effectively execute plans of action to deal with negative emotions, and provide protection when individuals are faced with political tension.

The ability to accept the situation alongside negative and positive emotions is highly correlated with lower total aggression, hostility, and verbal aggression. Regardless of gender, acceptance remained a strong significant predictor of expressed aggression. This is particularly relevant in negative emotions generated by political distress, which include anger, contempt, and hatred (Halperin et al., 2011), and aggressive behaviours (Roberton et al., 2012). If one can handle frustration and other negative emotions through acceptance, one may be able to control one's behaviour in the face of strong politically focused emotions.

This finding is consistent with the cultural and spiritual context of Thailand, which is predominantly Buddhist. The concept of acceptance without trying to change or manipulate internal and external stimuli is one of the core principles in Buddhist philosophy and has been found to be related to stress reduction in Thai samples (Ariyabuddhiphongs & Jaiwong, 2010; Ekman et al., 2005). Acceptance is encouraged by, and congruent with, the Buddhist concept of *anicca* (impermanence) (Cassaniti, 2006), which suggests that things and experiences (including one's internal suffering and happiness) change constantly and naturally without one's forceful actions. This is different from the common emphasis on cognitive reappraisal as an emotion regulation strategy in Western

psychology (Berking, Ebert, Cuijpers, & Hofmann, 2013; McRae, Ciesielski, & Gross, 2012). Because cognitive reappraisal involves changing the direction of one's emotion by reinterpreting the meaning of the situation that invokes strong emotional responses (Urry, 2010), it may be not be the most appealing strategy for emotional regulation in Thai society, which encourages acceptance and *anicca*.

The concept of acceptance has also been recently adapted in several Western interventions in addressing aggression, such as Acceptance and Commitment Therapy (ACT; Harris & Hayes, 2009; Zarling, Lawrence, & Marchman, 2015) and Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 2003; Robins, Keng, Ekblad, & Brandtley, 2012). These have been shown to have strong efficacy and effectiveness in reducing several mental health and behavioural problems.

In addition, the CER strategy that involves rumination was found to be significantly associated with higher hostility and anger. When controlling for gender, rumination remained a significant predictor of higher verbal aggression. These results confirmed previous studies, which showed that rumination is considered maladaptive (Joormann & Gotlib, 2010; Westermann, Boden, Gross, & Lincoln, 2013) and may hinder individuals' ability to manage strong negative emotions in a constructive way. Hostility is a negative evaluation of persons and situations (Buss & Perry, 1992), which comprises a mixed attitude of anger and disgust and is often accompanied by a desire to inflict harm on the target of the negative attitude (Kaufmann, 1970). Rumination may lead to this aggressive attitude and desire to harm the target people, especially in situations where political disagreements are present (Fabiansson & Denson, 2012).

In this sample, the other-blame strategy of CER was significantly related to total aggression and physical aggression, which is consistent with the literature on intractable conflicts. In intractable political conflicts, the tendency to blame others can be found in the form of aggression towards the "out-group" (Halperin et al., 2011). In the context of political polarisation, people tend to consume and spread information that supports what they believe in (confirmatory bias; Pew Research Center, 2014), which is likely to fuel the other-blame tendency among those affected by political stress. Considering that anger was the most common subscale of aggression, followed by hostility in this sample, addressing rumination and other blame may be a very salient element of cognitive emotion regulation training for Thais. In addition, considering that political tension and violence are widely broadcast through the media (such as free TV and public radio stations), the role of the media in Thailand, both traditional and social media outlets, should be explored for the way they present information and for content that may potentially encourage other-blame and other maladaptive behaviours.

Coping with emotion in the midst of stress is an important concept across cultures. However, strategies that individuals utilise to cope with stress and regulate emotion are largely influenced by the culture and context in which the individual lives. The ongoing political tension and instability in Thailand over several decades have posed a challenge for Thais to cope effectively. Since

political stress can negatively affect one's health and interpersonal relationships, studying how Thai people cope effectively with political tension can raise awareness and empower Thai people to take part in politics in a peaceful and mindful way.

There are several limitations of this study. First, a small sample size limits its capacity to be generalised to the population. Second, it is a web-based study, which can on the one hand increase the likelihood of participation due to enhanced anonymity, but on the other hand limit the sample to only those who had access to the internet. Third, the majority of the sample reported high educational levels and relatively high incomes, which limits the generalisability of the findings. While this study did not collect information about the participants' involvement in politics, it will be interesting and important for future research to see whether income and education levels have an impact on the level of political participation. This is important because politics in Thailand are often polarised over income disparities. Fourth, other possible types of stress (e.g., marital, financial, academic, other types of life stressors) were not controlled. This sample may have been affected by other types of stress as well as political stress, and the effects of other types of stress should also be accounted for. Future research should include a sample more widely stratified by socioeconomic status and educational background, and the other types of life stressors should also be assessed and included in the analytical models. Lastly, there may be a self-selection bias in the sample. Although most Thais have been affected one way or another by the nation's political instability, those who chose to participate in the study may already possess strong interest in political discourse and have certain cognitive emotion regulation skills enabling them to do so in a non-aggressive way.

Future research should further examine the mechanisms underlying the relationship between planning, acceptance, lower aggressive tendencies, rumination, other-blame strategies, and higher aggressive tendencies. This would be an expansion from focusing on the cognitive reappraisals in previous CER and political violence studies (Halperin et al., 2011). The role of gender in aggression and CER strategies (specifically, other-blame and self-blame) should shape the intervention in order to render them appropriate for both genders. Also, a randomised control trial study should be designed to test these skills in the specific context of political priming and discourse. Early intervention and prevention research should also experiment with the effects of cognitive emotion regulatory training that incorporates acceptance and planning strategies for people primed with political stress. This information may inform the development of an intervention programme centring on strengthening culturally relevant cognitive emotion regulation skills that can promote peaceful political discourse and foster healthy coping despite political stress among Thai citizens.

In this Thai sample, the approach of acceptance was associated with lower aggression, which is consistent with the emphasised value of social harmony in Thailand. Unlike previous CER studies with other cultural groups, cognitive

reappraisals were not found to be significant as an adaptive strategy. Rumination and blaming others were identified as maladaptive strategies associated with higher aggression. These preliminary findings shed more light on adaptive CER strategies that may help people cope effectively with politically induced stress. While this study focused on individuals' coping, it is important to recognise that this is only one way to address the implications of political tension. Some structural changes, while outside the scope of this study, may also be necessary if the country is to effectively combat its political instability.

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Part 3

Identity and health perspectives in Southeast Asia, with assessment concerns

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While this period of the modern age has seen the least amount of conflict and wars in history, there has been an increasing focus on the mental health and identity of refugees affected by conflicts and migration. Specifically, research has highlighted that refugees do not only have to cope with the severe stressors of war, but they also often face migration pressures, including marginalisation in new environments, acculturation issues, and socioeconomic problems (Eisenbruch, 1991; Porter & Haslam, 2005; Smeekes, Verkuyten, Çelebi, Acartürk, & Onkun, 2017), which negatively impact their well-being and mental health. Specifically, it is found that refugees often experience a wide variety of both physical and mental health problems, such as depression, anxiety, and post-traumatic stress disorder. However, research indicates that there also are factors that can protect refugees' mental health and well-being, such as a stronger sense of ethnic group belonging. While there is a growing body of research on some refugee groups (e.g., Syrian), there is a lack on those from Southeast Asia.

Along with conflict and displacement, an increasing body of literature suggests that online communication tools are also becoming pivotal influences on identity (e.g., Schlosser, 2020). Indeed, social networking sites (SNSs) are widespread in our society. Facebook, in particular, has become the most widely used platform by adults in the U.S., with the majority of adults having an account (Smith & Anderson, 2018), 1.63 billion daily users, and 2.45 billion monthly active users as of September 2019 (Facebook Newsroom, 2019). As Facebook and other SNSs spread and develop, they increasingly become enmeshed in daily life (Palfrey & Gasser, 2008). Previous research has examined how identity and language manifest through interactions online. Trends related to negative language on SNSs have raised concerns regarding traditional moral identity. Indeed, while most research is centred on samples from the U.S., there is an increasing concern regarding Malay values and moral identity. However, published research

on moral identity can be seen as neglected in psychological studies in Southeast Asia as a whole. While topics may be neglected by the local researchers, there is also the consideration of quality of research from Southeast Asia. There may be a number of obstacles in the research and publication process that explain the paucity of research in this region. One such obstacle is the requirement of publication in English. It is possible that some researchers for whom English is not a first language are electing to publish in own-language journals. Alternatively, it is possible that many more papers from the rest of the world are being rejected by the journal because reviewers negatively rate papers with less-than-ideal sentence structure or grammar, despite their content. Aside from these aspects, poor or absent test adaptation protocols of quantitative measures may account for a dearth of research from Southeast Asian countries in international journals.

This section consists of four chapters relating to identity and health perspectives, with consideration of quantitative measurement. First, Badaracco and Sirikantraporn provide a capsule description of reasons for migration from Laos, Vietnam, Myanmar, and Cambodia to the U.S. (e.g., escaping human rights violations in Cambodia in 1975–1994). They then provide an overview of the differences between voluntary and involuntary migration, followed by an overview of the risk and resilience factors on the well-being in this population as well as the psychological consequences of migration and culture shock amongst this population.

Next, Jaafar, Jaafar, Muhamad, Idris, and Hussin examine the moral identity and values of Malays using a local framework of understanding through an SNS. The authors explore the moral identity of Malays by analysing user comments on both political and non-political Facebook pages. Through two studies, the authors sought to understand the difference between Malays' moral identity online and the traditional Malay identity that is taught and practised.

In the following chapter, Swami provides a critical, non-systematic, methodological review of measures of body image and disordered eating with Malaysian samples. First, Swami provides a review for specific measures of both body image and disordered eating that have been used in Malay-speaking populations. The author then highlights the limitations of the use of the measures and importantly highlights good practice guidelines. These recommendations for researchers include advice on novel scales, factor structure, internal consistency, reporting in academic text, and sampling.

In the final chapter of this section, Barron and Toh discuss the latent personality organisation called schizotypy and psychotic-like experiences (PLEs). The authors discuss the prominent measures used in both the schizotypy and the PLEs literature, highlighting aspects such as scale structure and alpha coefficients. Following this, Barron and Toh review the findings from the extant schizotypy and PLEs studies in Southeast Asia by the country of sampling. Where possible, the authors highlight methodological, analytical, and reporting constraints from these studies.

In sum, this section's highlights begin with issues of identity and health through both a migration and refugee framework as well as a social media and values framework. Indeed, this provides a broad range of perspective with relation to identity, from Malaysia to the U.S. This section then broadly discusses

measurement and assessment issues that plague research from Southeast Asia. As such, researchers from the region may find the recommendations and critiques provided by the authors worthwhile when planning future quantitative studies.

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12 Southeast Asian immigrants and refugees from Laos, Vietnam, Myanmar, and Cambodia

Psychological perspectives on identity and health in the United States

Julie Badaracco and Skultip (Jill) Sirikantraporn

Individuals of Asian descent make up about 60% of the world's population, and Asian Americans and Asian immigrants make up about 5% of the total United States (U.S.) population (Chu & Sue, 2011). Asian immigrants continue to be one of the largest immigrant groups in the U.S., and their number is growing at a steady rate (Castles & Miller, 2009; Rumbaut, 1992). Asian immigrants are a population that the field of psychology has limited knowledge and research about, especially when it comes to examining the overall mental health and well-being of Southeast Asian immigrants and refugees from Cambodia, Laos, Myanmar, and Vietnam (Chu & Sue, 2011; Kula & Paik, 2016; Sue, Cheng, Saad, & Chu, 2012). This is a particularly important population to highlight and understand the ways in which migration, resettlement, and acculturation have impacted their mental health, especially because this population has endured an extensive amount of trauma and discrimination in their home countries and throughout the migration and resettlement process. This chapter will provide a brief overview of the reasons for migration for the abovementioned countries, differences between voluntary and involuntary migration, an overview of the risk and resilience factors of well-being in this populations, and the psychological consequences of migration and culture shock amongst this population.

Reasons for migration

Cambodia

Cambodia has a population of approximately 15 million people and experienced relative peace and independence until 1967, when the Cambodian Civil War began (Schunert et al, 2012; Van de Put & Eisenbruch, 2002). The Cambodian Civil War began as a result of the Second Indochina War, which was consuming many of the kingdom's neighbouring countries in civil wars, including the Laotian Civil War and the Vietnam War. After 5 years of intense fighting, the country experienced a coup d'état in 1970, resulting in the Khmer Rouge gaining

power (Human Rights Watch, 2012). The Khmer Rouge emerged as a major power and in 1975 took over Phnom Penh, the capital, marking the beginning of the Cambodian genocide, one of the bloodiest and most brutal genocides in the history of the world (Van de Put & Eisenbruch, 2002). The Khmer Rouge attempted to create a society based on agrarian socialism, founded on the ideals of Stalinism and Maoism (Chan, 2015; Van de Put & Eisenbruch, 2002). It is estimated that 2 million people, or 25% of the entire population, were eliminated during the genocide, leaving the survivors without land, religion, or culture (Van de Put & Eisenbruch, 2002).

The years from 1975 to 1994 were a time when the majority of the Cambodian population attempted to flee from the horrific human rights violations occurring in the country and were looking to seek refuge in other countries, including the U.S. (Chan, 2015; Kula & Paik, 2016). This was the first time that Cambodians were beginning to migrate to the U.S., and there were no established Cambodian communities at the time.

Laos

Laos is a small and mainly agrarian country that is ruled by a communist government (Lum, 2010). Laos was originally colonised by the French but gained its independence in 1950 and was a relatively peaceful country before the Vietnam War (Lum, 2010). It is one of the poorest countries in Asia and has a per capita income of $2,100 and is ranked 133 on the UN's Development Programme—Human Development Index (Lum, 2010). The majority of the gross domestic product is subsistence rice farming, garment and electronic manufacturing, and the service industry. Laos was greatly impacted by the Vietnam War, as there were 2.5 million tons of U.S. munitions used, with the majority affecting one quarter to one third of the country's land area. To date, landmines continue to be found throughout the country, and there are at least 120–300 deaths by landmines per year (Lum, 2010). Although the majority of the population identifies as Lao, the Hmong people make up an ethnic minority group that is important to the immigration narrative of this country. The Hmong people are an ethnic minority that live throughout Southeast Asia but are concentrated in the highland areas in this region (Kula & Paik, 2016).

During the Vietnam War, the Central Intelligence Agency (CIA) trained and armed about 6,300 Hmong guerrillas to fight the Vietcong (Lum, 2010). After the Vietnam War ended in 1975, many of the Hmong guerrillas surrendered, but the Lao military has committed horrendous atrocities against the Hmong due to their alliance with the U.S. (Lum, 2010). Although the targeting of the Hmong people is a major human rights violation, it is only one of several, including human trafficking, the distribution of narcotics, and the religious persecution of Orthodox Christians. Although much of this has improved over the last several years, there continues to be discrimination based on religion and ethnic minority status. In 1975, approximately 30% of the Hmong people from Laos began to seek refuge abroad, including in the U.S. (Kula & Paik, 2016).

Similar to the Cambodian population, there were not any pre-existing communities of Laotians or Hmong people in the U.S., which made the transition more difficult, especially as this was a relatively low-educated and poor population (Rumbaut, 1992).

Myanmar

The Republic of the Union of Myanmar, Myanmar, and Burma have all been used to refer to this country located in Southeast Asia, bordered by India, Bangladesh, Thailand, and Laos (Ray, 2017). The country was officially named Myanmar in 1989 by the ruling military government and will be referred to as such in this chapter, with the major ethnic group identified as Burmese (Ray, 2017). Myanmar has a population of 56.8 million and includes six ethnic-linguistic minority groups, including Chin, Karen, Mon, Shan, Kachin, and Rakhine (Ray, 2017). The primary religion is Theravada Buddhism; however, the prominent ethnic minority groups (Karen, Kachin, and Chin) are Christian. In the 1960s, the military-led government began persecuting non-Buddhist religious and ethnic groups, subjecting them to hard labour, torture, and various forms of violence. Additionally, in 1977–1978 and 1991–1992 there was a large-scale ethnic cleansing taking place of the Muslim Rohingya living in Myanmar. The government drove out 450,000 Rohingya and began murdering them en masse. Many of these individuals left the country and began seeking refugee status in countries around the world. In the year 2016, 15% of all the refugees in the U.S. were identified as Burmese (Ray, 2017). Something that is unique to Burmese refugees' resettlement in the U.S. is that there tended to be multistage journeys to the U.S. These individuals tended to have long stays in refugee camps, and many were not granted refugee status and had to find alternative ways of entering the U.S., such as through U.S. territories, family reunification, and other obscure visas (Rumbaut, 1992).

Vietnam

Vietnam is the 15th most populous country in the world, with 94.6 million people (Castles & Miller, 2009). Vietnam was originally colonised by France and gained its independence in 1945. Shortly after, the Vietnam War began in 1955 and lasted until 1975. It was during this time of fighting and violence that there was a mass migration of Vietnamese to various countries, including the U.S. The Vietnam War was the largest cause for migration of Southeast Asians in the 1970s and 1980s (Castles & Miller, 2009). The first-wave Vietnamese refugees were the first Southeast Asians to arrive in the U.S. and tended to be well educated, have some human capital, and be able to create stable ethnic communities throughout the country. The majority of these stable Vietnamese communities were created in the early 1970s prior to the arrival of the other Southeast Asian subpopulations. These communities are often seen as a protective factor for refugees and immigrants, as they allow for a built-in social support network and access to others who know how to navigate the

U.S. culture and customs (Castles & Miller, 2009; Gordon, 1987). As of 2010, there were 1.7 million Vietnamese in the U.S., and this continues to be the steadiest and fastest-growing Asian population in the U.S. (Kula & Paik, 2016). Additionally, this population tends to be better educated compared to other Southeast Asian immigrants, which has led to widespread financial success for this particular group (Beiser, 2009; Dow, 2011).

Voluntary versus involuntary migration

A major factor that must be considered when discussing not only the concept of migration, but also the notion of mental health and immigrants, is that of voluntary and involuntary or forced migration. There has been some debate as to whether there should be a distinction between these two, as there are usually forces requiring migrants to leave on some level. Erdal and Oeppen (2018) found that labelling an individual's experience of migration as voluntary or involuntary changes the person's experience in the host country. It is important to illustrate that refugees who are fleeing persecution tend to be provided with more protections by the host country, including stipends and access to government assistance programmes. In contrast, voluntary migrants are not given these resourses, as they do not get the official designation of refugee because they may or may not be fleeing persecution (Erdal & Oeppen, 2018). Some researchers like to think of the voluntariness of migration on a continuum, as there are aspects in all migration that are voluntary and involuntary (Erdal & Oeppen, 2018).

That being said, various events such as being forced to leave one's country due to persecution and having little to no time to plan may impact immigrants' mental health. Gong, Xu, Fujishiro, and Takeuchi (2011) found that people who were voluntary migrants tended to have "hardy" personalities, meaning that they are typically not predisposed to mental health concerns and have positive and effective coping skills. It was also found that migrants who had planned their migration and had multiple strong reasons for migrating often do better in the U.S. (Dow, 2011). Additionally, individuals who are 25 years or older tended to have less psychological distress during and after the migration process compared to individuals who migrated when they were adolescents or younger (Gong et al., 2011). This is attributed to the already-difficult time that adolescents face due to developmental and identity challenges and changes. Overall, it was thought that migrants who had well-thought-out migration plans, with multiple strong reasons to migrate, tended to experience lower acculturative stress and fewer psychological disorders.

Being able to plan for migration is ideal; however, this was not possible for many Southeast Asian immigrants and refugees. Some of the challenges that individuals face when forced to migrate include the trauma of being forced to leave one's home due to persecution and/or violence, uncertainty regarding one's future life, and individual, cultural, and structural factors (Kristjánsdóttir & DeTurk, 2013). Of the individual, cultural, and structural factors, several aspects

could impact one's ability to migrate and adjust to their new home country. These include the receptiveness of the host culture, race relations in the host culture that may inherently discriminate against migrants, media portrayals of the event and of the migrants, and the host country's government response to not only allowing the migrants into the country, but also assisting them in adjusting to their new home (Kristjánsdóttir & DeTurk, 2013). All of these factors have major influences on the ways that these individuals can adapt to their new host cultures and can cause major challenges and difficulties in the acculturation process.

For Southeast Asian immigrants and refugees, the experience of migration especially during the 1970s and 1980s is not classified as voluntary. Many of these individuals were fleeing from countries that were plagued with violence, persecution, and war, and it was no longer a plausible option to live a safe life there. Some of the risks that this population faced included compounded trauma from the migration experience or prior as well as lower education levels, which led to more difficulty in obtaining financially stable employment (Dow, 2011). Southeast Asians who had more education and had a high status in their home country were often forced to work manual-labour jobs once they came to the U.S., which led to higher levels of psychological distress (Dow, 2011; Li & Anderson, 2016; Rumbaut, 1992). The voluntariness of the migration is an essential aspect to be mindful of when providing mental health services, as the nature of the migration is likely to impact the individual's mental health as well as their ability to acculturate into the host country.

Psychological consequences and impact on well-being of migration

When examining the historical causes for migration within the Southeast Asian region, it is apparent that migrants were leaving their home country often in fear of their lives. When immigrants were finally able to resettle in the U.S., various psychological experiences and consequences arose. This section will outline culture shock and its impact as well as the psychological consequences for Southeast Asian immigrants and refugees once they have reached the U.S.

Impact of culture shock

Culture shock consists of a "powerful, transformative process that takes place at both the individual and societal levels as important cultural forces are clashing" (Cupsa, 2018). This is a normal and expected process that individuals face once they leave their home culture and go to another. Culture shock is traditionally looked at in five different stages that an individual may or may not experience linearly (Furnham, 2010). The first stage is the honeymoon stage, which is typically marked by feelings of awe and excitement about being in a new culture. This is a time when there are often many new and joyful experiences and when people typically tend to feel curious and even excited about navigating a new

culture, country, and space (Cupsa, 2018). The second stage is disintegration, and it is typically marked by a sense of confusion and disorientation at being in a new space and not knowing how to navigate it efficiently or effectively. This can be a time when people begin to experience their first misunderstandings with locals and notice difficulty reading social cues (Cupsa, 2018; Furnham, 2010). The third stage is reintegration, which is marked by increased feelings of anger and, at times, hostility towards the host culture and feeling stronger connections with the home culture. There tends to be more black-and-white thinking in regards to experiencing the host country as all bad and the home culture as all good (Cupsa, 2018; Furnham, 2010). The fourth stage of culture shock is called autonomy, and it is a time when the individual begins to develop new perspectives, skills, and understanding of their host culture and how they may fit into it. Differences between the host culture and the home culture are no longer seen as threatening, and there tends to be an increased sense of awareness of one's capabilities in the context of the new culture (Cupsa, 2018; Furnham, 2010). The fifth and final stage of culture shock is interdependence. This is a time when the person begins to feel at home in the host culture and can be more flexible and adaptable. Cupsa (2018) highlighted that culture shock is a constant and continuous process that is done throughout the lifetime. There is no set time period for this to take place, nor should there be a time limit on it. Culture shock is about the reconceptualisation of one's identity, and this is a unique experience for all.

Other factors might change the process of culture shock, including forced immigration. For some, there may have never been any desire to leave their home culture, which can lead to different experiences of this process. Some of these experiences may include physical and mental strain due to making necessary psychological adaptations, sense of loss and feelings of deprivation, being rejected by members of the host culture, role confusion, surprise or anxiety or disgust, and feelings of impotence (Furnham, 2010). There are even individuals who would state that through being forced to migrate they do not experience the honeymoon phase and begin their culture shock experience at the second stage, or the disintegration phase (Furnham, 2010). Additionally, it has been noted that there may be more specific experiences of culture shock, such as invasion shock, reverse culture shock, re-professionalisation and re-licensing shock, business shock, and race culture shock, that impact individuals differently (Furnham, 2010).

One factor that can assist throughout the initial adjustment phase to a new culture is cultural intelligence, or the "capability of an individual to function effectively in situations characterized by cultural diversity" (Presbitero, 2016). It was found that individuals who were more culturally intelligent were able to lessen the impact of culture shock on their psychological and sociocultural adaptation, which translates to fewer mental health disorders and a decreased sense of distress (Presbitero, 2016). That being said, it is important to realise that cultural intelligence is not necessarily something that all individuals possess. There are many individuals, especially those who have never left their home culture, that have had little to no exposure to a variety of cultures and, therefore, have limited

cultural intelligence. Therefore, mental health professionals must recognise and understand that an individual's experience of culture shock will vary based on the individual's previous and current experiences.

Risk and resilience for well-being of Southeast Asian immigrants and refugees

There was a large influx of Southeast Asian immigrants and refugees to the U.S. in the 1970s and through the 1990s, which was caused by the end of the Vietnam War as well as other violent regimes beginning throughout the region. During this time, the U.S. was resettling the majority of the refugees, compared to the rest of the world (Gordon, 1987). In 2010, the U.S. Census Bureau reported that there were 2.5 million Southeast Asians, with the Vietnamese community composed of 1.7 million people, Cambodian 276,000, Hmong 260,000, and 232,000 Laotian (Kula & Paik, 2016). Although the U.S. attempted to resettle all Southeast Asian immigrants and refugees throughout the country, the majority of this population ended up migrating to California, specifically southern California, due to the established ethnic communities and warmer climate. However, the Hmong community has settled in the Midwest and Laotians tend to be more evenly dispersed throughout the U.S. (Kula & Paik, 2016). During the resettlement process, it was more difficult for the Laotian and Cambodian migrants to establish ethnic communities, as they were the first of their subpopulation to arrive in the country and had limited education and small human capital. Not having an already-established ethnic community in the host country contributed to more psychological distress for Cambodians and Laotians when compared to Vietnamese immigrants. Resettling into a location with an already-established ethnic community not only was a protective factor for these migrants' mental health, but also allowed individuals to advance and become more financially successful in the U.S. (Kula & Paik, 2016).

The majority of the refugees that arrived to the U.S. during the 70s and 80s were between the ages of 18 and 44 at arrival and most were male (Gordon, 1987). There was also a large number of children and a very small number of people over the age of 65. This was a group that tended to experience lower attainment of education and occupation in their home country, resulting in many Southeast Asian refugees working manual-labour jobs upon arrival to the U.S. (Gordon, 1987; Kula & Paik, 2016). The first several years were the most difficult financially for Southeast Asian refugees and immigrants due to lack of education, limited familiarity with U.S. systems, and language barriers; however, the unemployment rate did decrease over time (Beiser, 2009; Gordon, 1987; Kula & Paik, 2016). Regardless of these facts, many refugees reached the same financial and economic status as native U.S. citizens after 7 to 10 years (Beiser, 2009; Gordon, 1987). Beiser (2009) found that for Southeast Asian refugees the three greatest factors for success in the integration process into the host country were to maintain stable employment, know some English, and have at least one stable meaningful relationship. Out of these three factors, stable

employment had the most positive impact on an individual's mental health, which goes to show the importance of being able to find and maintain gainful employment in the U.S. (Beiser, 2009).

This group of refugees also had very high levels of trauma prior to resettlement in the U.S. The trauma prior to migration was found to impact people's levels of psychological distress and ability to engage in other aspects of life, such as maintaining employment, parenting, learning English, becoming financially stable, creating support networks, acculturating, birth weights, etc. (Rumbaut, 1992). Out of all the Southeast Asian immigrants and refugees, Cambodians experienced the highest amount of trauma prior to migration, with about 90% experiencing at least one traumatic event, and they were the most likely to arrive with mental health concerns, in families headed by widowed mothers rather than fully intact families (Kula & Paik, 2016; Mollica, Brooks, Tor, Lopes-Cardozo, & Silove, 2014; Schunert et al., 2012). Cambodians also experienced the highest rates of survivor guilt and posttraumatic stress disorder (20.6% to 28.4%) due to the various traumas pre-migration (De Jong, Komproe, & Van Ommeren, 2003; Mollica et al., 2014; Rumbaut, 1992). Overall, Southeast Asian refugees had about the same percentage of psychological distress as native-born U.S. citizens, except that Cambodian refugees had higher rates of posttraumatic stress disorder (Beiser, 2009).

For many refugees, one of the main and most effective coping skills to manage pre-migration trauma was suppression of painful memories as a means of survival in the host country. Beiser (2009) found that for many Southeast Asians the pre-migration trauma is not initially observed. However, several years after resettlement, the pre-migration trauma was more likely to resurface, and it became appropriate to address the trauma when it emerged as opposed to when people are initially resettling. Li and Anderson (2016) found that Southeast Asian refugees who were exposed to trauma before migration tended to perceive more discrimination after they were resettled in the U.S. Trauma survivors had their worldviews and assumptions shattered prior to arrival in the U.S., and this made them more susceptible to experiencing higher psychological distress as well as perceiving more discrimination in their new homes (Li & Anderson, 2016). The only subpopulation that this was not true for was the Vietnamese. It is hypothesised that, due to the Vietnamese population being larger, having established co-ethnic networks and tending to socialise with other Vietnamese, they were less likely to be exposed to discrimination as frequently as other Asian subpopulations (Li & Anderson, 2016).

Among this population, there are also findings in regards to their resiliency and strength after resettlement in the U.S. Although Cambodians reported the highest levels of psychological distress, they also reported the highest levels of life satisfaction two years after resettlement (Rumbaut, 1992). However, Laotian and Hmong individuals also experienced high levels of trauma, but they had high levels of chronic health problems and the least life satisfaction (Rumbaut, 1992). Unlike both the Cambodian and Laotian migrants, the Vietnamese exhibited the least amount of psychological distress, which could

be attributed to their large presence in the U.S. as well as their already-established communities (Beiser, 2009; Rumbaut, 1992). Regardless of each subpopulation, the effect of pre-migration trauma tended to remain a powerful predictive factor when it comes to psychological distress and life satisfaction after resettlement.

Although Southeast Asian immigrants and refugees experience psychological distress, when compared to other ethnic minorities in the U.S., they have lower levels of psychological distress (Sue et al., 2012). The major two groups that fall outside this category include Cambodian refugees and elderly Asian women, who experience more death by suicide than any other Asian subgroup (Sue et al., 2012). Additionally, gender plays a role in the mental health of Southeast Asian immigrants. Southeast Asian women tended to have fewer mental health disorders, whereas men experienced more disorders with a decrease in English proficiency (Sue et al., 2012). It is interesting to note that although there were generally high levels of distress at the beginning of the resettlement process, people who adopted biculturalism tended to be the most psychologically well adjusted (Rumbaut, 1992; Sirikantraporn, 2012). Biculturalism is the ability to acculturate to the host country while also maintaining one's ethnic identity. This can be difficult for individuals, especially when navigating culture shock; however, when people are able to integrate both identities, they become the most successful in their new host country.

Another difficult aspect around the mental health of Southeast Asians in the U.S. is that all of the existing diagnoses, measures, and interventions that are available and used are developed in the West and may not apply to this population (Chu & Sue, 2011; Sue et al., 2012). This makes it difficult to have an accurate representation of the mental health disorders present within this population. However, it can be said that overall this is a group that is exceptionally resilient and strong. Therefore, it is important to take the time to find ways to best serve this unique population.

Conclusion

Southeast Asian immigrants and refugees living in the U.S. are one of the most traumatised and strongest immigrant groups that have been resettled in the U.S. to date. Yet there has not been a focus placed on understanding this population and ways in which they experience mental health and well-being. This chapter illustrates that through the experiences these individuals had prior to resettlement in the U.S., they have come a long a way in their growth and development in the U.S. That being said, the mental health of this population continues to be an aspect that needs to be more thoroughly understood and addressed. It would be pertinent for mental health professionals to focus on ways that they can assist and enhance the overall health and well-being of this population.

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13 The moral identity of Malays

An empirical investigation of Malay moral attributes reflected on political and non-political Facebook pages

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In this chapter, we examine the moral identity and values of Malays, as we believe it is imperative to examine this issue from a local perspective rather than only from the prominent Western psychological framework. The idea of a moral identity has received much attention in the West but has been less investigated in the East. So far, in this part of this world, there are relatively few relevant studies, but there is some relevant research on moral identity with respect to perceptions of justice, moral identity, and empathy, the relationship of cyber-bullying to moral values in China (Guo, Sun, Ca, Zhang, & Song, 2019; Rupp, Shao, & Thornton, 2013; Wang, Yang, Yang, Wang, & Lei, 2017; Wu, Sun, Fu, & Liu, 2014; Xu & Ma, 2016), the role of values in donation behaviour in Indonesia (Winterich, Mittal, & Ross, 2009), and the effects of utilising a social cognitive model on understanding moral identity in Singapore (Aquino, Freman, Reed, & Lim, 2009). In Malaysia, in contrast, thus far there are only studies regarding moral education and moral values (Saedah, Abdullah, Agil, & Nordin, 2014; Tan, Naidu, & Jamil@Osman, 2018). It is evident that the psychological examination of moral identity is a topic which largely has been neglected in Southeast Asia.

Although comparatively speaking, the Malays are considered by many as a small community in Southeast Asia, one must acknowledge that the Malays are a significant group, at least in this region. Historically, this civilisation reached its greatest influence in the 15th century, spanning throughout the Malay Archipelago. Despite several rounds of colonisation by the Portuguese, Dutch, and finally the British, Malay tradition, culture, and language have remained intact. Despite modernisation, the Malays are still deeply rooted in their traditional norms and values. The Malays not only are characterised by adherence to Islam, but there is often mention of *adat* (customary law), *halus* (refined) behaviour, anxiety about reputation, dignity, and status (*nama, maruah, pangkat*), shame and deference (*malu* and *hormat*), and running *amok* (Djamour, 1959). There is a well-known *pantun* (the oldest oral form of expression of the Malays) which described our foundation in life by illustrating the

place, power, and influence of the *adat* (traditional customary laws): *Hidup dikandung adat, mati dikandung tanah*; we are bound by the *adat*, and in death we are bound in the earth (Salleh, 2018).

In addition to *adat*, past scholars of Malay studies have also pointed out that one of the pivotal concepts upheld in Malay society is *budi* (Husin, 2010; Jaafar, Kolodinsky, McCarthy, & Schroder, 2004; Kadir, 1993; Richardson, Yaapar, & Amir, 2016; Storz, 1999). According to Lim (2003), *budi* governs all aspects of a Malay. It can mean intellect, as in *akal budi* (common sense or healthy mind), or it can refer to kindness or virtue as in *budi pekerti*, or moral behaviour or moral character/action. *Budi* is also seen in *budi bicara*, good judgment with flexibility. Lim (2003) notes that *budi* and its networks determine thinking, judgement, moral attitudes, and goodness. Therefore, Malays often believe that a true, genuine Malay with the highest morality and moral identity is one who is *berbudi* (having or possess *budi*) and who eventually becomes *orang berbudi* (a *budi* person) and, at the same time, practises *adat*. In other words, Malay moral values and behavioural and cognitive schemas and scripts, together with moral character, define Malay moral identity.

The Malays are also known for their Eastern traits such as being courteous, polite, gentle, and respectful of elders, taking heart, expressing humility (Kadir, 1993; Shamsul, 1997, 2001), and being high in agreeableness and extraversion (Mastor, Jin, & Cooper, 2000; Muhamad & Jaafar, 2009). Western scholars have described the Malays as hospitable, honest, emotional, respectful, friendly, and polite (Derks, 1997; Goddard, 2005; Hewstone & Ward, 1985; Vickers, 2004; Watson, 1996). It is also important to note that Malays come from a "tight" social structure (Provencher, 1971), and conformity in patterns of behaviour is great.

This discussion brings us back to the main issue of this chapter. Looking at social media today, one cannot help but be struck by the sometimes offensive and distasteful comments posted by Malays (see Abdul Halim, 2015; Ashaari & Sabri, 2018; David, Kuang, & Tayyebian, 2016; Lingam & Aripin, 2016; Mohd, Rashid, & Yaacob, 2017). The Malay community has raised the question of what has happened to Malays, such as how they now sometimes become the opposite of what has been taught in the Islamic teachings, and how their actions are totally against traditional *adat* and *budi* (this has been discussed in length by Milner, 2010). Not only do these comments warrant the need for investigating whether Malay moral identity has been transformed in this era of globalisation, but one must also acknowledge and recognise the power of moral identity and beliefs in determining actual moral behaviour and action. Hardy and Carlo (2011) define moral identity as the degree to which being a moral person is important to an individual's identity. According to Blasi in his Self-Model Theory (1984, 1985), when a person's identity is based on morality, the need to live will be consistent with one's sense of self.

A majority of studies have demonstrated that the online communication tools can affect one's identity (Eleuteri, Saladino, & Verrastro, 2017; Livingstone, 2008; Roccas & Brewer, 2002; Schlosser, 2020; Seargeaut & Tagg, 2014). In

line with these findings, it is important to study how Malays share their thoughts or feelings, as well as their reactions towards a particular topic or issue in social media in order to get an understanding of their moral identity, at least from the perspective of social media platforms. In this study, we only focus on one social networking site (SNS), namely, Facebook. We believe that Facebook is an appropriate and valid tool for the current study, as it is one of the most popular and visited social media websites in Malaysia, and it allows users to freely share their personal opinions by merely posting a comment. In fact, Facebook comments might indirectly reflect Malay users' characters, at least in thinking if not also in behaviour.

In the past, scholars have actively explored how identity and language are manifested in online interactions. For example, research on chat rooms and newsgroups has revealed interesting trends in the way individual identity is presented, language is used, and interactions transpire (Calvert, 2002; Crystal, 2001; Greenfield & Subrahmanyam, 2003; Turkle, 1995). Wilder (1982), while investigating rural Malays, asserted that the word *bahasa* (language) can refer not just to speech, but also to manners: a person "who is polite" and cultivated has a deep knowledge of *adat* (customary law), and as such a person's manners and speech are *halus* (pp. 116–117). Meanwhile, Grasmuck, Martin, and Zhao (2009) noted how processes commonly associated with identity development were reflected on respondents' Facebook pages, similar to development in the real world. Therefore, the present study begins with looking at moral attributes that Malays present themselves with via *Facebook* comments.

Study 1

As mentioned earlier, the question of the continuity and sustainability of Malay identity has been raised recently as to whether Malays remain consistent with the traditional Malay qualities of *adat* and *budi*. In this first study, we explore the moral attributes of Malays that are reflected through their comments posted on two political Facebook pages. Political pages were chosen, as these are where the comments are most explicit, blunt, and transparent. We followed steps taken by previous studies which had analysed social networking sites in determining many aspects in human behaviour (e.g., Bakshy, Messing, & Adamic, 2015; Baumgarter & Morris, 2009; Halpern & Gibbs, 2013; Kushin & Kitchener, 2009).

Method

Participants

Data were obtained from two separate groups of respondents. The first consists of Malay Facebook users who have posted comments on the fan pages of two politically inclined webpages covering the government at the time: *Anti-Pakatan Rakyat* (APR) and the opposition, *Pakatan Rakyat Supporters* (PRS),

from July to September 2013. The second group consists of 21 Malay adults who completed an open-ended question: "Who is a real Malay?" This question was asked as an initial step to elicit moral attributes.

Materials and analyses

One thousand comments posted by Malay Facebook users on two fan pages, *Anti-Pakatan Rakyat* and *Pakatan Rakyat Supporters*, were analysed for the qualitative phase of the study. All comments were analysed using NVivo 10 to identify key attributes of Malays. Another 21 respondents were asked to provide their thoughts on an open-ended question ("Who is a real Malay?") by simply describing Malay attributes. We used the lay-people approach, as we believe that this is the best initial approach to generate and investigate culture-specific moral attributes of Malays.

Results

In general, the results of the NVivo analyses indicated that there are 14 Malay attributes: sarcastic, outspoken, emotional, rude and offensive, judgemental, passionate, loyal, fatalistic (*redho*, perfect contentment with God's will), respectful, patient, considerate, courteous and polite (*budi bahasa*), shy (*malu*), and obscene (see Table 13.1). We found that most of the comments posted on PRS and APR are reflective of negative attributes. Specifically, the findings showed that 29.89% of the comments on PRS are sarcastic, 18.16% are outspoken, 13.97% are emotional, and 11.17% are rude and offensive. On the other hand, in APR, 28.86% of the comments are emotional, 17.07% are judgmental, 14.63% outspoken, and 11.79% sarcastic. In total, a majority of the comments posted reflected sarcasm (22.52%), followed by emotional (20.03%) and outspoken (16.72%) qualities. It is worth mentioning that there are three Malay culturally related attributes: *budi bahasa, malu*, and *redho*. These results will be explained further in the discussion section.

In response to the question of "Who is a real Malay?" ten attributes were evident: well-spoken (*lemah lembut*), polite (*budi bahasa*), respectful, helpful, kind, prejudiced, lazy, close-minded, envious, and gives up easily.

Study 2

In Study 2, we extended our study to explore the moral identity of Malays by investigating comments posted on non-political Facebook pages. It is important to explore both political and non-political Facebook pages in order to obtain a fuller, clearer picture and to provide a balance to data on how Malay users present themselves on Facebook. There is a possibility that there are more negative attributes presented in APR and PRS, as the nature of the pages are political.

Table 13.1 The Malay Attributes of Facebook Users on PRS and APR Fan Pages

| Attributes | Political Facebook Fan Pages | | | | Total | |
| | PRS | | APR | | | |
	N	%	N	%	N	%
Sarcastic	107	29.89	29	11.79	136	22.52
Outspoken	65	18.16	36	14.63	101	16.72
Emotional	50	13.97	71	28.86	121	20.03
Rude and offensive	40	11.17	22	8.94	62	10.27
Being judgemental	32	8.94	42	17.07	74	12.25
Passionate	22	6.12	4	1.63	26	4.31
Loyal	13	3.63	5	2.03	18	2.98
Fatalistic (*redho*)	7	1.96	9	3.66	16	2.65
Respectful	6	1.68	8	3.25	14	2.32
Patience	6	1.68	5	2.03	11	1.82
Considerate	4	1.12	9	3.66	13	2.15
Courteous and polite (*budi bahasa*)	3	0.84	0	0	3	0.50
Shy (*malu*)	2	0.56	0	0	2	0.33
Obscene	1	0.28	6	2.44	7	1.16
Total	358	100	246	100	604	100

Method

Participants

Data were obtained from two separate groups of respondents. The first consists of Malay Facebook users who have posted a total of 1,093 comments on *Berita Harian Online* and *PenMerah.com* from March to May 2015. These two non-political pages are neutral in nature and have the highest number of followers in Malaysia at the time of study. Furthermore, the second group consists of 200 Malays (90 male; 110 female) who had an average age of 26.14 years ($SD = 7.65$).

Materials and analyses

As explained above, two non-political Facebook pages were chosen (i.e., *Berita Harian Online; PenMerah.com*). The pages were chosen based on the criteria of largest audience and popularity. As reported by Socialbakers (www.socialbakers. com, March, 2015), *Berita Harian Online* is estimated to be followed by 3,048,549 audience members, which is the largest for the category of social media in Malaysia. Meanwhile, *PenMerah.com* is estimated to have 5,392,364

followers, which is the largest number for the public figure category at the time. The comments were taken and again analysed with NVivo.

As for the second group, 200 Malays were asked to list Malay attributes in a similar fashion to Study 1; they were also asked "Who is a real Malay?" The only difference was that the total number of respondents was higher in this group.

Results

Generally speaking, in the two non-political fan pages, 13 moral attributes were found: sarcastic, rude and offensive, outspoken, sensible and tactful, sympathetic, judgemental, likes to gossip, emotional, caring, courteous and polite (*budi bahasa*), fatalistic (*redho*), considerate, and adheres to religion and *adat* (see Table 13.2). Of the total comments, 68% reflected negative Malay attributes as compared to 32% which were positive attributes. Specifically, 20% of the comments reflected being sarcastic, followed by 18% that mentioned rude and offensive attributes; 15% of the comments mentioned Malays as outspoken. Taken altogether, the percentage of negative attributes mentioned is higher than the positive attributes.

Finally, there are three attributes which are culturally related: *budi bahasa*, *redho*, and adheres to religion and *adat*.

As for the second analysis of 200 Malays, more moral attributes are found this time. There are 40 attributes, and a majority believed that the Malay moral attributes are respectful and friendly (154, 77%), well-spoken (*lemah lembut*) (148, 74%), and helpful (145, 72.5%). In addition, 146 (73%) view Malays as

Table 13.2 The Moral Attributes of Malay Users on Non-Political Facebook Pages

Attributes	N	Percentage (%)
Sarcastic	214	20.0
Rude and offensive	195	18.0
Outspoken	168	15.0
Sensible and tactful	134	12.0
Sympathetic	109	10.0
Judgemental	64	6.0
Like to gossip	53	5.0
Emotional	45	4.0
Caring	35	3.0
Courteous and polite (*budi bahasa*)	31	3.0
Fatalistic (*redho*)	20	2.0
Considerate	13	1.0
Adheres to religion and *adat*	12	1.0
Total	**1093**	**100**

kind, and 140 (70%) reported Malays as courteous and polite (*budi bahasa*). However, 138 (69%) reported that Malays want to get rich quickly. The results indicated that only 70 (35%) of the Malays perceive the real/true Malay negatively. For example, only 56 (28%) reported the Malays as close-minded, 51 (25.5%) as arrogant, and 38 (19%) as rude. Overall, our study found that most of the moral attributes of the Malays are positive (23 out of 40) and there are new moral attributes revealed which were not in our first study. These new attributes are friendly, eager to get rich quickly, grateful, caring for other people's feelings (*jaga hati*), tolerance, love entertainment, righteous, modesty, humbleness, responsible, togetherness, independence, highly sensitive, staying united, creativity, tactful, open-minded, likes to complain, indifference, flattery, vengeful, sulks easily, and arrogance. It is important to mention here that there are six culturally related Malay attributes reported by the respondents: *lemah lembut, budi bahasa, jaga hati*, adhere to *adat*, *malu*, and *redho* (see Table 13.3). All results will be discussed further.

Factor analyses

The results from the explorative factor analysis showed that eight factors explained 68.61% of the total variance (see Table 13.4). These factors had eigenvalues greater than 1.0. Factor 1 explained 30.35% (eigenvalue: 12.14) of the variation with the attributes of prejudice, lazy, close-minded, envious, gives up easily, flattery, sulking, indifferent, sarcastic, and likes to complain. The second factor explained 14.42% (eigenvalue: 5.76) of the variation with the attributes of well-spoken, courteous and polite, respectful, helpful, and kind. The third factor explained 5.54% (eigenvalue: 2.21) of the variation with the moral attributes of loyal, friendly, tolerant, open-mindedness, togetherness, righteousness, and staying united. The fourth factor explained 4.56% (eigenvalue: 1.82) of the variation with the attributes of gratitude, modesty, responsibility, creativity, independence, and consideration. The fifth factor explained 3.90% (eigenvalue: 1.56) of the variation with the moral character of highly sensitive, love entertainment, wants to get rich quickly, and vengeful. The sixth factor explained 3.64% (eigenvalue: 1.45) of the variation with the attributes of rude and arrogant. The seventh factor explained 3.27% (eigenvalue: 1.30) of the variation with the attributes of caring for other people's feelings, humble, fatalistic, and shy. Finally, the eighth factor explained 2.93% (eigenvalue: 1.17) of the variation with the attributes of adheres to religion and *adat* and tactful.

Discussion

Due to growing concerns over offensive, impolite language and hateful patterns of online communications in SNSs, researchers have begun to investigate how online communication impacts Malays, who historically have been known for their conformity to traditional values and norms, called *adat*. We attempted to explore the issue of moral identity. By looking at Malay moral

Table 13.3 Score, Percentage, Mean, Standard Deviation (Who Is the Real Malay?)

Attributes	Total score (N=1000)	Mean (SD)	Who is the Malay? (N=200)		
			Agree	Moderately agree	Disagree
Respectful	802	4.01 (.82)	154	38	8
Friendly	802	4.01(.84)	154	37	9
Well-spoken	792	3.96 (.82)	148	42	10
Helpful	789	3.95(.84)	145	44	11
Kind	787	3.94(.77)	146	48	6
Eager to get rich quickly	779	3.90(.99)	138	44	18
Courteous and polite	777	3.89(.79)	140	52	8
Grateful	770	3.85(.85)	126	66	8
Cares for other people's feelings	765	3.83(.87)	129	58	13
Adhere to *adat*	764	3.82(.97)	131	49	20
Tolerant	764	3.82(.78)	136	55	9
Considerate	754	3.77(.87)	130	60	10
Love entertainment	752	3.76(.97)	121	61	18
Righteous	751	3.76(.84)	131	54	15
Loyal	736	3.70(.91)	118	64	17
Modesty	736	3.68(.80)	118	70	12
Humble	735	3.68(.87)	126	56	18
Responsible	732	3.66(.80)	113	77	10
Togetherness	730	3.65(.87)	111	73	16
Shy	718	3.59(.96)	109	69	22
Independent	713	3.57(.92)	108	69	23
Fatalistic	711	3.56(.84)	110	72	18
Highly sensitive	711	3.56(.96)	109	64	27
Staying united	709	3.55(.88)	104	75	21
Creative	708	3.54(.91)	105	73	22
Tactful	694	3.47(.81)	95	84	21
Sarcastic	687	3.44(1.12)	100	56	44
Open-minded	687	3.44(.94)	98	67	35
Like to complain	682	3.41(.96)	97	72	31
Prejudice	668	3.34(1.23)	94	55	51
Indifferent	672	3.36(1.03)	95	67	38
Lazy	652	3.26(1.18)	88	62	50
Flattery	649	3.25(1.16)	98	49	53
Envious	642	3.21(1.18)	79	68	53
Vengeful	636	3.18(1.03)	70	79	51
Sulking/quick to sulk	613	3.07(1.02)	70	76	54

(*Continued*)

Table 13.3 (Cont.)

Attributes	Total score (N=1000)	Mean (SD)	Who is the Malay? (N=200)		
			Agree	Moderately agree	Disagree
Give up easily	593	2.97(1.10)	70	67	63
Close-minded	576	2.88(1.13)	56	77	67
Arrogant	555	2.78(1.08)	51	68	81
Rude	541	2.71(1.05)	38	83	79

Table 13.4 Rotated Factor Pattern for Who Is the Real Malay?

Who is the Malay?	Eigenvalue	Attributes
Factor 1	12.14	Prejudice, lazy, close-minded, envious, give up easily, flattery, sulking, indifferent, sarcastic, like to complain
Factor 2	5.76	Well-spoken (*lemah lembut*), courteous and polite (*budi bahasa*), respectful, helpful, kind
Factor 3	2.21	Loyal, friendly, tolerant, open-minded, togetherness, righteous, staying united
Factor 4	1.82	Grateful, moderate, responsible, creative, independent, considerate
Factor 5	1.56	Highly sensitive, love entertainment, want to get rich quickly, vengeful
Factor 6	1.45	Rude, arrogant
Factor 7	1.30	Caring for other people's feelings (*jaga hati*), humble, fatalistic (*redho*), shy (*malu*)
Factor 8	1.17	Adheres to religion and *adat*, tactful

attributes reflected on comments posted on political and non-political pages of Facebook, we sought to contribute to an understanding of how far the Malays' moral identity deviates from the traditional Malay identity taught and practised in our society, at least as evidenced from online communication.

In our first study, 14 moral attributes were found, and overall, the attributes are negative in nature. Specifically, the Malay users were more outspoken and blunt when expressing their thoughts and opinions on Facebook. Also, they tended to be vocal in their comments if they were disagreed with on certain opinions posted on the Facebook timeline, such as by being insulting, or using harsh scolding, name-calling, and/or mocking of authorities or politicians. Other negative attributes, such as blaming others and anger, are also evident. Does this result indicate that these Malays are less Malay than the previous generations (who traditionally are well known for their gentle and *halus* attitude)? Probably

not, as apparently the results are quite plausible, since all the comments came from two politically inclined fan pages during the 2013 post-election. Therefore, we believe that it is only natural for the political Facebook fans to show a strong reaction, particularly after an election, and to express strong opinions or to deliver criticism in their comments. In other words, there is a possibility that the negative attributes that are reflected in the comments are a result of post-election reaction and might not be the real representation of the typical Malay moral identity under normal life circumstances and situations. As mentioned in the first part of this chapter, similar patterns and trends in type of language and communication are also found in other political discourses (Bishop, 2014; Kushin & Kitchener, 2009; Matsumoto, Huang, & Frank, 2013).

Attempting to provide a well-balanced analysis, we continue to explore how Malays perceive themselves generally, whether in a positive or negative light. Twenty one Malay adults were randomly approached, and as indicated previously, the results show that the majority of the participants tend to view Malays positively, citing values and terms such as courteous, respectful, and kind as Malay attributes. Meanwhile, some participants tend to view themselves from both sides, both positively and negatively. Among the negative attributes are prejudiced, lazy, close-minded, and envious. However, the sample is rather small and, thus, does not offer us robust, reliable findings.

Therefore, in our second study, the moral attributes of the Malays were further analysed via two non-political Facebook pages. In this case, we chose two categories of Facebook page, a public figure page and a general social media page. Thirteen moral attributes were found on two non-political Facebook pages: sarcastic, rude and offensive, outspoken, sensible and tactful, sympathetic, judgemental, likes to gossip, emotional, caring, courteous and polite, fatalistic, considerate, and adheres to religion and *adat*. This result is consistent with our first study, which revealed that more negative traits were reflected on the comments as compared to positive traits.

Responding to the question of "Who is a real Malay?" an additional 200 Malays revealed to us that there are 40 Malay moral attributes. There are 23 positive and 17 negative attributes; some attributes are similar to our first study and some are new. Thus, we must acknowledge that a larger number of respondents have provided us with more diverse informative data in understanding the moral identity of Malays.

Overall, it seems that our results concerning political and non-political websites are in contrast to the depiction of authentic, traditional "true" Malays described in past literature. In other words, traditional Malay moral attributes are not evident in the social media world, particularly in this case, on Facebook, although it is well-known that in Malay culture, attributes such as toleration, respect for the elderly, and being well-spoken and well-mannered are among the traditional Malay cultural values and norms that well describe the historical Malay moral identity, particularly during their interaction with other people, and verbal directness is considered impolite among Malays (Goddard, 2001). However, questions remain regarding how exactly Malays present themselves in

the online context. One possible reason Malays are quite ambiguous or hesitant in displaying their real moral identity and values on social media, specifically in these social networking sites, may be due to an effect known as the online disinhibition effect. Suler (2004) argues that it is not surprising to see online users showing unusual behaviour, such as rude language, harsh criticisms, anger, or hatred. This type of disinhibition may be viewed as toxic disinhibition, reflecting behaviour and language which the online users display on the internet but may not perform in the real world. In this case, it is not surprising that we found more negative moral attributes in the political and non-political Facebook pages, as the fans are aware that the potential to be detected and identified online is minimal. There is a well-known *pantun* (Malay traditional oral form of expression) which describes this act perfectly: *baling batu sembunyi tangan* (throw a stone, hide the hand; or, pass the buck). Therefore, the sense of anonymity among online users may lead them to feel open to express their hidden emotions either positively or negatively without worry about what others would think because the person that they become online may not be easily identified in real life (Bargh, McKenna, & Fitzsimons, 2002; Suler, 2004; Zhao, Grasmuck, & Martin, 2008). Moreover, in certain online environments such as Facebook, users remain physically invisible, even with their identity known. Hence, it may decrease the fear or worries of users to make any comment because they know people are unable to see their faces (Suler, 2004).

Facebook is one of the most popular platforms for online communication and has sometimes become a platform for uncivil discussion and behaviour (Kushin & Kitchener, 2009). Furthermore, it has contributed to the growth of impolite language and curse words (David et al., 2016; Halpern & Gibbs, 2013; Kasmani, Sabran, & Ramle, 2014). It seems that it is a common trend in netizens to use explicitly bad language and words which, according to the Malay community, appear to reflect non-traditional, non-Malay attributes.

It is worth highlighting here that there are six culturally related Malay attributes reported by the respondents: *lemah lembut, budi bahasa, jaga hati*, adheres to *adat, malu*, and *redho*. All these attributes have been investigated by Malay-studies sociologists and anthropologists, and all of them basically acknowledge that the attributes are distinctive traditional Malay moral values which are almost impossible to fully define and translate using a Western-world framework (e.g., Collins & Bahar, 2000; Goddard, 2001; Ramli, 2013; Reid, 2001). What is important here is the fact that Malays still retain some of their traditional values and norms regarding moral identity. These findings are in line with past studies, which indicated that moral reasoning and judgement are flexible and depend on moral context. Adopting the perspective of the classic Kohlbergian moral development theory, Jaafar and colleagues (2004) found that Malays reasoned according to their moral context. Similarly, recent studies have also shown that flexibility exists in children's moral reasoning, self-presentation, and moral judgement (Bartels, 2008; Hardecker, Buryn-Weitzel, & Tomasello, 2019; Rom & Conway, 2018). We conclude by citing Suler (2004), who pointed out that

> Different modalities of online communication (e.g., e-mail, chat, video) and different environments (e.g., social, vocational, fantasy) may facilitate diverse expressions of self. Each setting allows us to see a different perspective on identity. Neither one is necessarily more true than another.
>
> (Suler, 2004, p. 325)

In conclusion, the moral identity and values that Malays portrayed on Facebook may not necessarily reflect their full, true identity; rather, these posts may merely reflect online identities. Despite the escalating concern over the perception of disappearing traditional Malay moral identity and values, it is important to note that most Malays still express and possess their positive and traditional Malay attributes. These moral identities are something that we need to continually cultivate, especially in our young generation, both in the real world and in the social and online world. We hope that our study in part can help provide a better picture of Malays' moral identities and values in the context of the online world, in order to understand the pervasive impact of social media on traditional Malay identity.

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14 Measures of body image and disordered eating for use with Malaysian populations

A critical review and methodologic critique of the recent literature

Viren Swami

Research on body image and disordered eating has experienced dramatic growth in the past 60 years (Cash, 2004; Cash & Pruzinsky, 2002), and an important facet of this work has been the emergence of research in different cultural and linguistic groups (for reviews, see Levine & Smolak, 2010; Pike & Dunne, 2015; Soh, Touyz, & Surgenor, 2006). The latter has both stimulated and been fuelled by the development of new measures of body image and disordered eating, which allow for systematic and carefully conducted research with diverse populations. Indeed, as noted by Thompson (2004), there are now over 50 different measures that could be used by researchers or practitioners when designing studies or interventions for body image or disordered eating. However, research in different cultural groups also highlights the importance of carefully creating novel measures or selecting, translating, and adapting existing measures for use in particular linguistic groups. Far too often, scholars have paid insufficient attention to issues of reliability and validity when using measures of body image and disordered eating.

Perhaps the most important reason for considering these issues is that lack of attention to reliability and validity can jeopardise the sorts of theoretical conclusions that can be drawn. Thompson (2004, p. 7) highlighted this concern when he wrote: "A laudable empirical question, sound methodological design, and sophisticated data analysis will not make up for a faulty selection of a measurement tool or misinterpretation of the construct indexed by a particular measure." Likewise, poor scale construction or adaptation also raises serious practical concerns for practitioners, particularly when designing intervention work or when interpreting the results of such work. Conversely, proper scale design or adaptation should be seen as an important first step in methodological design, which can facilitate in-depth and systematic research in diverse cultural contexts.

Research on body image and disordered eating in Malaysia provides a useful exemplar of these concerns. Indeed, while such research has undergone dramatic growth particularly in the past two decades, scholars continue to lament poor scale construction and the improper use of existing measures in this cultural context (e.g., Swami, 2006, 2017; Swami, Tovée, & Harris, 2013). In order to

shed light on these issues, this paper presents a critical, non-systematic review of measures of body image and disordered eating that have been used with Malaysian samples. The review is broadly divided into two sections, focused on measures of body image and disordered eating, respectively. Within each section, specific measures that have been used in Malay-speaking populations are reviewed: limitations of use are indicated in most cases and, where available, elements of good practice are highlighted.

Measures of body image

Body image can be generally thought of as the "inside view" that a person has about their own body (Cash, 2004); more specifically, it is a multifaceted construct encompassing the thoughts, feelings, beliefs, and behaviours related to one's body (Cash & Pruzinsky, 2002). Measures of body image generally tap a single such facet of body image and can be broadly grouped in terms of attitudinal and perceptual measures (Cash, 2002). In the Malaysian context, scholars have used both broad classes of measures. In terms of perceptual measures, the most widely used instruments are figural rating scales where participants are asked to rate the figure that most closely matches their own body and the figure that they believe is their ideal, allowing scholars to compute a discrepancy score between both ratings that provides an index of perceptual negative body image. In terms of attitudinal measures, some scholars have attempted to develop novel scales for use in Malaysian samples, while others have used scales developed in other cultural settings. This section examines the use of both classes of scales in Malaysia, beginning with measures of perceptual body image.

Perceptual body image

One widely used measure of perceptual body image is Stunkard's Figure Rating Scale (Stunkard, Sorensen, & Schlusinger, 1983), which consists of 9 line-drawn silhouettes of the human form varying in body size. In Malaysia, this particular scale has been used in several studies of adolescents (e.g., Khor et al., 2009; Wan, Kandiah, & Taib, 2004). For example, Khor et al. (2009) presented the scale to a large, multi-ethnic sample of Malaysian adolescents (N = 2,050) and reported that female participants reported significantly higher levels of negative body image than male participants. However, a limitation of the Stunkard scale is that it suffers from poor ecological validity: Thompson and Gray (1995) noted that the drawings in this scale are unrealistic representations of the human form. In addition, the use of a scale depicting the adult human form in adolescent samples may diminish the validity of responses derived from the measure, although some studies have used the scale with adult samples in Malaysia (e.g., Kuan, Ho, Shuhaili, Siti, & Gudum, 2011).

Some researchers have used the Contour Drawing Figure Rating Scale (CDFRS; Thompson & Gray, 1995), although here too studies have typically presented the scale—which depicts the adult human form—to adolescent

samples (e.g., Dan, Nasir, & Zalihah, 2011; Farah Wahida, Nasir, & Hazizi, 2011; Soo, Shariff, Taib, & Samah, 2008; Teoh, 2000). Soo et al. (2008) pretested the scale in a sample of 30 female adolescents and suggested that the measure is culturally and religiously acceptable for use in Malaysia. However, in addition to its problematic use with adolescent samples, scholars have noted limitations of the CDFRS, including the presentation of facial features. The CDFRS figures have been modified to deal with some of the issues (Frederick, Forbes, & Berezovskaya, 2008), and the modified version of the scale has been used with Malaysian adults (Swami et al., 2010). Nevertheless, the use of figural rating scales consisting of line-drawn images remains problematic because of their poor ecological validity (Gardner & Brown, 2010).

Recent studies have begun to use well-validated, ecologically valid figural rating scales, such as the Photographic Figure Rating Scale (PFRS; Swami, Salem, Furnham, & Tovée, 2008), in Malaysian samples. The PFRS includes 10 photographic images of women varying in body mass index and presented in grey-scale so as to minimise the impact of perceived ethnicity. Swami et al. (2013) translated the PFRS into Malay and presented it to a multi-ethnic sample of Malaysian adults. They reported significant, albeit small, differences in weight discrepancy between ethnic groups and also presented preliminary evidence of convergent validity for PFRS-derived scores in their sample. The PFRS, therefore, offers a useful tool for the measurement of perceptual body image in the Malaysian context, although more can be done to establish its test-retest reliability and to provide broader indices of convergent and discriminant validity.

Attitudinal body image

A number of measures of attitudinal body image have been developed or used with Malaysian samples, but in most cases psychometric testing has been extremely limited. In one early study, Koay (1998) developed a 10-item measure of dissatisfaction with body parts, which was subsequently used with a sample of adolescents. However, Koay (1998) failed to adequately report on the factor structure of the scale, and subsequent studies using the measure have classified participants as being satisfied or dissatisfied with body image in the absence of clear protocols (e.g., Dan et al., 2011). In the absence of indices of validity and reliability for this measure, data derived with samples using this scale should be treated with extreme caution.

Chin, Taib, Shariff, and Khor (2008) attempted to develop a novel body image measure for use in Malaysian samples. To develop their measure, they selected 152 items from pre-existing measures of perceptual and attitudinal body image. Through exploratory factor analysis with 328 female adolescents, the authors extracted a 62-item, 7-factor model, which they termed the Multidimensional Body Image Scale. The authors further reported that subscale scores have adequate internal consistency and good patterns of convergent validity, and the scale has been used in other studies of Malaysian adolescents (e.g., Rezali, Chin, & Yusof, 2012). However, a number of limitations affect the design of

this scale, including improper combination of multiple pre-existing scales that tap conceptually different facets of body image, inadequate sample size for factor analysis, and likely over-retention of factors. In addition, it is unclear whether the authors sought and obtained permission from original scale authors to adapt those measures. Given these issues, use of the Multidimensional Body Image Scale should be discouraged.

Another measure that was developed for use in the Malaysian context is the Body Shape Concerns Scale (Khor et al., 2009). This scale consists of 6 items that were designed based on focus-group data (source unspecified) and that tap body-shape concerns, problems with body shape, whether participants seek help for problems with body shape (measured using a dichotomous "Yes" versus "No" response scale), main reasons for concern, main sources of influence for body shape, and sources of advice (with pre-existing categorical responses). Because of the varying response options, responses on the scale can only be treated at the level of the items. As such, the scale may have very little practical use beyond providing purely descriptive data for a given sample.

Other studies with Malaysian samples have used existing scales that were originally developed for use in Western samples. One such measure is the 13-item Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005), which measures the extent to which an individual holds favourable opinions about their body, accepts their body regardless of imperfections, and respects and protects their body. The scale has been found to reduce to a single dimension in samples of adults from the United States (Avalos et al., 2005; Tylka, 2013). However, in a multi-ethnic sample of Malaysian adult women, Swami and Chamorro-Premuzic (2008) found using confirmatory factor analysis that the one-dimensional model had poor fit. Instead, using principal-axis factor analysis, they found support for a 2-factor model consisting of a primary, 8-item, factor that they termed General Body Appreciation and a secondary, 3-item, factor that they termed Body Image Investment. Swami and Chamorro-Premuzic (2008) suggested that only the former factor directly taps the body appreciation construct in Malaysian women, and further showed that this factor was invariant across ethnic groups. Although the Malay translation of the BAS offers a useful tool for measuring positive body image in the Malaysian context (see also Swami, Kannan, & Furnham, 2011), it should be noted that a revised version of the BAS (the Body Appreciation Scale-2; Tylka & Wood-Barcalow, 2015) has been prepared, but a Malay translation has not been prepared.

Another scale first developed for use in a Western context but that has been translated into Malay is the Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000), a 15-item measure that reduces to two factors called muscularity-oriented body image attitudes and muscularity-oriented behaviours in North American men (McCreary, Sasse, Saucier, & Dorsch, 2004). Swami, Barron, Lau, and Jaafar (2016) translated the DMS into Malay and had it completed by a sample of Malay men. They reported that scores on the Malay version of the DMS reduced to two factors mirroring the parent study. In addition, they found that both factor scores loaded onto a higher-order drive-for-muscularity

dimension and that subscale scores presented good evidence of convergent validity. Although the DMS appears appropriate for use in Malaysia, further work needs to be conducted to examine the invariance of DMS-derived scores in other Malaysian ethnic groups and in women.

Beyond the BAS and DMS, scholars have used a number of additional scales to measure body image in Malaysian samples. For example, researchers have variously used Malay translations of abbreviated or adapted versions of the Body Dissatisfaction Scale (Mellor et al., 2009, 2013), the Body Image Acceptance and Action Questionnaire (Abdul Manaf, Saravanan, & Zuhrah, 2016), abbreviated or full versions of the Multidimensional Body-Self Relations Questionnaire (Abu Samah & Ahmadian, 2014; Khor et al., 2009), the Body Shape Questionnaire (Kuan et al., 2011), the Body Attitude Test (Hidayah & Syahrul Bahriah, 2011), and the Body Areas Satisfaction Scale (Rosli et al., 2012). In each of these instances, however, the authors have neglected to report on the factorial validity of the translated scales, assuming instead that factor structure extracted in non-Western samples will remain stable in their Malaysian samples. However, such an assumption is problematic (for a discussion, Swami, 2017), and conclusions drawn on the basis of these datasets should be treated with caution.

Measures of disordered eating

Like studies of body image, research on disordered eating has progressed rapidly since seminal work by Buhrich (1981), who extrapolated a national prevalence estimate of 0.05% for anorexia nervosa in Malaysia based on a sample of 6,000 psychiatric patients. Since then, scholars have examined disordered eating in Malaysian samples using measures that were originally designed for use in Western samples. However, in only a small handful of cases have researchers presented clear and systematic information on the psychometric properties of scores derived from translated eating disorders scales used in Malaysian samples. This section briefly reviews the use of such scales, beginning with the most widely used measures, namely, the Eating Attitude Test (EAT; Garner & Garfinkel, 1979).

The original EAT consisted of 40 items developed as an index of disordered eating symptoms (EAT-40; Garner & Garfinkel, 1979); a 26-item abbreviated version was later developed by excluding several non-loading items based on factor analysis (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982). In the Malaysian context, only the psychometric properties of the EAT-40 have been subjected to systematic investigation. Talwar (2011) translated the EAT-40 into Malay and administered it to a sample of undergraduate students. Based on the results of an exploratory factor analysis, four factors were extracted that were termed dieting behaviour (14 items), oral control (7 items), food preoccupation (10 items), and body image (3 items). Talwar (2011) also reported that only the first of these four factors had adequate internal consistency. Although this study is suggestive of a 4-factor model for Malay EAT-40 scores, a number of analytic issues are notable. These include a sample size for factor analysis that may have been inadequately small, likely factor over-retention, possible retention of items with poor factor loadings, and an unclear strategy for

dealing with cross-loading items. As such, the robustness of the 4-factor model of Malay EAT-40 scores should be called into question.

A much larger body of work has used the EAT-26 with Malaysian samples. This includes samples of university students (e.g., Abdul Manaf et al., 2016; Edman & Yates, 2004; Gan, Nasir, Zalilah, & Hazizi, 2011; Kuan et al., 2011), adolescents (Dan et al., 2011), and dancers (Hidayah & Syahrul Bahriah, 2011). In most of these cases, the authors have reported that total EAT-26 scores have adequate internal consistency coefficients in their samples. However, none of the studies have examined the factorial validity of EAT-26 scores and, in all cases, a one-dimensional model with all 26 items has been assumed to have acceptable fit. This is problematic because the limited research that is available suggests that a one-dimensional model is unlikely to be stable in the Malaysian context (Talwar, 2011). Thus, the existing research using the EAT-26 with Malaysian samples should be treated with caution.

Other studies have used a range of other measures of disordered eating in Malaysia, including the Eating Disorders Inventory or its variants (e.g., Choo & Chan, 2013), subscales of the Dutch Eating Behaviour Questionnaire (Soo et al., 2008), and the Binge Eating Questionnaire (Soo et al., 2008). In each of the cases, factorial validity of the measures has not been investigated, and internal consistency coefficients in some cases have been less than adequate. On the other hand, Chin and Nasir (2009) developed a 9-item novel Eating Behaviors Questionnaire, which assesses frequency of meal consumption, snacking behaviours, frequency of eating outside the home, use of dietary supplements, and body-change behaviours. However, the authors neglected to report on the factorial validity of this measure and, due to its varying response options, it is unlikely to generate useful non-descriptive data.

Finally, Ramli, Jamaiyah, Azimah, Khairani, and Adam (2008) translated the Eating Disorder Examination Questionnaire (EDE-Q) into Malay and administered it to 298 adolescents. The authors claim to have used confirmatory factor analysis to examine the factorial validity of the translated measure, but instead reported the results of an exploratory factor analysis. That is, the authors reported that they extracted four factors, but their reporting of the results lacked the sorts of clarity of presentation that would allow for clear understanding of their findings. In addition, it is likely that the sample size was too small for factor analysis; the authors almost certainly over-retained factors and items with poor factor-loadings and did not adequately deal with cross-loading items. As such, although a Malay version of the EDE-Q is available, its use with Malaysian samples should be subjected to further systematic research as to its psychometric properties.

Recommendations for researchers

Although not a systematic review, the exemplar studies presented here suggest that there are serious shortcomings in extant investigations of body image and disordered eating in the Malaysian context. More specifically, very few scales have been subjected to in-depth and systematic analyses of their psychometric properties. In most cases, scholars have been content to use scales with unknown reliability and validity, and

have drawn conclusions based on data derived from these scales that may be unwarranted. A typical scenario has been the use of scale scores in the absence of any consideration of factorial validity, with the underlying assumption that factor structures derived in other (non-Western) populations will remain stable in the Malaysian context. In other cases, scholars have sought to develop novel measures for use in Malaysia, with little systematic consideration of scale development. Conversely, to date only a small handful of scales (i.e., the BAS, the DMS, and possibly the PFRS) have received any sort of in-depth examination of their psychometric properties. Given these issues, scholars working in the field of body image and disordered eating are encouraged to consider the following recommendations, which should be read alongside Thompson (2004):

1. When constructing novel scales for use in Malaysia, scholars should pay careful attention to core aspects of scale construction (e.g., see Spector, 1992). This includes a clear delineation of the purpose of the novel scale, an elaboration of the methods involved in item generation leading to item banks, a description of methods used to generate items and select anchors, a description of the refinement of the item structure, and finally collecting and reporting evidence of the reliability and validity of the scales. In most cases, merely combining items from disparate, pre-existing scales—as was done with the Multidimensional Body Image Scale (Chin et al., 2008)—should be avoided.

2. When using a pre-existing scale developed in a different cultural or linguistic context, scholars should begin by indicating whether a scale has been translated for use in Malaysia. In these cases, care should be taken to describe the translation method that was used and, where feasible, items in Malay should be provided within a write-up so as to facilitate ease of use by other scholars. In some cases, translating a scale may not be possible or may be unnecessary (e.g., Swami, 2016), but in such cases scholars should take adequate steps to ensure that the sample are fluent in the language of the parent scale.

3. When using a pre-existing scale developed in a different cultural or linguistic context (whether translated or not), scholars should not assume that the factor structure reported in the parent study will remain stable in the Malaysian context. Instead, this should be investigated and reported specifically for each measure being used. In most cases, examination of factorial validity should begin with exploratory factor analysis, which allows scholars to determine the best-fitting model for a new linguistic or cultural group without any *a priori* theoretical limitations. Sample-size permitting, confirmatory factor analysis can be used to confirm that the factor structure derived from exploratory analysis provides a good fit for the data.

4. In addition to examining the factorial validity of scales, scholars should also strive to examine additional indices of validity, including convergent, divergent, and predictive validity. Where possible, scholars should also examine test-retest reliability of scores derived from scales.

5. Careful consideration should also be given to internal consistency. One common mistake that scholars working with Malaysian samples appear to make is assuming that adequate internal consistency coefficients indicate that the latent dimensionality of a scale is stable. However, relying on internal consistency alone is not sufficient if a scale is being used in a new linguistic or cultural group. Instead, scholars should—as a matter of course—examine and report on the factorial validity of measures they are using (see point 5 above).

6. In some cases, it may be necessary to adapt a pre-existing scale for use in the Malaysian context (e.g., modifying scale items or altering the instructions to participants). In such cases, researchers should make every effort to request permission from the scale developers before making adaptations.

7. There is a need for researchers to present the results of their analyses clearly. In some cases (e.g., Ramli et al., 2008; Talwar, 2011), researchers have not presented the results of their analyses fully or in a manner that would be understandable by most independent scholars. This seriously impedes the research process, as it means scholars wishing to use these scales essentially have to "start from scratch". Clear and full reporting of results, and careful consideration of the presentation of analytic findings, will help prevent such problems.

8. There has been a tendency for scholars working in the Malaysian context to treat recruited samples as homogeneous, with the exception of participant sex. Such an analytic strategy should be reconsidered: given the diversity of ethnic and cultural groups in Malaysia, greater care should be given to considering between-group differences in dimensions other than participant sex. An important precondition for conducting such analyses is that the latent dimensionality of a scale is invariant across disparate groups. As such, scholars developing novel scales or translating scales for use in Malaysia are encouraged to examine the invariance of scale scores across different groups, such as sex and ethnicity.

While it is clear that research on body image and disordered eating in the Malaysian context has experienced dramatic growth over the past two decades, it is also apparent that much of the extant research is based on empirical assumptions that may not be warranted. Scholars working with Malaysian samples need to pay much closer attention to issues of validity and reliability when using measures of body image and disordered eating. Doing so is vital if this body of research is to be of benefit for practitioners working with Malaysian populations.

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15 The case of *post hoc ergo propter hoc* with the psychological assessment of schizotypy and psychotic-like experiences in Southeast Asia

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The plethora of personality factors, and the associated disorders, have become increasingly important to understanding mental illness within any given population, especially as dimensional, quasi-dimensional, and continuum models are starting to dominate the conceptual understanding of mental illness (e.g., Baumeister, Sedgwick, Howes, & Peters, 2017). As an indicator of the value of the continuum models, research has identified schizotypy as an important bridge to understanding the pathway from subclinical to clinical manifestation for the onset of psychosis in general and schizophrenia (Barron, 2017; Kwapil & Barrantes-Vidal, 2015; Zarogianni, Storkey, Johnstone, Owens, & Lawrie, 2017). The psychoses, in particular schizophrenia, are reported to be among the most debilitating disabilities linked to high mortality rates as a result of natural and unnatural causes, including suicide (Hoang, Stewart, & Goldacre, 2011). In itself, schizotypy represents a constellation of personality factors, which reflects the liability and subclinical quintessence of psychosis through the general population and also a bridge into clinical manifestation (namely, schizotypal personality disorder; SPD) (Barron, 2017; Claridge, 1997; Ettinger et al., 2015). The term "schizotypy" was first coined by Rado (1953), with the conceptual model later built on by Meehl (1962), who described schizotypy as a latent personality organisation reflecting a putative liability for psychotic-spectrum disorders. Theorists suggest that schizotypal traits may lead to full-blown psychotic disorders (e.g., schizophrenia, SPD) if subject to sufficient environmental psychosocial stressors, consistent with the stress vulnerability model (Yung et al., 2009).

Therefore, as observed in both clinical and non-clinical population samples, schizotypy is characterised by thought processes and psychological experiences that are associated with psychosis, such as paranoia and magical thinking (see Raine, 2006). Indeed, the schizotypic phenotype is both broad and heterogeneous, with two explanatory theoretical underpinnings: the categorical model (or taxonic model; see Lenzenweger, 2011) and continuous models (e.g., fully dimensional models; see Claridge, 1997). High ratings of schizotypy in the general public typically present similarly to mild forms of schizophrenia-like symptoms. Further, high ratings often appear in non-psychotic relatives of patients and may precede the onset of clinical psychosis (e.g., Chapman, 1966). However, Claridge and colleagues (1996) interpreted schizotypal traits to be healthy and normal functioning,

and they may even be linked to advantageous traits such as creativity (Nettle, 2006), quick insight and analytical problem solving (Karimi, Windmann, Güntürkün, & Abraham, 2007), and an enhanced sense of connectedness in new religious movements (Farias, Claridge, & Lalljee, 2005).

As there has been an increasing interest in early identification of psychotic traits and disorders, this has led to an increase in research focused on psychotic-like experiences (PLEs), seen in both clinical and subclinical populations (Kline et al., 2012). Similar to, and sometimes used interchangeably with, schizotypy, PLEs are thought to indicate the risk for developing psychosis-spectrum disorders, such as schizophrenia (e.g., Ruhrmann et al., 2010), and are thought to characterise early psychotic symptomatology (e.g., Yung & McGorry, 1996). Fonseca-Pedrero and colleagues (2011) define PLEs as modifications in how an individual perceives reality, linked with bizarreness of thought and non-conventional logic. These aspects were grouped as positive schizotypy and are present amongst the general population, thus implying it is below the clinical threshold, not associated with a mental disorder nor in need of medical treatment (Yung et al., 2009). Further, research on PLEs have found a similarity with schizotypy insofar as familial liability for psychosis and, in particular, a future psychopathological risk (Kelleher & Cannon, 2010). For example, research has indicated that the expression of PLEs during childhood may lead to a 16-fold risk of developing a psychosis-spectrum disorder by early adulthood (Poulton et al., 2000). Fonseca Pedrero and Debbané (2017) note that both schizotypy and PLEs are on a continuum and have a low percentage (~10%) of becoming psychosis. In terms of differences, PLEs are recognised as unstable and state-like, as they are transitory in nature and most would subside over time, usually during adolescence (Linscott & Van Os, 2013). On the other hand, schizotypal traits are stable and usually persist over a long period of time (Debbané & Barrantes-Vidal, 2014). In addition, PLEs are only inclusive of the positive dimension of the psychosis phenotype (e.g., hallucinations and delusional-like experiences) while schizotypy refers to a multidimensional construct referring to cognitive-perceptual, interpersonal, and disorganised dimensions (Debbané & Barrantes-Vidal, 2014). Moreover, PLEs are classified as quantitatively less severe on the severity continuum, displaying a lower frequency, severity, and persistence without distress and help-seeking behaviour (Fusar-Poli et al., 2013). To date, however, there are unclear, and blurred, boundaries between these phenotypic terms (for review, see Fonseca-Pedrero, Lemos-Giráldez, Paino, & Sierra-Baigrie, 2011).

As such, high schizotypy and PLEs are recognised on the psychotic spectrum and are generally found to have an approximate median prevalence of 5–9% in the general population (Kline et al., 2012; Van Os, Linscott, Myin-Germeys, Delespaul, & Krabbendam, 2009). Despite the clinical recognition of schizotypy since inclusion into the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980), the core constructs of the phenomena have long been debated amongst researchers. For example, this can be seen through the differing manifestation models (e.g., quasi-dimensional or fully dimensional) and various measurement tools of schizotypy (Yung et al., 2009).

As such, research into schizotypy and PLEs has generally had inconsistent findings, such that specific and unanimous etiopathogenic markers for the precise diagnosis of schizotypy remain undiscovered (Kahn et al., 2015). With some exceptions (e.g., Trinidad; Barron, Swami, Towell, Hutchinson, & Morgan, 2015), research into schizotypy has been primarily done in the U.S. and central Europe. Indeed, research in Asian societies for schizotypy and PLEs, in particular Southeast Asia (SEA), has been scarce. One reason for this is potentially due to the stigma attached to mental illness in SEA countries (Lauber & Rössler, 2007). In addition, the financial and economic situations of the SEA countries may also be a contributing factor to this dearth of research (Stubbs, 1999). Indeed, currently 5 out of 11 of the SEA countries (namely, the Philippines, Vietnam, Laos, Myanmar, and Cambodia) are classed as part of the lower-middle income group with GNI/capita (USD) between 996 and 3,895 (The World Bank, 2017).

To have a true representation of schizotypy and PLEs in SEA countries, as base and first step, it is essential to have adequate measurement. It has been suggested that research from developing countries may lack rigour and empiricism, starting with poor measurement (see Swami & Barron, 2017). For instance, many researchers may veer towards using scales originally developed for a specific cultural or linguistic group and use it with a local culture (Swami & Barron, 2019). However, the original scales may lack generalisability for the local cultural group and have inadequate psychometric properties (Swami & Barron, 2019). A singular "Westernised" theory may also be noted as the main causal factor in scholarly research from developing countries; however, researchers may fail to acknowledge other relevant theoretical frameworks related to cultural differences (e.g., gender equality) (Swami & Barron, 2017). In addition, it is important to have a culturally appropriate and relevant scale used so as not to offend specific ethnic and cultural groups (Swami & Barron, 2017). For example, visual or auditory hallucination is an integral part of religious healing in certain cultures, and it may be viewed as a normal phenomenon (Lukoff, Lu, & Turner, 1995). As certain SEA countries (e.g., Vietnam, Cambodia, Myanmar, and Laos) have undergone significant political upheavals and war, the contextual framework of measurement needs to be culturally specific (Jones, 2010). Further, in terms of sampling, research has highlighted that researchers must acknowledge different social identity groups, as pooling data across groups may not be representative of a whole country (see Swami & Barron, 2019). Indeed, a failure to acknowledge these aspects with local SEA research may lead to a post hoc fallacy with findings in schizotypy and PLEs; that is, any inferences into schizotypy and PLEs may be erroneous through poor measurement. This chapter provides a non-systematic review on the measurement of PLEs and schizotypy in the research from SEA countries and the findings from these studies.

There are various measurements for both schizotypy and PLEs which have been used throughout the literature (for full review of measures, see Mason, 2015). First, the Physical Anhedonia Scale, a 48-item true/false scale of physical pleasure deficits (Chapman, Chapman, & Raulin, 1976) was devised with anhedonia as the main risk marker for psychosis. The authors described anhedonia as

the lack of pleasure from four senses: taste, touch, sight, and hearing (Chapman et al., 1976). This scale is one of the most prominent measures used in a clinical population with an alpha coefficient = .78–.84 (Mason, 2015). The Revised Social Anhedonia Scale (40 items) is often used, as it measures the indifference or discomfort individuals have in social situations, similar to schizoid indifferences with others (Mason, 2015). A high alpha coefficient of .84–.88 has been generally reported (Mason, 2015).

The widely used Schizotypal Personality Questionnaire (SPQ), a self-report scale of 74 items with .91 alpha coefficient, is based on the model of Eysenck's personality and was originally constructed as a 3-factor model (cognitive-perceptual, disorganised, and interpersonal; Raine, 1991). The SPQ-Brief (SPQ-B; Raine & Benishay, 1995) consists of 22 items and, alongside various subsequent versions, is also used frequently in the literature. The SPQ-B demonstrates a high alpha coefficient of .83 and is less time consuming than its parent, the SPQ (Mason, 2015). Both measures have been frequently used in non-clinical settings to measure schizotypy and schizotypal traits (Wuthrich & Bates, 2005). The Oxford-Liverpool Inventory of Feelings and Experience (O-LIFE; Mason, Claridge, & Jackson, 1995) was developed based on extensive research of 15 previously existing psychosis-proneness scales (Claridge et al., 1996). The scale is a 150-item measure of schizotypy where participants rate their responses with a dichotomous response of yes/no, and it has an alpha coefficient between .77–.89 (Mason et al., 1995). The O-LIFE measures schizotypy as a 4-factor model, inclusive of unusual experiences, cognitive disorganisation, introvertive anhedonia, and impulsive nonconformity.

In terms of PLEs, the Community Assessment of Psychic Experiences-42 (CAPE-42; Stefanis et al., 2002) is a 42-item questionnaire on a 4-point Likert scale commonly used in both clinical and research settings (Stefanis et al., 2002). Lifetime psychotic experiences, including prevalence and discomfort of psychotic-like feelings, thoughts, and mental experiences are measured with this scale. The reliability has been reported to be fairly low, specifically, .63 for positive schizotypy, .64 for negative, and.62 for depression (Stefanis et al., 2002). The Magical Ideation Scale by Eckblad and Chapman (1983) is a 30-item self-report measure which is also a frequently used instrument. The scale's reliability has been reported between .83–.85, and it was developed based on the theory of communication of thought/ religious beliefs unexplained by science (e.g., psychokinesis, spirit influences, reincarnation, psychic energy transfer) (Mason, 2015). The Peter's Delusional Inventory is also used often and was developed based on 10 distinct domains of paranoid and delusional beliefs (Peters, Joseph, & Garety, 1999). The authors gathered various delusional ideas rated for frequency of distress and preoccupation to develop the scale (Peters et al., 1999). The measure has reliability of .64 for auditory and .75 for visual (Mason, 2015). Despite the development of various scales, Lee and colleagues (2016) noted that, to-date, a gold-standard assessment does not exist to measure PLEs.

In SEA, studies to determine the psychometric properties of schizotypy and PLEs are scarce. Limited measures have been developed and validated for the

population, possibly due to the stigma towards mental illness in SEA societies (Ito, Setoya, & Suzuki, 2012). The country with the highest number of published studies measuring PLEs is Singapore. The country consists of a multiracial population of an estimated 5.7 million citizens, with the majority of the citizens of Chinese ethnicity (Department of Statistics Singapore, 2019). English is recognised as one of the official languages of the country due to the colonisation of the British Empire when it was part of Malaya (Goh, 2008). Thus, the language is used for government administration work and serves as a medium of instruction in schools (Tan, 2014).

Seah and Ang (2008) explored the relationship between reactive and proactive aggression with schizotypal traits among 698 Asian adolescents, with participants consisting of mixed ethnicities. The 22-item children's version of the SPQ (SPQ-C; Raine & Baker, 2003) was used. Hierarchical multiple regression was administered to determine the differences between proactive and reactive aggression with the overall score of schizotypy, and Cronbach's alpha of .81 was reported for the scale. However, this was the extent of the psychometric evaluation of the scale's robustness to measure schizotypy in this context. The results demonstrated that there was a significant and positive association between reactive aggression and schizotypal traits.

A subsequent study by Guo, Collinson, Subramaniam, and Chong (2011) assessed the validity of the 3-factor SPQ to determine gender differences among 538 participants of the Singaporean Chinese ethnicity. The authors sought to determine if positive and negative schizotypal traits differed between genders. The authors utilised hierarchical multiple regressions to determine gender differences between each SPQ component and reported Cronbach's alpha of .81–.85. Results showed that Asian men reported higher negative schizotypal traits, namely, no close friends and constricted affect. The authors also further concluded that there were common elements among the Caucasian and Asian samples.

In addition, Barbato, Collinson, and Casagrande (2012) utilised the 3-factor SPQ on 200 students in the National University of Singapore to assess depth perception in schizotypy. The top and bottom 10% of the sample were chosen to represent the general population. The results suggested that participants from the high schizotypy group faced more difficulty when presented with stimuli of different sizes at the same depth. The authors omitted reporting the demographics of the participants (including gender and ethnicity) as well as the validity and reliability of the SPQ.

The second instrument which has been used in Singapore is the O-LIFE, in the study by Tan, Ng, Chin, Chua, and Hong (2018). They examined differences between experiential permeability (EP) and schizotypy (positive and negative traits) among 241 Singaporean Chinese undergraduate students. The O-LIFE selected as the sample was a non-clinical sample, and traits were categorised by individual differences instead of clinical syndrome. The study was divided into two parts. The first aim was to assess the links between schizotypy and EP (using cross-sectional design), and the second aim was to determine the associations between the 2 variables in daily life (experience-sampling methodology). The

alpha coefficient for each O-LIFE factor was reported: Unusual experiences .87, cognitive disorganisation .86, introvertive anhedonia .79, and impulsive nonconformity .72. In the first part of the study, participants consisted of mixed ethnicities (majority Chinese) and answered the O-LIFE questionnaire. Correlation coefficient was used and demonstrated that high EP was significantly associated with the positive symptoms of schizotypy, while lower EP was associated with negative symptoms. In the second part, participants were asked to fill in a questionnaire which assessed their current mood (including schizotypal symptoms) five times a day at random times for a week. Hierarchical linear modelling was used to determine the associations between EP and schizotypy. Results indicated that those who rated high on odd and eccentric traits experienced more symptoms during stressful situations. Similar to the previous SPQ work, it was assumed by the authors that factor structure and, by extension, the scale in general were measuring schizotypal manifestations. Despite English being an official language of Singapore, the cultural context requires appropriate test adaptation as a baseline with the major ethnic groups.

Subramaniam and colleagues (2012) recruited 23,248 male pre-enlistees from the National Service in Singapore to determine the prevalence and association of psychotic disorders and self-reported psychotic symptoms. The researchers used the Self-Reporting Questionnaire (SRQ; Beusenberg & Orley, 1994) to measure psychosis during the pre-enlistment medical examination, alongside four novel questions: Do you feel that somebody has been trying to harm you in some way? Are you a much more important person than most people think? Have you noticed any interference or anything else unusual with your thinking? Do you ever hear voices without knowing where they come from, and which other people cannot hear? Multinomial logistic regression analyses were used to ascertain the relationship between the presence of psychotic symptoms and psychotic disorders with age, race, primary school leaving examination results, and psychiatric comorbidity. Reliability and validity of the scale were not reported. Similar to work with the O-LIFE and SPQ, due to a lack of suitable psychometric evaluation, it is uncertain whether the target area of interest is indeed being measured.

Three studies were found measuring schizotypy and PLEs in Indonesia. Lesmana and Tiliopoulos (2009) utilised the SPQ-B to explore the relationship between schizotypal personality traits and attitudes of Hindus (constituting 1.9% of the population) towards their faith, and recruited 309 Balinese Hindu university students. The English version of the SPQ-B was chosen, although briefing and debriefing was performed by a Balinese Hindu psychiatrist in Indonesian. Internal reliability measured by Cronbach's alpha of the three SPQ dimensions was reported (range from .72 to .80), alongside the mean of .76 and 2-month test-retest reliabilities range (.86 to .95). Kuder-Richardson 20 (K-R-20) and Pearson's correlation of total SPQ-B were reported with other variables. While this paper reported the psychometric properties of the SPQ-B amongst Hindus (note, factorial dimensionality was not evaluated appropriately), the authors highlighted that the SPQ-B needed further evaluation, as none of the individual items of the dimensions were significantly associated with the sample's observed

behaviours. The authors also questioned the language and cross-cultural applicability of the measurement, which serves to be an important limitation in this study through the usage of the instrument in English without translation.

Maharani and Turnip (2018) reported on the correlation between PLEs and internalising problems among rural adolescents. The correlation between PLEs and internalising problems was examined using Pearson correlation analysis, and PLEs were compared using a test of difference. The authors recruited 270 adolescents, and PLEs were measured by 5 questions from the Diagnostic Interview Schedule for Children (DISC; Costello, Edelbrock, Kalas, Kessler, & Klaric, 1982), alongside 4 additional items (Laurens et al., 2007). The authors translated the measure; however, they did not report that they adopted a back-translation approach. However, the authors did adopt a pilot test protocol, where they recruited 30 junior high school students in Karawang, Indonesia. The students provided feedback on the understanding of each item, and researchers revised the words accordingly to provide a clearer meaning. Researchers determined the presence of PLE if individuals answered "always" on any item of the questionnaire, and adolescents were considered to have psychotic symptoms if they encountered at least two PLEs. Although the researchers determined this cut-off score, they did not provide rationale as to how they reached this conclusion. In addition, a general statement was reported that the questions in PLEs were favourable to measure sensitivity and specificity amongst adolescents in the general population; however, no specific details were mentioned.

Jaya and Wulandari (2018) determined differences in participants' mental health risk factors and symptoms amongst urban and non-urban areas. The authors used a sample of 832 participants recruited from a multinational study (via a crowdsourcing website) on psychosis risk factors and psychotic experiences. The multidimensional model of the Community Assessment of Psychic Experiences (CAPE) (Jaya, 2017; Stefanis et al., 2002) was back-translated from English to Indonesian by a native Indonesian speaker, according to Schmitt and Eid (2007) guidelines. It was noted that the multidimensional model of the CAPE was used, as it displayed better factorial validity than the initial three-dimensional model, although no further information was given. While the CAPE consists of 42 items, 20 items measuring positive traits and 14 items measuring negative symptoms were chosen for the purpose of this study. However, the authors did not mention how and why they were chosen. Cohen's D was reported, with positive symptoms = .20 and negative symptoms = .10. Moreover, participants answered a single self-report question to determine the urbanicity.

Soosay and colleagues (2012) aimed to establish the presence of psychotic-like symptoms in Timor-Leste. The study was part of a census by the Timor-Leste government in two areas of the country, one rural and one urban. In total, 1,245 adults were administered interviews and the psychosis screening questionnaire (Bebbington & Nayani, 1995), which assesses the presence of five symptom domains: hypomania, thought insertion, paranoia, strange experiences, and hallucinations. Each domain was measured by a main screening question and additional questions to ascertain that their experiences were discordant with

societal norms. Psychotic-like symptoms were determined if one of the five symptom domains were met, with confirmation it was deemed abnormal through the screening probes. Timorese community workers from non-government organisations conducted the interviews, alongside expatriate medical practitioners with experience in psychiatry who provided training and supervision, and who had a working knowledge of Indonesian, which is widely spoken in Timor-Leste, or Tetum, the *lingua franca* of the country. The authors did not report on the validity or reliability of the instrument, nor on the underlying psychometric properties of the measure to specific culture.

The last SEA country with published studies measuring schizotypy and PLEs is Malaysia. Razali, Abidin, Othman, and Yassin (2013) sought to identify the presence of non-affective psychosis and PLEs among 660 relatives of patients with schizophrenia and the general community. A 2-stage procedure was adhered to. The first group were relatives of Malay patients with schizophrenia, and they were assessed with a screening questionnaire. Authors noted that the screening questionnaire was modified from the Structured Interview for Pro-dromal Syndromes (SIPS; Miller, Chicchetti, Markovich, McGlashan, & Woods, 2004), with this modified version consisting of 10 dichotomous items to measure positive symptoms. The instrument had previously been translated into Bahasa Malaysia with reported validation, where the sensitivity and specificity were 77.5% and 93.5%, at the cut-off point of 2 (Razali, Othman, Abidin, & Yassin, 2011). The second part of the study consisted of second-degree relatives and the general population, where participants had to undergo several tests by research psychiatrists to determine the severity of depression and anxiety, alongside the schizotypal personality disorder checklist. While the authors chose to conduct this analysis on the general population, the instruments were mainly used to measure clinical schizotypy.

Barron, Morgan, Towell, Jaafar, and Swami (2018) aimed to examine the psychometric properties of the Malay SPQ Malaysian adults. Confirmatory factor analysis was used to investigate the fit of 3- and 4-factor solutions for the higher-order dimensionality of the SPQ. The SPQ was translated through the back-translation method (see Brislin, 1970), where the original English version was translated into Bahasa Malaysia. Participants were 382 undergraduate participants, 51% Malay and 49% Chinese. Cronbach's alpha was assessed for each of the 9 subscales. A few subscales fell below .65 and were subsequently deleted to improve the alpha, so that the final range was between .66 and .83. The authors suggested that the 4-factor Malay SPQ was suitable to be used in Malaysia due to the multi-ethnic Malay-speaking sample. Although the Malay and Chinese ethnicities (the largest ethnic groups in the country) were chosen, using Malay as the language may not reflect the true understanding for the Chinese participants, who may prefer their mother tongue for communication. In addition, the sample did not include the Malaysian Indians, and it was only inclusive of undergraduate students, which may not be representative of the actual Malaysian population. This paper represents one of the few studies in this region to adopt

sound psychometric underpinnings to test adaptation (e.g., appropriate protocol for translation and thorough psychometric evaluation).

Indeed, while research on spectrum disorders and traits is in its infancy in this region, from the existing literature, it is apparent that much work is required to improve the quality of research and reporting of studies. Existing studies have primarily relied on English as a suitable medium for the language of the study. This is highly problematic, particularly as research has been conducted in rural areas. As such, authors should primarily use the local language where possible. Appropriate back-translation, with a piloting of the instruments for understanding of the translation, is of the utmost importance and needs to be considered (see Swami & Barron, 2019). Further, the reporting of the translation should be detailed in the journal article output, as should all the necessary psychometric properties. Similar to the assumption that the participant understands an item in a survey in the same way as a native English speaker, too often researchers in this region assume underlying factorial structure. Indeed, researchers must provide detailed analyses of all factorial structures (both manifest and latent) within a scale. Swami and Barron (2019) detail guidelines from design and sampling to sampling and reporting, and these should be considered when developing a scale in a local language. As well as the guidelines in Swami and Barron (2019), the interested reader should also consider the recommendations from Swami (Chapter 14, this volume). Failure to acknowledge these aspects could result in a case of *post hoc ergo propter hoc* (after, therefore, because of); that is, the resulting findings are a manifestation of a poorly designed measure, indeed a *post hoc* fallacy. In conclusion, while the research on schizotypy and PLEs has expanded in SEA, the existing research literature has a number of problematic design faults. The fundamental issues concerning translation and psychometric evaluation have led to uncertainty on whether the findings are indeed concerns with schizotypy and PLEs, or concerns with measurement error of the instrument.

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16 Conclusion

Past, present, and future of psychology in Southeast Asia

Grant J. Rich, Jas Laile Suzana Jaafar and David Barron

As noted in this book's introduction, after a number of decades of prominence in the United States and in Western Europe (Rich & Gielen, 2015), psychology is now spreading more rapidly outside these regions than within them. Zoma and Gielen (2015) calculated that about 76% to 78% of the world's approximately one million psychologists reside outside the United States. This book aimed to recentre the discipline and serve as a corrective to psychology by describing developments in psychology in Southeast Asia, a previously understudied region of the globe. In particular, this book has focused on psychology in the ten ASEAN nations, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar (Burma), the Philippines, Singapore, Thailand, and Vietnam, as well as the experiences of immigrant and refugee populations from Southeast Asia.

This book specifically focused on sociocultural, clinical, and health perspectives in psychology in Southeast Asia, and we hope that readers of our book will explore other literature on other psychology subdisciplines in Southeast Asia, such as recent work by Haque and Sheppard (2015) on culture and cognition and related perspectives in their book on the topic. Additionally, we hope that readers of this book will explore the expanding literature on the internationalisation of psychology around the globe, such as the chapters in *Internationalizing the Teaching of Psychology* (Rich, Gielen, & Takooshian, 2017) or in the *Handbook of International Psychology* (Stevens & Wedding, 2005). Both of these books will offer readers some of the flavour of the ways in which psychology is practised, regulated, studied, and taught in a broad range of nations around the globe. Finally, we would like to encourage readers to examine literature and media beyond psychology. Often there is relevant material found in related disciplines such as anthropology, social work, development studies, economics, history, international relations, and medicine. For psychologists aiming to conduct research in Southeast Asia, or in any region unfamiliar to them, additional value may be gained by immersion in cultural products of the region, such as its music, cinema, literature, and art. One of the great pleasures of modern technology is the possibility of more easily and quickly obtaining access to such cultural products conveniently and often inexpensively. One of the best ways to learn more about a culture is to meet and get to know people from that culture; thankfully, there are now more opportunities than ever to attend and participate

in a broad range of valuable national, regional, and international psychology and social science conferences.

To assist readers who wish to further explore psychology in Southeast Asia, and possibly connect with fellow researchers, teachers, and consumers of psychology, below we list contact information for psychology organisations we were able to locate for seven of the ten ASEAN nations: Cambodia, Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. At press time, we were not able to locate contact information for psychology associations in Brunei, Myanmar, and Laos. Additionally, we list the British Psychological Society (BPS), as a number of authors in this book have been educated or lived in the United Kingdom, and it remains an important centre for psychology; the BPS was founded in 1901 at the University College London and currently has about 60,000 members. We also include the contact information for the largest organisation of psychologists in the U.S.A., the American Psychological Association (APA), and for its international division (D52). The APA was founded in 1892 by G. Stanley Hall and currently has approximately 120,000 members. It is our hope that the readers of this book will be inspired to reach out to new nations, organisations, and people to further build psychological capacity and growth in Southeast Asia and around the globe that is culturally relevant and evidence based, and that serves both theory and practice, as well as research and application, to improve and enhance our lives.

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Select List of Relevant Professional Psychology Associations

Cambodia

Transcultural Psychosocial Organization
#2–4 Oknha Vaing Road (St 1952),
Sangkat Boeung Keng Kang I, Khan Chamcarmorn
PO Box 1124
Phnom Penh Cambodia
https://tpocambodia.org/

Indonesia

Indonesian Psychology Association/Himpunan Psikologi Indonesia
Jl. Kebayoran Baru no. 85B
Kebayoran Lama, Velbak
Jakarta, Indonesia 12240
https://himpsi.or.id/

Malaysia

Malaysian Psychological Association/PSIMA
University Pendidikan Sultan Idris,
Department of Psychology and Counseling, Block 7
Faculty of Education and Human Development,
Proton City, 35900 Tanjong Malim Perak, Malaysia
https://www.psima.org.my/

Malaysian Society of Clinical Psychology/Persatuan Psikologi Klinikal Malaysia

Suite #112, MBE Publika, Lot No. 73B, Level UG1
Publika Shopping Gallery, No 1,
Jalan Dutamas 1, Solaris Dutamas,
50480 Kuala Lumpur, Malaysia
http://malaysiaclinicalpsychology.com/

Philippines

Psychological Association of the Philippines
Philippines Social Science Center, Room 210
Commonwealth Avenue, Diliman
Quezon City, 1101 Philippines
https://www.pap.org.ph/

Singapore

Singapore Psychological Society
SPS Secretariat Office, 8 Eu Tong Sen Street
#18–85 The Central
Singapore, Singapore 059818
https://singaporepsychologicalsociety.org/

Thailand

Thai Psychological Association

Chulalongkorn University
Faculty of Psychology, 16th Floor, Witthyakit Building, Phayathai Road, Pathumwan, Bangkok, 10330 Thailand

Vietnam

Psycho-Pedagogical Association of Vietnam
7 Nguyen Canh Chan Street
Hanoi, Vietnam

United Kingdom

British Psychological Society
St Andrews House,
48 Princess Road East, Leicester LE1 7DR
https://www.bps.org.uk/

USA

American Psychological Association
750 First St. NE, Washington, DC 20002-4242
Telephone: (800) 374-2721; (202) 336-5500
https://www.apa.org/

American Psychological Association, Division of International Psychology

https://www.apa.org/about/division/div52

Asian American Psychological Association

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Index

Note: Page numbers in *italics* indicate figures and those in **bold** indicate tables.