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Social Support and Life Satisfaction of Burns Survivors: Relationship with Demographics

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Abstract

Burn survivors are facing many challenges which are affecting their life satisfaction. Even at discharge from hospital, majority of burn survivors reported extra misery and lesser satisfaction with life than the normative samples (Patterson, Ptacek, Cromes, Fauerbach, & Engrav, 2000). Present study was conducted to study the social support and life satisfaction, with specific role of demographic among burn survivors. 60 participants (26 males, 34 females) with an age range of 15-70 years were taken from the Rawalpindi and Islamabad (Pakistan) burn centers. Life satisfaction was assessed with Satisfaction with Life Scale (SWLS) (Mussaffa, Ghani & Khan, 2014) and social support was assessed with Multi-dimensional Scale for Perceived Social Support (MSPSS) (Akhtar et. al, 2010). It was hypothesized that there is a significant positive relationship between life satisfaction and social support among burn survivors. Results revealed that there is a significant positive relationship between the life satisfaction and multidimensional scale of perceived social support (including significant others, family support and friends support). There are no significant differences on life satisfaction and social support among male and female burn survivors. The level of life satisfaction is significantly high among those females burn survivors who got burn with the thermal whereas dissatisfaction is high among chemical burn survivors, whereas the level of life satisfaction is not significantly different among males burn survivors having different types of burns. The present study results help in providing an awareness to the doctors and caregivers of burn survivors about the importance of social support in increasing life satisfaction among burn survivors.

Keywords: Social Support, Life Satisfaction, Burns Survivors, Demographics

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Burn is explained as an injury to the body part which is caused by heat, skin contact with chemical, mechanical, thermal, electrical, and radiation (World Health Organization, 2018). The term “burn” encompass not only the physical injury but also the psychological pain or misery and feelings associated with burning event. Burn may causes puffiness, blistering, shock and even death can occur. According to American burns Association (2010), the most common burn injury types includes; chemical, mechanical, thermal, electrical, and radiation. Conferring the World Health Organization, (2015) disability adjusted life years the annual loss due to burn is almost 18 million, other than 7.1 million injuries and more than 250,000 deaths worldwide (Cited in Megan, Jesse, Courtney, Shashank, Pavan, Kamna, Lucas, & Gabrielle, 2017).

Burn is a major concern for many underdeveloped countries. Like others, Pakistan is also one of those countries where incidences of burn injuries are quite frequent. Karachi is the largest and densely populated city of Pakistan, burn is the major cause of death. At least 8 to 10 burn patients are brought to burns ward of the civil hospitals every day. Among those patients majority are 3rd degree high body surface burns. Most common causes of burn injuries are related to the wide use of natural gas and liquefied petroleum gas (LPG) for cooking, space heating, water heating, electricity and the use of chemicals in homes. It is also due to lack of awareness and ill-defined preventive measures (Ibran, Rao, Ali, & Saleem, 2012). In Pakistan, events of stove burns, household brutality and unplanned burns are at a steady increase (Nasrullah, & Muazzam, 2010). Domestic problems are mostly the main cause of burn injuries in Pakistan. Like increasing frequency of accidental burns in Rawalpindi are related to misuse of charcoal fuel oven, lack of knowledge about save process techniques, lack of education, and low socioeconomic status (Farooq, 2011). Highlighting the issue of intentional burns, the Progressive Women’s Association has documented 7,800 cases of women who were deliberately burnt, scalded or subjected to acid attacks in the Islamabad area (PAV, 2016). Many studies have reported a very high incidence of mental morbidity in these victims and also identified the risk factors in their genes but most of these studies were from the developed world (Wiechman, Ptacek, Patterson, et al., 2001).

At discharge from hospital settings and following six months, majority of burn survivors reported extra misery and lesser satisfaction with life than the normative samples. (Patterson, Ptacek, Cromes, Fauerbach, & Engrav, 2000). A wide range of incidence such as depression, sleeping disorders, low quality of life, sexual dysfunction, anxiety, substance abuse, post-traumatic stress disorder (PTSD) and agoraphobia have been reported in these patients (Davydow, Katon, & Zatzick, 2009; Loey & Son, 2003). These incidents, not only scar the physical appearance of an individual but also impact one’s mental well-being, self-esteem, and social support (Wiechman, Ptacek, Patterson, et al., 2001). Burn injury is a serious and life-altering event that can cause significant physical pain and varying degrees of psychological distress. Difficulties resulting from a burn injury can includes: financial strain, relationship problems, inability to care for children, loss of physical functions, emotional dysfunction, disfigurement and body image concerns (Esselman, Thombs, Magyar-Russell & Fauerbach, 2006; Sproul, Malloy, & Abriam-Yag, 2009). Individuals may lose significant part of their bodies, like loss of limb(s), immobility and recurrent infections. Due to burn, skin lose immunity and in case of 3rd degree burn muscle or tissue damage may occur (Johns & Hopkins, 2016).

During this tough time social support is both directly and indirectly related to post-burn adjustment and moderates the progress of rehabilitation independently of the severity of the burn. Social support is often directly related to life satisfaction and overall quality of life for this population (Li, 2005). Social support (SS) is defined as the acceptance, heed, and support of the significant others, family, and the world (Noronha, Faust, 2007; Williams, Reeves, Cox, & Call, 2004). Perceived social support (PSS) is the insight about the hidden accessibility of the support in time of need (Brüggeman, Garlipp, Haltenhof & Seidler, 2007). On physical and/or emotional sufferings, an individual seek help from his associates and resultantly feels relieved. Being burn is a stressful event which needs social support and effective/adaptive coping skills to manage its devastating effects.

Burn wounds are a serious cause of stress and can significantly affect wellbeing and life satisfaction of these survivors. Multiple factors play an important role in the life satisfaction of the said population like age, gender, family structure and employment etc. Different researches reported individuals with burn injuries returned to work up to a year post injury reported physical limitations, psychological factors and employment conditions as significant barriers (Esselman, Askay, Carrougher, Lezotte, Holavanahalli, Russell, Fauerbach, & Engrav, 2007) and their perception is also affected (Dowda, & Li, 2014). Similarly, Pallua, Kunsebeck, and Noah (2003) ascertained that early retirement of burn survivors, who did not return to work was influenced by functional limitations, extent of body surface burned, and the age of individual. Dyster-Aas, Kildal, and Willebrand (2007) also affirmed that 69% of their participants after a burn injury reported low quality of life and not returning to work. Majority of participants with disabilities or chronic illnesses identified as “satisfied without work”. In this case, although participants scored high on measures of life satisfaction if unemployed, a result that was significantly different from the general population in which unemployment tends to positively correlate with low level of life satisfaction (Van Campen & Cardol, 2009). According to Waqas, Naveed, Bhuiyan, Usman, Inam-ul-Haq, and Cheema (2016) these survivors perceived low social support which consequently contribute negatively in their life satisfaction. Sveen, Ekselius, Gerdin, & Willebrand, (2011) described social support as a factor in resilience post-burn injury, but only in terms of the presence versus absence of others to provide support. Paralyzed individuals meet obvious common hurdles, like prejudice in dealing, shame, gazing, unwanted inquiring regarding looks, and even in terms of taunting behavior (Thompson & Kent, 2001). Thus, lack of social support has been linked with different disorders like anxiety and PTSD (Mehnert, Lehmann, Graefen, Huland, & Koch, 2010) depression (Waqas, Raza, Lodhi, Muhammad, Jamal, Rehman, 2015) and general well-being (Chu, Saucier, & Hafner 2010).

Social support increases life satisfaction and acts as a buffer against undesirable life events. Researches revealed that social support is differently perceived among people with reference to gender and marital status (Zanini, Moura, & Queiroz, 2009). Burn survivor men and women affect differently for example female experience problems related to their physical appearance more than males (Meyer et al., 2004). Likewise it was found that females receive more support from friends than their male counterparts; females are more sentimental than males as they share feelings to the friends more freely/openly to get emotional support. On the other hand sharing of feelings is considered to be a sign of weakness among the males thus, they seek less support (Cumsille & Epstein, 1994). Agbenorku (2013) scrutinized the contributory

social factors affecting the wellbeing of burn survivors are; nurturing family environment, negative societal interactions, caretaker's time and financial constraints. Likewise, female gender, increasing age, burn injuries following suicide attempts and greater surface area involvement predict poor outcome (Ali, Hamiz-ul-Fawwad, Al-Ibran, Ahmed, Saleem, Mustafa & Hussain, 2016). Shahid, Ismail, and Khan (2018) also reported low life satisfaction among post burn survivors and the contributory factors encompassed; female gender, young age, low socio-economic status along with clinical parameters related burns. Employment may also contribute to life satisfaction through its correlation with income level, and ranked/position (Boyce, Brown, & Moore, 2010). Although it is generally accepted that employment helps individuals with disabilities to live more satisfactory lives (Wu, 2008).

Method

Objectives

The main objective of the present study was to explore the social support and life satisfaction among burn survivors. Additionally it also explored the relationship of demographics with study variables.

Hypotheses

1. Social support would be positively correlated with life satisfaction among burn survivors.
2. Social support would be a significant predictor of life satisfaction among burn survivors.
3. There would be a significant gender difference on the variable of perceived social support among burn survivors.
4. There would be a significant difference on the scores of life satisfaction between un-employed and employed burn survivors.

Sample

Sample size of the current study comprised of 60 participants with an age range of 15-70 years, all were burn injury survivors. The data was collected from the Rawalpindi and Islamabad burn centers. Individuals belong to the age group of 15-70 years of burn survivors because in different age group the issues faced are different. Both male and female patients of burn injury survivors were included. Patient with fourth degree of burn, with other medical illness and psychological disorder were excluded. Children and below 15 years individuals were also excluded.

Operational Definitions of the Study Variables

1. Perceived Social Support

Perceived social support is defined as the approval, heed and concern, from the significant others, family, and society (Noronha, & Faust, 2007; Williams, Reeves, Cox, & Call, 2004).

2. Life Satisfaction

It is related to general appraisal of one's attitudes, behaviors, and feelings, either positive or negative (Diener, 1984).

Instruments

1. Demographic Information sheet

Demographic information sheet was used which included questions about current age, age at the time of burns, years elapsed since burns, gender, salary, education, nature / reason/ types/ degree of burns, part of body (burned), TBSA burned percentage, duration and length of stay in hospital, injuries sustained at, type and duration of treatment, marital status, number of siblings and birth-order etc.

2. Multi-dimensional Scale for Perceived Social Support (MSPSS) Urdu Version (Akhtar, Rahman, Husain, Chaudhry Duddu & Husain, 2010).

The MSPSS questionnaire is a 7-point rating Likert scale ranging from, 1 = very strongly disagree to 7 = very strongly agree). It is designed to measure the perception of social support pertaining following areas: Cronbach's alpha of MSPSS-Urdu is 0.92, and items 3, 4, 8, and 11 in the family, items 6, 7,9, and 12 in friends, and Items 1,2,5, and 10 incorporated in significant others subscale. (Akhtar et.al. 2010).

3. Satisfaction with Life Scale (SWLS) Urdu Version (Mussaffa, Ghani & Khan, 2014).

Urdu version of SWLS was used. The English version by Diener, Emmon, Larson & Griffin (1985). This was made to evaluate a single domain e.g. universal life satisfaction. It responses range from strongly disagree to strongly agree and consists of five items, in a five-point Likert type scale. Scored as 1, 2, 3, 4 and 5 respectively and. A coefficient alpha of .87, correlation coefficient .82 and are reported to have two-month test-retest reliability (Diener, et.al., 1985).

Procedure

With the due permission of the Hospital's administration, patients were approached. Information about the purpose of the present study was explained to the participants. Queries related with this research were made clear. They were facilitated to freely ask questions for any difficulty regarding any item or instructions of the measure. Confidentiality of the data was completely maintained. The average time taken by an individual is 10-12 minutes. Finally, thanks was paid to the hospital/institution authorities and participants for their cooperation.

Results

Table I

Sample characteristics include age, gender, education, job-status, family-system, marital-status, degree of burns, pre-morbid illness, and type of treatment (N=60).

<i>Variables</i>		<i>f</i>	<i>%</i>	<i>M</i>	<i>SD</i>
<i>Age</i>	<i>Burns</i>			30.18	10.56
<i>Gender</i>	Male	26	43.3		
	Female	34	56.7		
<i>Education</i>	Educated	29	48.3		
	Un-Education	31	51.7		
<i>Job-Status</i>	Employed	23	38.3		
	Un-Employed	37	61.7		
<i>Family-System</i>	Joint	42	70		
	Nuclear	18	30		
<i>Marital-Status</i>	Married	39	65		
	Single	21	35		
<i>Degree of Burns</i>	1 st degree	36	60		
	2 nd degree	19	31.7		
	3 rd degree	5	8.3		
<i>Types of treatment</i>	Surgery	11	18.3		
	Regular	49	81.7		

Table I shows sample characteristics, which consist of 60 participants aged between 15-70 years. It includes 43.3% male and 56.7% females. Educated individuals were 48.3% and un-educated was 51.7%. Employed were 38.3% and un-employed was 61.7%. In family system joint was 70.0% and nuclear was 30.0%. Marital status as single was 35.0% and married was 65.0%. Individuals in the present study belong to all types of degree of burn i.e., 1st degree (60%), 2nd (31.7%) and 3rd (8.3%). Patients were taking different types of treatment i.e., surgery (11%) and regular (49%).

Table II

Psychometric Properties of study variables (N=60).

<i>Variables</i>	<i>No. of items</i>	<i>α</i>	<i>M</i>	<i>SD</i>	<i>Range</i>		<i>Skew.</i>	<i>Kurt.</i>
					<i>min</i>	<i>max</i>		
SWLS	5	.96	19.72	6.72	5.00	31.00	-.19	-.86
MSPSS	12	.96	47.02	13.57	11.08	73.58	-.45	-.38
Significant others	4	.93	13.76	4.38	3.25	21.50	-.53	-.58
Family support	4	.97	23.56	4.73	3.25	22.50	-.40	-.88
Friend support	4	.97	14.00	4.60	3.25	22.75	-.20	-.62

Note: *SWLS = Satisfaction with Life Scale, MSPSS = Multidimensional Scale of Perceived Social Support*

The results in the Table II indicate that the instruments are psychometrically sound as the Cronbach Alpha values are in good ranges. The skewness and kurtosis value indicate that the data is normally distributed.

Table III
Pearson bivariate inter-scale correlation between participants on Burns Survivors on Perceived Social Support and Life Satisfaction Scale (N=60).

Variables	1	2	3	4	5
1 Satisfaction with Life Scale	-	.73**	.71**	.65**	.54**
2 Multidimensional Scale of Perceived Social Support		-	.86**	.91**	.85**
3 Significant Others			-	.66**	.57**
4 Family support				-	.66**
5 Friends support					-

Note: *. $p < .05$, **. $p < .01$

Table III illustrates bivariate correlation to check the relationship between study variables. There is a significant positive relationship between the life satisfaction and multidimensional scale of perceived social support (including significant others, family support and friends support).

Table IV
Mean difference between Gender on variables on Perceived Social Support and Life Satisfaction (N = 60).

Variables	Male(N=26)		Female (N=34)		<i>t</i>	<i>p</i>	95% of CI		<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
MSPSS	48.45	11.43	45.93	15.08	.71	.08	-4.59	9.63	0.19
Significant others	13.52	4.36	13.94	4.46	.37	.86	-2.73	1.88	-0.10
Friends support	14.85	3.71	13.35	5.13	1.26	.03	-.88	3.88	0.34
Family Support	14.16	3.93	13.10	5.27	.86	.01	-1.41	3.53	0.23
Life Satisfaction	19.58	6.32	19.82	7.10	.14	.32	-3.78	3.29	-0.04

Note: LS= Life Satisfaction; MSPSS= Multidimensional scale of Perceived Social Support; PSS = Perceived Social Support

Table IV shows that there were no significant differences exist between gender on Perceived Social Support and Life Satisfaction among burn survivors.

Table V
Chi Square on levels of life satisfaction among females burn survivors with different types of burns (N = 34)

Level of life satisfaction	Type of Burns		χ^2	p
	Thermal	Chemical		
Extremely satisfied	1	0	17.44	.01
Satisfied	6	0		
Slightly satisfied	8	1		
Neutral	2	0		
Slightly dissatisfied	9	0		
Dissatisfied	6	0		
Extremely dissatisfied	0	1		

Table V illustrates that the level of life satisfaction is significantly high among those female burn survivors who got burn with the thermal on the other hand, it is high among chemical burn survivors.

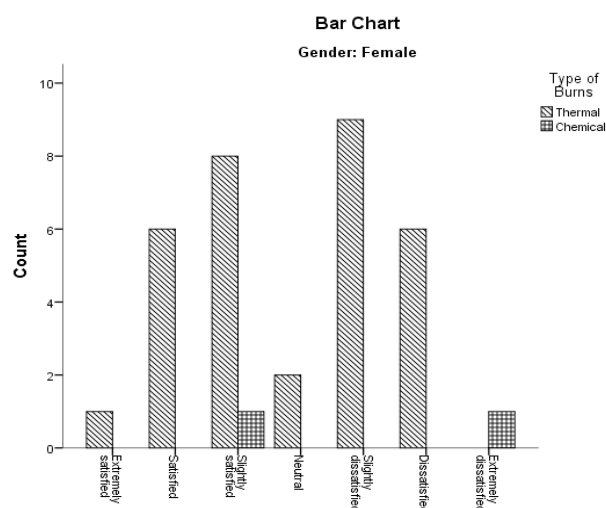


Figure No. 1: *levels of life satisfaction among females burn survivors with different types of burns.*

The level of life satisfaction is high among those female burn survivors who got burn with the thermal on the other hand, it is high among chemical burn survivors.

Table VI
Chi Square on level of life satisfaction among males burn survivors with different types of burns (N = 26)

level of life satisfaction	Type of Burns				χ^2	p
	Thermal	Chemical	Electrical	Mechanical		
Satisfied	0	1	1	0	12.23	.66
Slightly satisfied	6	2	2	3		
Neutral	0	1	1	0		
Slightly dissatisfied	2	1	0	0		
Dissatisfied	2	2	0	1		
Extremely dissatisfied	0	1	0	0		

Table VI illustrates that the level of life satisfaction is not significantly different among males burn survivors having different types of burns.

Discussion

Present study was conducted to study the social support and life satisfaction, with specific role of demographic among burn survivors.

The present study was conducted to identify the relationship between perceived social support and life satisfaction among burns burn survivors, with specific role of demographic variables. Sample of the study consist of 60 burns survivors with an age range of 15-70 years. For the evaluation of PSS, MSPSS was used. Translated version of this scale (Akhtar, Rahman, Husain, Chaudhry, Duddu & Husain, 2010) was used. This scale had been widely used and is reliable. The psychometric properties were consistent with the findings of current study. The cronbach's alpha of sub-scale of Perceived social support scale was in the range of 0.93 and 0.97. For life satisfaction SWLS was used. It was widely used and reliable tool and has been translated into over 20 languages which includes Arabic, Bosnian, Chinese, Thai and other languages. The original developer of this tool was Diener, et al. and later, it was translated into Urdu by Mussaffa, Ghani and Khan (2014). The translated version of the scale was used. While the cronbach's alpha of current study for this scale was 0.96, it indicates that it's in the satisfactory range. The value of kurtosis ranged from -.53 to -.88 and value of skewness ranged from -.19 to -.53. The value of skewness and kurtosis between range -2 and + 2 respectively, were considered acceptable in order to obtain the normal distribution (George & Mallery, 2010).

Previous literature indicates that burn is a major concern for many developed and under developed countries. Like others, incidence of burn injuries in Pakistan is also very high. In Karachi, the most heavily populated and cosmopolitan city of the country, burn is the leading cause of death. Along with the other reasons for these cases the lack of awareness and ill-defined preventive measures are the major reason behind such incidence (Al-Ibran, Rao, Ali, & Saleem, 2012). Nasrullah, and Muazzam (2010) describes that in Pakistan, events of stove burns, household brutality and unplanned burns are at a steady increase. Domestic problems are mostly the core cause for burn injury in Pakistan. Increasing frequency of accidental burns in Rawalpindi are related to misuse of charcoal fuel oven, lack of knowledge about save process techniques, lack of education, and low socioeconomic status (Farooq et, al, 2011).

Results of the present study indicates that there is a significant positive relationship between the life satisfaction and social support (including significant others, family support and friends support). Literature also provides the same evidences as according to Sveen, Ekselius, Gerdin, & Willebrand, (2011) described social support as a factor in resilience post-burn injury, but only in terms of the presence versus absence of others to provide support. Burn is not only giving a physical pain it is actually adding up the psychological distress. It is evident that the burn survivors has low life satisfaction in comparison with normal individuals (Patterson, Ptacek, Cromes, Fauerbach, & Engrav, 2000).

In the present study no significant differences were found among male and female burn survivors. There is a collectivistic culture in Pakistani society so they give full support to their relatives and sacrifice anything for them, so the gender differences do not play any role in providing a support to the burn survivors. Literature indicates that the burn affects the men and women survivors' differently i.e. female experience problems related to their physical appearance more than males (Meyer et al., 2004). Likewise another study found that females receive more support from friends than their male counterparts; females are more sentimental than males so they share their feelings to the friend freely/openly and get support from them. Sharing of feelings is considered to be a sign of weakness among males thus, they seek less support (Cumsille & Epstein, 1994). Agbenorku (2013) scrutinized the contributory social factors affecting the wellbeing of burn survivors are; nurturing family environment, negative societal interactions, caretaker's time and financial constraints. Electricity burns and fire burns are very common. Demographic factors are also linked burn injuries and it further explain that gender, old age, suicide etc are highlighted by the literature (Ali, Hamiz-ul-Fawwad, Al-Ibran, Ahmed, Saleem, Mustafa & Hussain, 2016). The results also revealed that the level of life satisfaction is significantly high among those females' burn survivors who got burn with the thermal whereas dissatisfaction is high among chemical burn survivors. Shahid, Ismail, and Khan (2018) also reported low life satisfaction among post burn survivors and the contributory factors encompassed; female gender, young age, low socio-economic status along with clinical parameters related burns.

The results of the present study indicates that there is no significant differences exist among employed and unemployed burn survivors for social support and life satisfaction. As in Pakistani culture is a collectivistic culture so the support system is very strong. Relations are considered foremost important than anything else in life. Hence, employment status and other factors are not considered as important factor in creating any difference in providing support to burn survivors. Employment may also contribute to life satisfaction through its correlation with income level, and ranked/position (Boyce, Brown, & Moore, 2010). Although it is generally accepted that employment helps individuals with disabilities to live more satisfactory lives (Wu, 2008). Researches revealed that social support is differently perceived in different group of people in terms of gender and marital status (Zanini, Moura, & Queiroz, 2009). Because of cultural variations the results are different but on common thing is that there is a significant positive relationship between the life satisfaction and social support (including significant others, family support and friends support).

The present study may help in understanding the importance of the demographic variables while planning anything for burn survivors. It will help in understanding the relationship between the life satisfaction and social support. By putting lots of emphasis on their relationship, the condition of the burn survivors can be improved.

Acknowledgement

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Death of a Parent: Its Effects on Students' Psychological Well-Being and Academic Resilience

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Abstract

The study attempted to find out the effects of parental death on students' psychological well-being and academic resilience, where majority of them obtained average levels of psychological well-being and academic resilience. The correlation for both variable was found. From the sixty respondents from ages 7-21, majority of them were male, have male deceased parent who had terminal illness as cause of their death, and were ages 7-12 years old when their parents died. Majority of the respondents grief expressions in affect, cognitive and behavioral category were sadness, denial and preoccupation with deceased parent, acting out and crying, respectively. The perceived differences of the effects of parental death based on the gender of the student and the deceased parent/s and the developmental level of student when their parent died were also analysed. Coping strategy used was mostly by getting support from loved ones (a problem-focused strategy). Since grief requires understanding from significant adults (such as relatives, guidance counselors, teachers), this study will be beneficial in catering bereaved students through the Counseling programs and services.

Keywords: parental death, psychological well-being, academic resilience

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Introduction

Death or dying is a natural and unavoidable process that all living creatures will experience at some point in life, whether it is own death or the death of a close friend or family member. Along with the experience of death comes the process of grieving - the dealing and coping with the loss of the loved one. Unfortunately in the Philippines, children are likely to live with two parents (who could be biological parents or stepparents).¹ Eighty-five percent (85%) of children in the Philippines live with two parents, whereas the remaining fifteen percent (15%) Filipino children had solo parent, either due to parental death of the other parent or separation. Filipino's culture of close-family ties and collectivism has been salient characteristics in the country and that the void of a family member, especially a parent, may create not only an internal turmoil but also a developmental hazard to a child's well-being. This has been a concern since the minority of children conflicted with having only one parent affects their emotional, personal and social lives. This initiates a period of substantial change and redirection in the way children view themselves, their relationship with others, and their perception in their place in the world.

²In Macabulos' study, it tackled Filipino children's concepts of death where it found out that the development of concept of death among Filipino children was not a single construct and requires understanding the different concepts of irreversibility, universality finality and causality of death. Grasping these concepts would require understanding of non-corporeal continuation, dysfunctionality, all-inclusiveness, unpredictable, inevitable, immobility, and insensitivity. Children would understand that sickness, tragedy or accidents and personal conflicts are conditions that really do or can bring about the death of a living thing. Filipino children's other concept of death lies in their belief in the divine providence and old age. The concepts of death among Filipino children could be regarded as either concrete or abstract and many evolve towards maturity through socialization, personal experiences and observation in the environment.¹

Bereavement may also have both a short-term and longer-term impact on an individual's academic undertakings. A longitudinal study by Scales et al. (2006) found that higher levels of resiliency traits are strongly correlated with higher grade point average. Referring to the ability to succeed in school despite adverse conditions, academic resilience includes components such as confidence, a sense of well-being, motivation, an ability to set goals, relationships/connections, and stress management.

With these, this study attempted to investigate the effects on the students' psychological well-being and their academic performance due to the disruption of the parent-child bond because of parental death. Specifically, it sought to answer the following questions: 1.) How are the students described in terms of their gender, gender of the deceased parent/s, age of the students when their parent/s died, nature of

¹From the table of percentage of children living with two, one, and no parent in the Philippines' living arrangements in World Family Map full report, 2017 in <https://worldfamilymap.ifstudies.org>.

²See "Concepts of Death among Filipino Children" by M.N.A. Macabulos, 2015, *International Journal of Humanities and Social Science Invention*, pp 42-48, ISSN: 2319 – 7714.

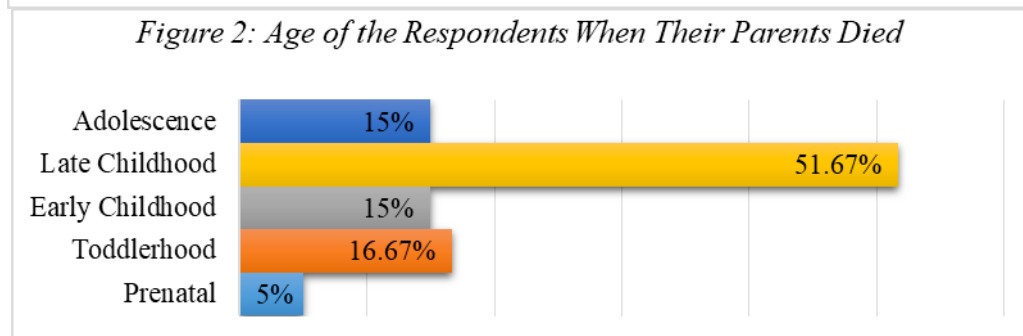
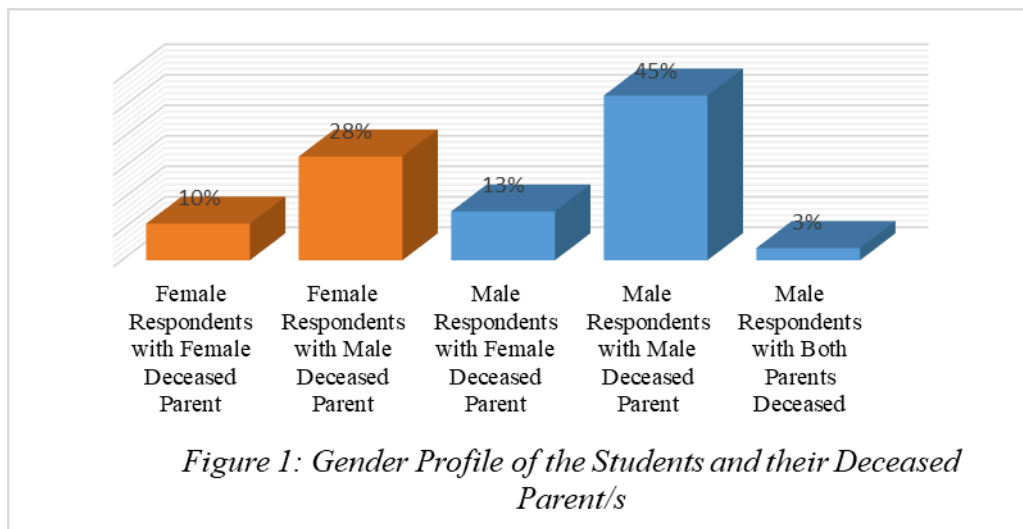
³From "The Role of Developmental Assets in Predicting Academic Achievement: A Longitudinal Study" by P.C. Scales, E.C. Roehlkepartain, M. Neal, J.C.Kielsmeier, & P.L., Benson, 2006. *Journal of Adolescence*, 29(5), 692-708.

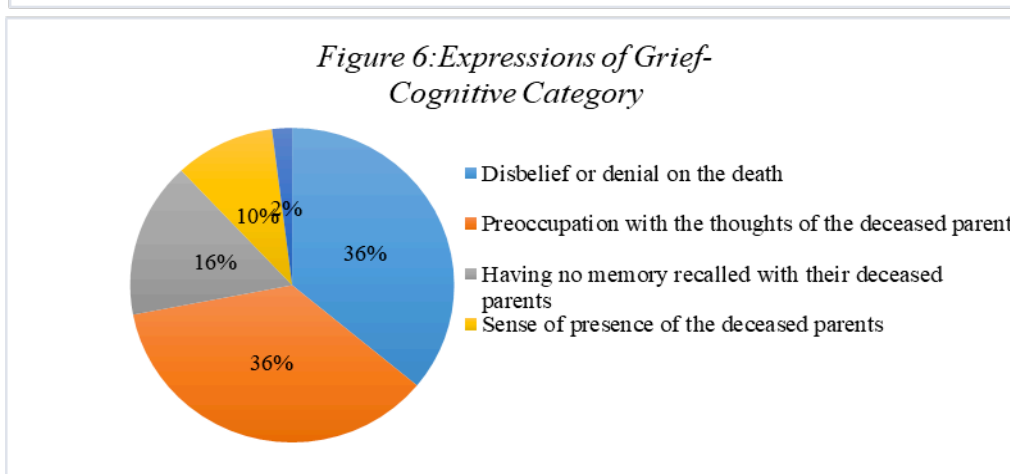
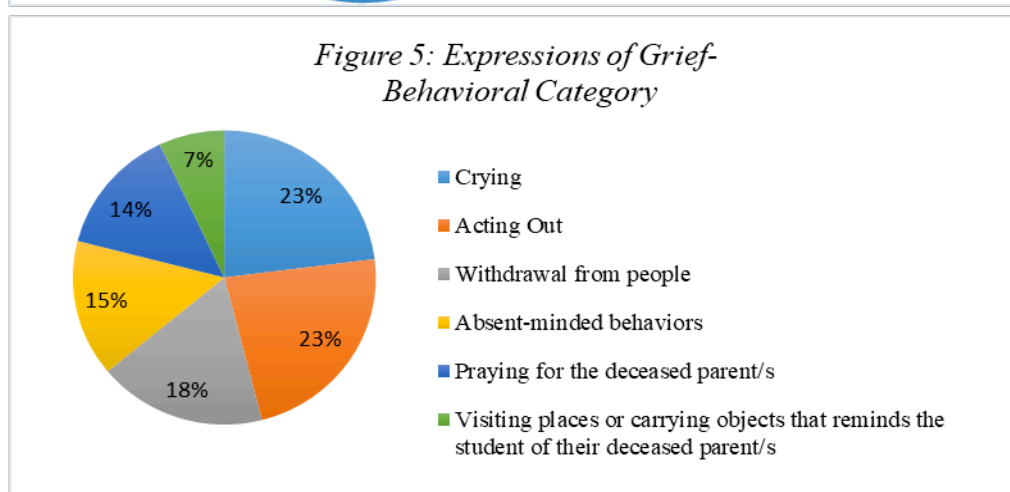
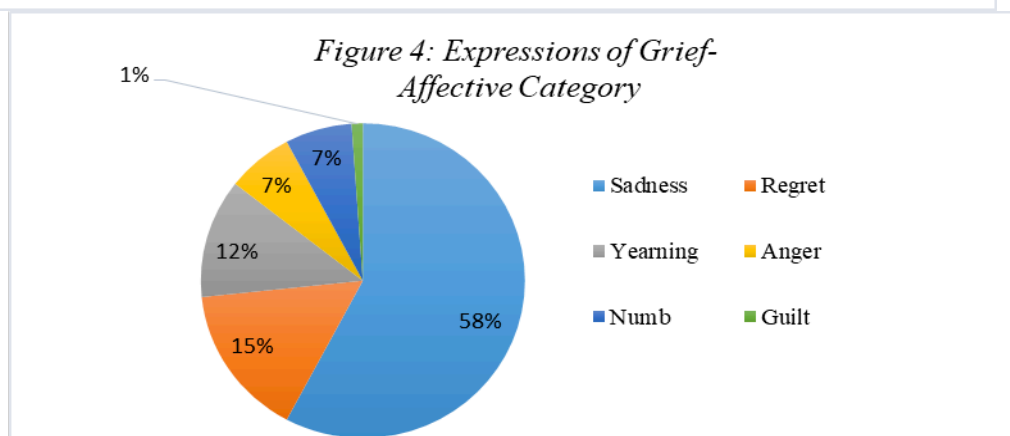
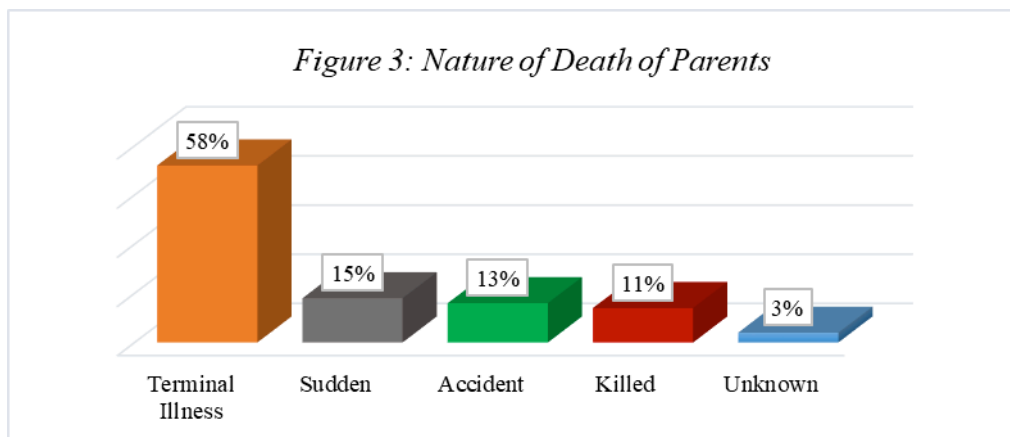
death of parent/s, and expressions of grief? 2.)What is the psychological well-being level of bereaved students? 3.) What is the academic resilience level of students with deceased parents? 4.) What are the differences on the effects of parental death to students in the basis of the gender of the parent/s who died and the gender of the student and the developmental level of the students when their parent/s died? 5.) Is there a significant relationship between students’ level of psychological well-being and their academic resilience? 6.) What are the coping strategies used by the students on their parental loss due to death? 7.) What are the implications of the study to Counseling Psychology?

Conclusion

Profile Summary of the Respondents

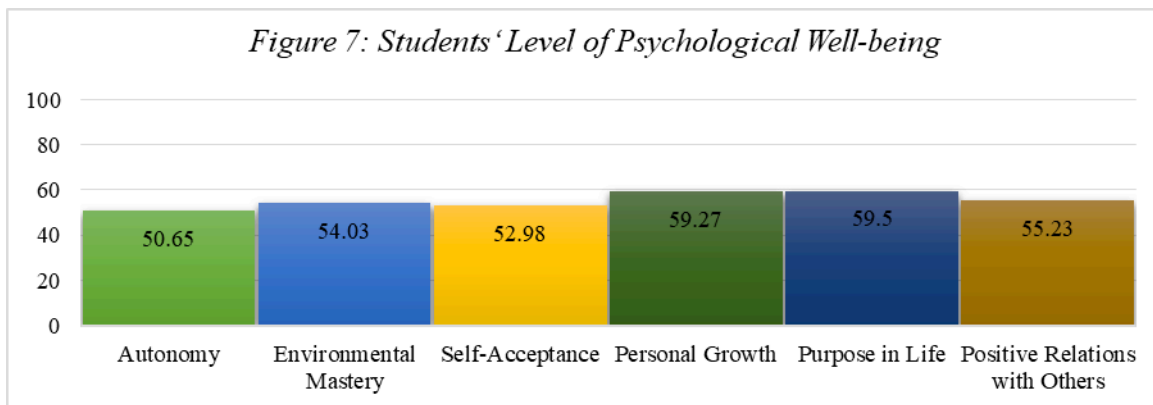
Majority of the respondents were male bereaved students with male deceased parent; most of the respondents were in the late childhood stage or under the bracket of ages of 7 years old to 12 years old when their parents died; majority of the respondents had parents who were terminally-ill in which their death were anticipated or made known to the respondents before they died; in expressing grief in the affect category, majority of the respondents claimed that sadness were their main expression of grief. In the cognition category of expressing grief, most of the respondents answered that they had disbelief or denial on the death of their parent and preoccupation with their deceased parent. Lastly, in the behavioral manifestations of grief, most of the respondents stated expressing grief through acting out and crying.





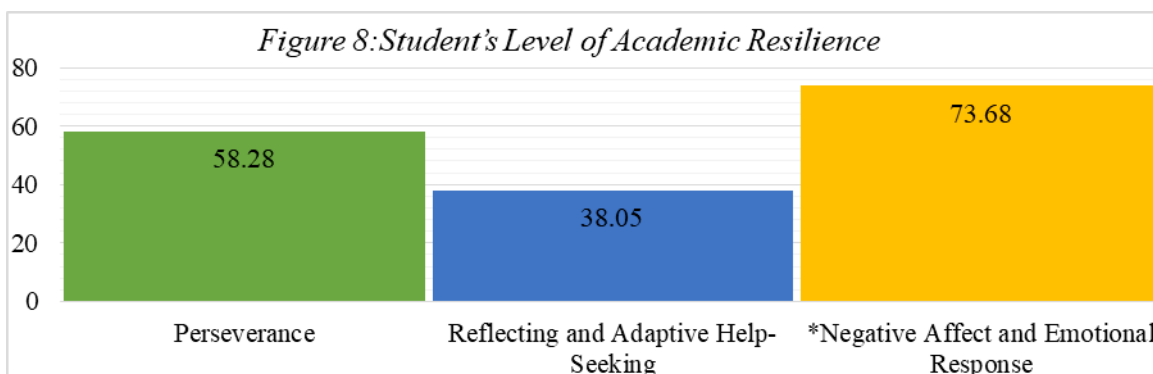
Students' Level of Psychological Well-Being

Purpose in life obtained the highest mean in their level of psychological well-being in the intrapersonal aspect, followed by personal growth, then succeeded by environmental mastery, self-acceptance, and autonomy. In the interpersonal aspect, the respondents obtained an average mean in their interpersonal aspect, specifically their positive relations with others.



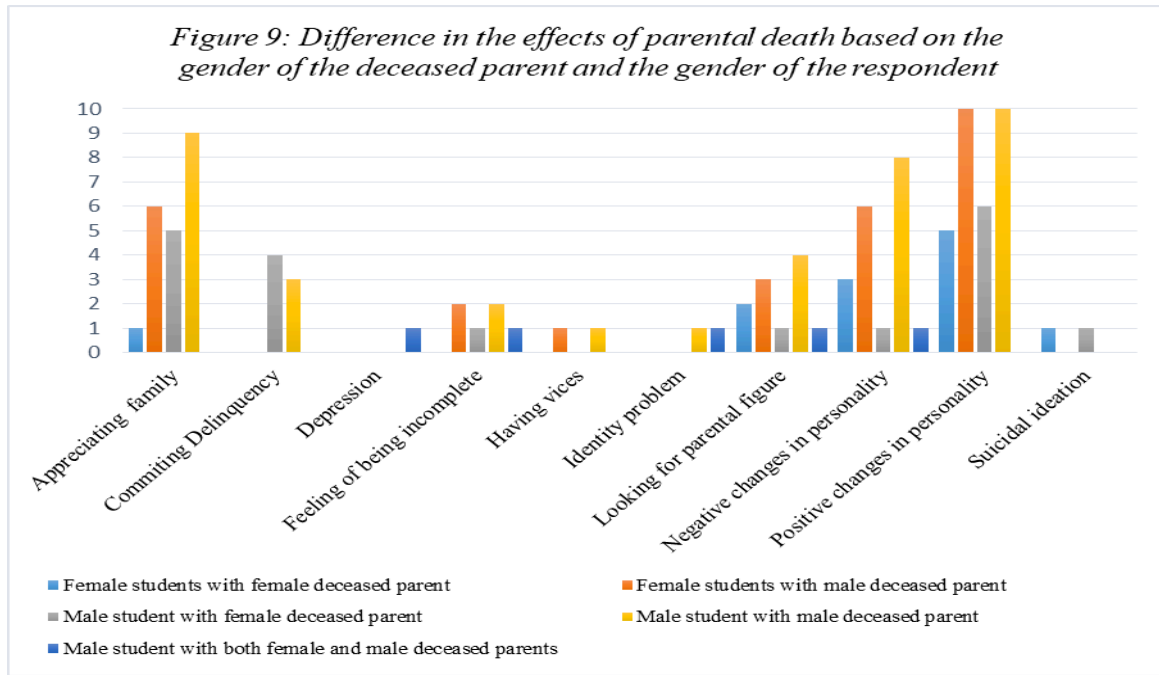
Students' Academic Resilience Level

Respondents' with deceased parents obtained average level of perseverance; a low level of reflecting and adaptive help-seeking; and a low negative affect and emotional response but with high academic resilience in this domain. Overall, the respondents obtained an average academic resilience level.



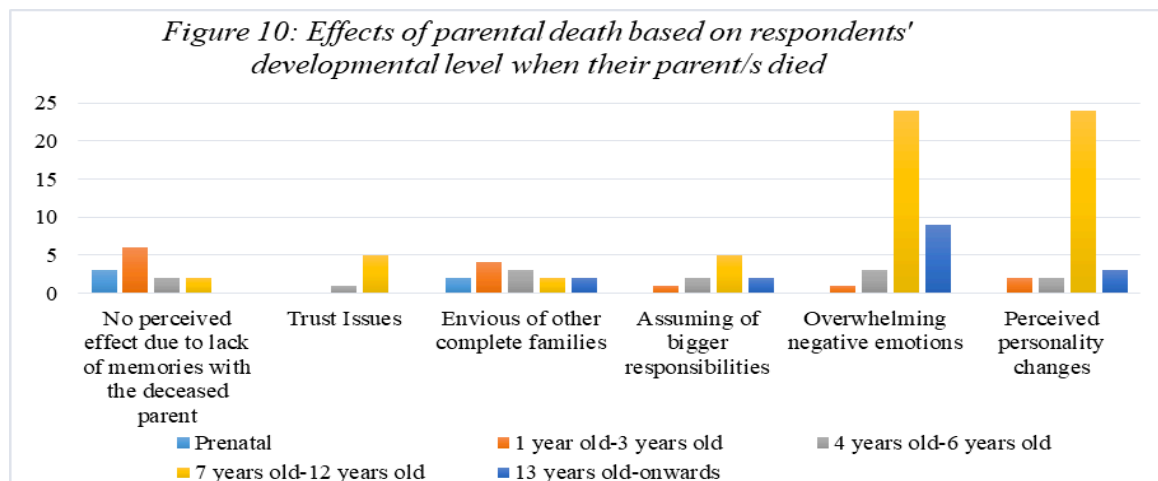
Differences in the Effects of Parental Death on the Basis of the Gender of Students and the Gender of their Deceased Parent

In the basis of the gender of the parent/s who died and the gender of the student, female students with female deceased parent, female students with male deceased parent, male students with male deceased, male student with female deceased parent, and male students with male deceased parent - most of them perceived their positive changes in personality as an effect to them of the death of their parent. The two male students with both female and male deceased parents, they stated perceived feelings of being incomplete, having vices, identity problem, loss of motivation in life, looking for parental figure, and perceived negative changes in personality as effects of parental death.



Differences in the Effects of Parental Death Based on the Developmental Level of the Student When Their Parent Died

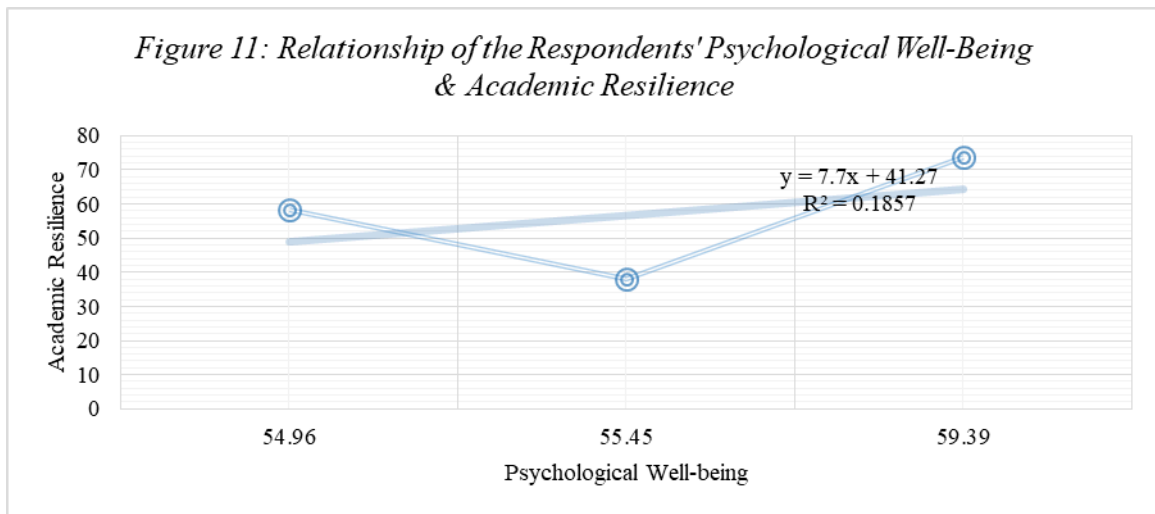
Respondents both at the prenatal stage and ages 1-3 years when their parent died were not affected due to lack of memories with the deceased parent. On the developmental level of 4-6 years old, respondents whose parents died in this stage stated that being envious to other families who are complete and having overwhelming negative emotions were their perceived effect of their parental loss. On the level of 7-12 years old, majority of the respondents had overwhelming negative emotions and perceived changes in their personality as the top effects of parental loss. Respondents on the level 13 years old- onwards when their parent/s died had overwhelming negative emotional feelings as the effect of parental loss.



Relationship of Students' Psychological Well-Being and Academic Resilience

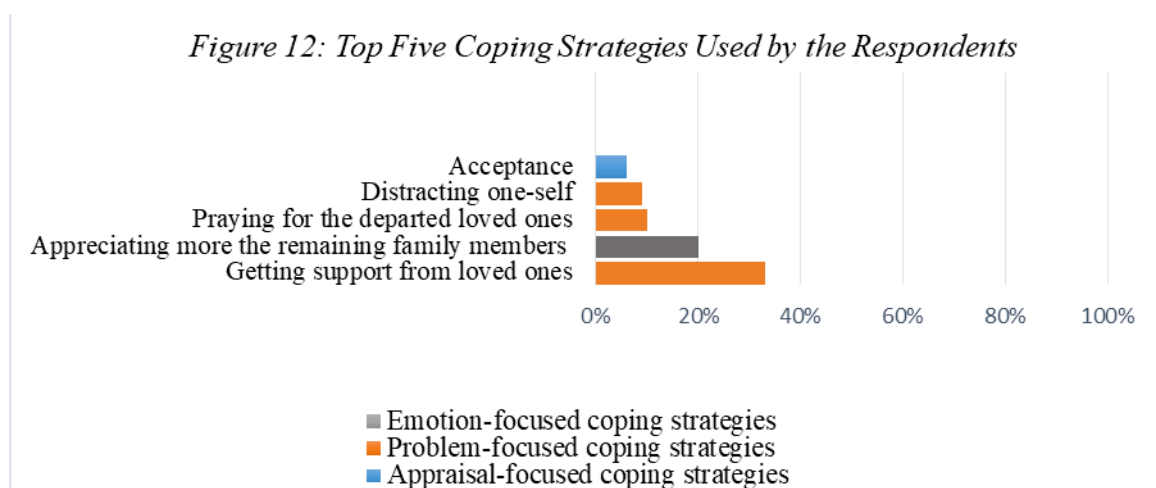
Results of Ryff Scales of Psychological Well-being and Academic Resilience Scale-30 obtained a correlational value of 0.19 which denotes weak or little relationship between the psychological well-being and academic resilience of the respondents.

Although technically a positive correlation, the relationship between psychological well-being and academic resilience was weak.



Coping Strategies Used by the Students on Parental Loss Due to Death

Most of the respondent’s way of coping was by getting support from loved ones (under problem-focus strategy); second was by loving and appreciating more the remaining family members (under emotion-focused strategy); third coping strategy was praying for the departed loved ones (under problem-focus strategy); fourth was distracting one-self (under problem-focused strategy); fifth in the ranking was acceptance of death of their parent (under appraisal- focused coping strategy); sixth coping strategy was thinking that the departed parent still guides him/her (under appraisal- focused coping strategy); next were anticipation of the reunion with the deceased parent (under appraisal- focused coping strategy), not forgetting/ reminiscing good memories with deceased parent (under appraisal- focused coping strategy), and managing painful feelings (under emotion-focused strategy); then next were making the deceased parent as inspiration, getting a new parental figure from other relatives, forgetting hurtful memories with the deceased parent , and strengthening faith – all under problem-focused coping strategy. The least were having a positive mindset (under appraisal-focused coping strategy) and focusing on self-improvement (under problem-focused coping strategy). It should be noted that the coping strategies classification used in this study was based on the Transactional Model of Stress and Coping of Lazarus and Folkman⁴ (1984).²



Implications to Counseling Psychology

In overall, the study of death of a parent and the effects it brings to bereaved students is vital since it can bring a huge contribution to grief counseling, in knowing the perceived effect of death of their parents to themselves, and to the actual effects of it to their psychological well-being and academic performance. The findings in this study can bring about development of techniques and/or programs that are suitable to help bereaved students in psychological (especially in autonomy- the least average mean result from the respondents) and academic aspects (especially in adaptive and help-seeking, where the respondents obtained low mean average from it) of their life.³

Limitations of the Study

The study was entirely focused on the effects of death of a biological parent into respondent's psychological well-being and academic resilience. However, some limitations should be noted. First, in the profile, the gender of the respondents and deceased parents, age of the respondents when their parents died, nature of death of the parent/s and expressions of grief were determined, setting aside the nature and degree of the relationship to the deceased parent/s of the respondents which can be also be a vital factor influencing the effects of parental death to bereaved respondents. Next, this study is only limited in determining the effects of parental death in psychological well-being and academic resilience of the respondents, discounting the state of the respondents before their parents died. Third, the locale of the study was also limited in the five private schools in Tarlac Province in the country of Philippines only.

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The World Family Map full report, (2017) retrieved from <https://worldfamilymap.ifstudies.org>.

From Victim to Survivor: Understanding the Reflexive Positioning of Adults Who Experienced Childhood Sexual Abuse on Their Journey to Recovery

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Abstract

This qualitative study examines the reflexive positioning and the corresponding social force of three adults with childhood sexual abuse (CSA) experience. Although the journey towards recovery is highly individualized, participants' narratives indicate six reflexive positions spread across three timeframes: 1) Self During and after CSA and revictimization: a) At Fault and b) Damaged ; 2) Self During help-seeking: c) Agentic and d) Having Worth ; and 3) Self During Recovery up to the Present: e) Work in Progress and f) Advocate. The three participants showed common storylines yet display nuances in their reflexive positioning. Results from this study underscore the dynamic process of positioning of self towards recovery from childhood sexual abuse. Reflexive positioning offers another perspective in understanding this process. Moreover, being positioned in certain ways by caring-others has important implications in the shift from victim to survivor for adults with CSA experience.

Keywords: childhood sexual abuse (CSA), positioning theory, reflexive positioning

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Introduction

There is increasing recognition to differentiate between a victim and a survivor. To date, these words have been loosely used in childhood sexual abuse (CSA) literature. Studies up to the 1970s used the term *victim*. However, it was replaced by the term *survivor* beginning the 1980s (see Alcott & Gray, 1993; Bhuvaneshwar & Shafer, 2004; Naples, 2003; Reavey & Gough, 2000). The term victim provided the needed impetus for their voices to be heard, it has unwittingly stigmatized them and placed them in the danger of revictimization as most of them are female, powerless, and passive (Reavey & Gough, 2000), and rendering them more marginalized. Recent studies have noted behavioral differences between the two. It is argued that “while victims have given up and are helpless, survivors are fighting back and are empowered” (Dillenburg, Fargas, & Akhonzada, 2005, p. 224). The term survivor is increasingly used to refer to individuals who are making choices (Dunn, 2005) and are making a conscious effort of redefining themselves and their abuse experience. But how does the change from victim to survivor happen? This study intends to focus on this yet unknown shift.

CSA Narratives: Medical and Clinical Fields

The medical field looks at individuals with CSA experience from the vantage point of its prevalence in the population and clinical subgroups. They identify long-term effects, risk factors, prevention, and factors that mediate or moderate between abuse characteristics and adult functioning (Draucker, 2001). This emphasis has positioned these individuals as sick persons suffering from a host of physical complaints (Anda et al., 2006; Irish, Kobayashi, & Delahanty, 2010; Leeb, Lewis, & Zolotor, 2011), thereby needing medical treatment. The clinical field, on the other hand, looks at CSA in terms of the psychiatric effects and psychological disorders they suffer many years after the abuse (Glaister & Abel, 2001; Leeb et al., 2011; McGregor, Julich, Glover, & Gautam, 2010; Giles, 2006). This focus has, in turn, positioned them as psychiatric patients that need intervention.

These ways of viewing these individuals leave many facets of their journey unnoticed. For one, they are positioned as patients while medical and clinical professionals as experts. Aside from that, the narratives they tell professionals are mostly fragments, and not complete stories, of their experience.

CSA Narratives: The Social Sciences

Social constructionists offer alternative perspectives in understanding how individuals live their experience. Discursive analysis belongs in this framework. The discursive approach begins with a view that people are social and relational beings and narratives are produced out of these social interactions. One of the forms of human discourse is narrative. Through the analysis of the stories they tell, a deeper understanding of their experience is possible as they reveal how meanings they have attached to their experience are produced socially.

The study of language use or discourses of individuals with CSA has been done since the early 1980s and proved robust. Feminist research and writings about victims of CSA have given rise to the disclosures of their experience thus creating the victim

discourse. It was replaced by the powerful survivor discourse in the late 1980s focusing more on the strength, courage, and resilience of women and children who had overcome childhood adversity and emerged stronger as a result (Hunter, 2009, 2010).

As society's awareness widened, more stories of CSA came out. Through these narratives, therapists were afforded a richer glimpse into their lives and experiences and, therefore, provide more effective therapy (Anderson & Hiersteiner, 2008; Banyard & Williams, 2006; Phanichrat & Townsend, 2010). Current literature suggests that healing is possible but each's experience is subjective and unique (San Diego, 2011) and, therefore, cannot be measured by objective criteria (Bhuvanewar & Shafer, 2004; Brown, Kallivayalil, Mendelsohn, & Harvey, 2012).

These studies also show that CSA may cause the development of an impaired self and complex adaptation to developmental challenges. These, in turn, affect how individuals regard him-/herself and thereby affecting one's talk. The lens of positioning theory (Harre & Moghaddam, 2003), in particular, reflexive positioning (Tan & Moghaddam, 1995), provides an alternative approach to understanding how adults with CSA position themselves in their talk across time.

Positioning as a theoretical framework

Within a social constructionist paradigm, positioning theory is a conceptual and methodological tool in studying how identity is discursively produced within conversation and communication, both present and historically (Davies & Harre, 1990). It theorizes that the constant flow of everyday life is fragmented into distinct episodes (Harré & van Langenhove, 1999). In these episodes, the individuals position the self and others simultaneously at any given moment within a particular context. As different and specific situations and conditions are experienced, the individual defines and redefines the self so that there emerges a "self-concept of a given moment" (Tan & Moghaddam, 1995) which makes it a dynamic and fluid process.

In recent years, positioning theory is increasingly used in analyzing self-positioning in written and oral autobiographies to explore and understand how the individual positions the self in various contexts (Harre & van Langenhove, 1999; van Langenhove & Harre, 1999). This study focuses on the self-positioning of individuals with CSA experience at any given moment in their journey to recovery.

Reflexive Positioning. Self-positioning in internal talk is termed as reflexive positioning. It is a process by which individuals, either intentionally or unintentionally, position one's self in unfolding personal stories told to oneself (Tan & Moghaddam, 1995). This internal discourse can both be formal, such as writing a diary intended to be read and reviewed by the writer alone, and informal, such as when a person tells himself, "You can do it!" (Harre, Moghaddam, Cairnie, Rothbart, & Sabat, 2009).

To understand the life story of adults with CSA experience, reflexive positioning offers a useful and relevant framework for conceptualizing shifts as participants go through a simultaneous, dynamic, and continuing process of self-positioning in their talk to themselves. In this process, there is *I* (or the self as the subject) observing and

positioning *me* (or the self as the object) at any given moment. This is possible because reflexivity as the basic character of the self affords one to view the self subjectively and objectively simultaneously in any given context.

Positioning Triad. Positioning theory looks at the tri-polar structure of talk, consisting of (i) storylines; (ii) positions; and (iii) social force (van Langenhove & Harré, 1999). Storylines can be thought of as narratives to make words and actions meaningful to themselves and others (Tan & Moghaddam, 1995). Positions, linked with and are often similar to storylines, are metaphorical concepts of their “part” or “role” in the unfolding the dynamic episodes (van Langenhove & Harré, 1999). Consequently, positions and storylines are given meaning by the individual and by others as the social force or acts (van Langenhove & Harre, 1999). A social force, therefore, is how the self and others respond to the storylines and positions. Accordingly, this study looks at the narratives of each participant – at what is said (storyline), make inferences about the reflexive positions that are being assumed by the participants (position), and how the self and others respond (social force).

Statement of the Problem

This study uses the discursive lens of positioning theory as its theoretical contribution to the understanding of the life journey of individuals with CSA experience. The question the study wants to answer is: How do adults with CSA experience position the self across time on their journey to recovery?

Method

This qualitative study utilized semistructured interviews with three adults with CSA experience. They were asked to narrate, in retrospect, their CSA experience and how they talked about themselves when they talk to themselves across time. Van Langenhove and Harré (1999) referred to this as ‘accountive positioning’, an interview involving talk about talk. Transcriptions of the interviews were the text used for the analysis.

Participants

Three adult women were purposively chosen for this study because of their past association with the first author. Given the stigma that is attached to being sexually abused, the first author’s intimate knowledge of their CSA experience and their journey was an important consideration for their inclusion and facilitated the in-depth analysis of data which is one of the strengths of this study. A general background of the participants, names changed to maintain confidentiality, follows.

Ann, 29 years old, is single. She shared episodes of abuses starting age seven by an older sibling, sexual harassment at fifteen by a friend, almost sold by her brother to an older man for sexual favors at seventeen, and raped at 18. She left home and stayed with a couple at nineteen years old with whom she was also emotionally and physically abused. At twenty-one she found herself living in the streets where she became involved with and again abused by an older man. At 23 she came in contact with a Christian organization where she received mentoring. She started counseling at twenty-four years old.

Bret, aged 36, married and holds a full-time job. Her CSA started at age six by an older cousin who lived with the family and lasted for two years. She read by accident a woman's CSA experience in a column of a weekly women's magazine that her mother subscribed to. She learned from the columnist's response that her experience had a name: sexual abuse. She then started to devise ways to avoid being alone with her cousin. At 32, she sought counseling where she disclosed.

Venus, aged 35, married and works full time. She shared episodes of CSA at the age of about five by an uncle who lived with her family, lasting for about three years. At junior high, she had fainting spells. Diagnosed as epileptic, a doctor prescribed medicines that did not help. She was raped and gang-raped in college. She never told anybody. Several times she committed suicide but woke up alive each time. During her sophomore, one of her professors counseled her. Several years later, she sought therapy for safety and trust issues.

Instrument Schedule

The interview schedule consisted of open-ended questions. Participants were first asked to draw a timeline of their life from as early as they can remember up to the present. The initial set of questions elicited a narration of history and background of the episodes written in their timeline. The main set of questions elicited an account of the participants' talk to themselves about themselves as the abuses occurred. A sample form of questioning is as follow: When this abuse was happening, recall what you told to yourself about yourself. Try to remember exactly what you were saying to yourself during and after the abuse.

Procedure

Initial contact was done by online messages explaining the purpose of the study. When they consented to participate, arrangements were made to meet. After a pilot interview and trial analysis, the first author conducted the individual interviews in Bahasa Indonesia. Data were then transcribed and translated to English by the first author to maintain confidentiality.

The raw data filled 32 pages making up the data set. Each transcript was manually coded. After initial and subsequent coding, the analysis involved: (i) determining the storylines presented in their talk in each episode; (ii) surfacing the reflexive positions taken up; and (iii) understanding the meanings of utterances and the accompanying social force, following the methodological framework of positioning theory (van Langenhove & Harre, 1999; Harre & Moghaddam, 2003). Subsequent analysis involved two blind coders to obtain consensual validation that the derived storylines and positions were 'true to the text.'

Results

The final analysis of the data set extracted three timeframes: (a) the self during and after the abuse and revictimization; (b) the self during help-seeking and disclosure; and (c) the self on the road to recovery. These timeframes, graphically presented

below, are not necessarily linear because of the recurring overlap of reflexive positioning across time.

	During and After CSA and Revictimization		During Help-seeking and Disclosure		During Recovery, and Present	
Storyline/ Reflexive Positioning	Self as stupid or at fault	Self as damaged	Self as agentic	Self as having worth	Self as a work in progress	Self as advocate
Social Force	To not seek help from others and to take more abuses from others	To treat self as nothing and to take more abuses from others	To not take abuses anymore and to seek help	Disclosure and develop supportive relationships	I am getting stronger and better; Able to take care of myself	I am now free, so I can help others

Table 1. Patterns of Reflexive Positioning Across Time

In each timeframe, two sets of storylines, positioning, and social force are identified. The beginning reflexive positioning of the participants (self as stupid or at fault and self as damaged) reflects the self-blame pattern, a common positioning of individuals with CSA experience. The social force of this positioning is that others can take advantage of them and can repeatedly abuse them. In the middle timeframe, they showed a pattern of agentic reflexive positioning (self as agentic and have worth). The shift here led to disclosure and establishing supportive relationships. The last timeframe shows a pattern of positioning that goes beyond this agency that now reflexively position themselves as stronger and better individuals (self as a work in progress and self as an advocate). These carry the social force of others seeing them as able to care for themselves and others. A detailed discussion of each timeframe follows below.

The Self During and After CSA and Revictimization

This timeframe contains a series of episodes showing certain patterns in their utterance and reflexive positioning of victimhood, covering years of abuse and revictimization. The table below reflects the pattern across the three participants.

Participant	Storyline/Reflexive Positioning	Social Force
	<i>Self as stupid or at fault</i>	<i>To not seek help from others and to take more abuses from others</i>
Ann	Naïve Gullible	Others can take advantage of her. Others can repeatedly abuse her.
Bret	Naïve & confused Not smart enough	Others can take advantage of her Others can continue to abuse her
Venus	Innocent Ignorant	Others can take advantage of her Others can repeatedly abuse her
	<i>Self as damaged</i>	<i>To treat self as nothing and to take more abuses from others</i>
Ann	Worthless Useless	Others can abuse her all the time. Others can use her the way they want.
Bret	Dirty Shameful	Others can treat her as garbage. Others can see her as blemished.
Venus	Hopeless Worthless	Others can abuse her anytime. Others can see her as having no future.

Table 2. Positioning During and After CSA and Revictimization

Positioning of self as at fault. A common pattern of reflexive positioning among the three participants in these episodes is the self as being at fault for being abused. Their common storyline/reflexive positioning is “stupid” when they talked to themselves about themselves but meant different things to each of them. The social force of this reflexive positioning is, consequently, not to seek help.

For Ann, stupid means naïve, or young. But when she was revictimized several times up to her late teens, stupid came to mean gullible. She continued to blame herself for being easily taken in when adults showed attention. Her utterance, “*Oh, the word I always say is ‘stupid!’ That’s what always comes out automatically.*” (lines 79-80), indicating that she blames herself for all her experiences of abuse. The social force of this reflexive positioning is that others took advantage of her and others repeatedly abused her. For Bret, stupid means naïve and confused. She even wondered if this was love. But when she knew at eight years old that her experience is called sexual abuse, she started to think of ways to avoid her abuser. However, when she was abused again and again despite devising ways to stop it, she began to scold herself, “*...you cannot do anything well. See you are so stupid! How come you cannot avoid being abused again!*” (lines 131-132). Stupid has come to mean not smart enough. The social force of this reflexive positioning is that others took advantage of her and continued to abuse her. For Venus, stupid means she was innocent and ignorant. “*At that time I did not understand at all but now I know it’s called sexual abuse*” (lines 101-102)... “*I felt like a was a stupid person...*” (line 154). The social force of this positioning is that others took advantage of her and repeatedly abused her. However,

after episodes of revictimizations, she shut down and did not make any conscious effort on reflecting about what happened to her. She acted as if everything was fine and normal, and remained innocent and ignorant despite being abused several times by different perpetrators.

Positioning of self as damaged. Another pattern that the participants shared in this timeframe is the positioning of self as damaged. For Ann, this meant she is worthless and useless as reflected when she said, “[I am]...not good, worthless, meaningless, nothing... nothing good comes from me! I am already damaged, ruined, a mess, broken, there’s nothing more” (lines 80-82). This carries the social force that others can abuse her anytime and use her however they want since she is already damaged. For Bret, being damaged means she is dirty and shameful which is shown in her utterance, “...I started to feel dirty, felt I was different from the others, started to feel ashamed because I know that my friends have not experienced what I have” (lines 132-134). This takes on the social force that others can treat her as garbage and see her as blemished. Venus’ positioning of self as damaged means worthless and hopeless as indicated when she said, “...I wanted to kill myself because I felt I was always a victim... I felt worthless. Then when these things happened to me, I kept asking where God was? If there is a god, why didn’t he help me?” (lines 430-432). The social force of this positioning of self is that others can abuse her anytime and that they see her as having no future.

The pattern of self-positioning as damaged as seen across their stories implies a declaration of worthlessness, brokenness, and utter ruin. This carries the social force of them treating themselves as nothing and taking all the abuses from others. In effect, because they are nothing and have nothing to lose anymore, they unwittingly allow themselves to be repeatedly abused.

The Self During Help-Seeking

This time frame contains a series of episodes that depict acts of survival that eventually led to disclosure. The table below reflects the pattern of seeking help across the three participants.

Participant	Storyline/Reflexive Positioning	Social Force
	<i>Self as agentic</i>	<i>To not seek help from others and to take more abuses from others</i>
Ann	Able to refuse abuse and run away Able to seek help	Others saw her as capable of protecting herself and bounce back Others stopped abusing her
Bret	Able to seek knowledge Able to evade her abuser	Others saw her as smart Others saw her as capable
Venus	Able to imagine herself as protected Able to escape to her own world	Others saw her as a dreamer Others saw her as not grounded

Table 3. Positioning During Help-seeking

Positioning of self as agentic. This positioning ushers episodes of help-seeking covering several years, overlapping with the previous period. When the participants first showed some form of agency, the abuses were still going on. For example, Ann, who was abused by several perpetrators, showed some form of agency when she kept running away from them. She said, *“I ran away several times from my abusers because I did not want to be treated that way. I did not like the pain and suffering”* (lines 588-589). Running away brought respite for a time, although she was revictimized several times. Her reflexive positioning in this utterance is that of someone able to escape abuse. Then when she finally sought therapy, she showed more agency. She positioned herself as someone able to seek help. The social force is that others saw her as capable of protecting herself and bounce back so that others stopped abusing her. Bret, on the other hand, proved to be a very agentic 8-year-old while still being repeatedly abused. Accidentally reading a help-column in a local women’s weekly magazine that her mother subscribed to opened her eyes. She learned to devise ways to stop her abuses by telling herself, *“... ‘when he makes his moves you have to go inside a room that you can lock from inside’. I started to find ways to avoid him. When my parents leave the house, I ask to go with them. Then when he is asleep, I play outside. I started to think of ways like that”* (lines 122, 124-126). She further told herself, *“...you have to avoid him, you cannot be near him, you cannot be in the same room with him alone”* (lines 190-191). Knowledge became her strongest ally and became agentic without the help of others at a very young age. The social force of this positioning is that the perpetrator saw her as smart and capable, so he stopped abusing her. On another plane, Venus’ agency comes from a unique form—a fantasy world where she felt safe and protected. This behavior is usually seen as problematic in trauma literature in that the individual avoids and escapes reality. But in this study, this is taken as a form of agency as this is what made her survive the years of CSA and revictimization. She said, *“If you ask what made me bear it...I used to fantasize a lot, weaving a fantasy that is beautiful..., Then I would fantasize that I would have a nice family, protected... I would create a fantasy world”* (lines 159-161). She further said, *“I am a person who is full of imagination. My imaginations are just that, I would meet a good prince, who will protect me. Like in a fantasy world.”* (lines 170-171). After each revictimization, her fantasy world kept her sane. The social force of this reflexive positioning was that others see her as a daydreamer and not well grounded. Others may also see her as having a world of her own and not herself many times. Thus, revictimization may have easily happened.

This pattern of self-positioning across participants reflects forms of agency that carries the social force of not taking the abuses anymore, both consciously and unconsciously. For Ann and Bret, this was the start of a series of episodes that led to disclosure while Venus channeled hers into a world she created. While Ann and Bret made tangible efforts to stop the abuses by physically detaching themselves from their abuser, Venus detached emotionally and psychologically. This may be a key to understanding individuals who seemed not to have done anything to stop or remove themselves from abusive situations like Venus.

During Recovery and Present

This timeframe indicates patterns of positioning as being on the road to recovery and how they see themselves in the present. This table reflects the pattern across the three participants.

Participant	Storyline/Reflexive Positioning	Social Force
	<i>Self as a work in progress</i>	<i>I am getting stronger and better Able to take care of myself</i>
Ann	Much better Mendable as a puzzle	Others see her as resilient.
Bret	Dealing with issues; Surfacing as a train from a tunnel	Others see her as strong and dynamic
Venus	A better person; Metamorphosing as a rainbow after heavy rains	Others see her as a better person
	<i>Self as advocate</i>	<i>I am now free, so I can take care of others</i>
Ann	Nourisher	Others see her as an advocate for the emotionally needy
Bret	Protector; Defender	Others see her as an advocate for children
Venus	Counselor	Others see her as an advocate for other women

Table 4. Positioning During Recovery, Present, and Future

Positioning of self as a work in progress. This pattern of self-positioning indicates another shift. Ann now positions her self as not yet healed but much better when she said, *“I feel I am much better but not totally healed yet, but much, much better. I have started to accept myself, learned to be more tolerant when I do something wrong. Then I am now more aware that I have problems, to face my problems. Before, I did not want to face my problems”* (lines 212-218). She chose a puzzle to illustrate what she is going through in this period. *“I can see myself...like pieces of a puzzle that have not been put together, scattered, separated everywhere. That was how I saw myself... now I can put together the puzzle pieces slowly”* (lines 163-166). In saying this, she also positions herself as mendable and in the future a completed puzzle. The social force of this reflexive positioning is that others see her as resilient.

In the same vein, Bret reflexively positions herself as a work in progress like a train inside a dark and long tunnel while the abuses were still on-going and it is taking a long time for her to come out. *“... I used to imagine, well I like riding a train... a train would pass under a tunnel then after a while there’s light again. I used to imagine*

being in a tunnel...” (lines 160-161). This metaphor indicates her reflexive positioning while experiencing CSA but also as a future self-positioning of coming out of a dark tunnel into the light. Therefore, the reflexive positioning here is that of seeing herself as moving towards healing. The social force of this positioning is of others seeing her as strong and dynamic, as she moves on a journey from darkness to light.

Similarly, Venus positions herself on the road to recovery as becoming a better person. She also reflexively positions as having metamorphosed. *“I like rainbows...After heavy rains suddenly a splash of beautiful colors appears. Before there were storms in life... problems, but I can see them more objectively now... I used to blame myself... But now I can see clearly, I try to see better”* (lines 661-669). She likens her abuse experiences to heavy rains but her life now as having metamorphosed into a rainbow of beautiful colors. The social force of this positioning is that of others are seeing her as changing for the better.

This pattern of reflexive positioning (self as a work in progress) are episodes where the participants see themselves as having started on the road to recovery, getting stronger and better. Although not yet healed, the participants see themselves as able to take care of their self. The social force is that others can see them as able to take care of themselves already and they can protect themselves from getting abused again. This pattern of self-positioning is also one that is dynamic and changing that the present self-positioning can also carry a future one, that there is a self to be had in the future. The social force of this self-positioning is that they see themselves as getting there one day, having a better self or being completely healed.

Positioning of self as advocate. In this timeframe is another pattern of reflexive positioning, that of seeing themselves as doing advocacy for others. In this reflexive positioning, they no longer look at themselves but at others.

Ann positions herself as a nourisher who can nourish others who are emotionally hungry. She sees herself as a cake about to come out of the oven. She said, *“I see myself now like a cake. The ingredients are pieces of myself and all the experiences that God had allowed in my life. I am inside the oven right now nearing done. When I come out of the oven, I will be a cake... served for any occasion.”* The social force of this reflexive positioning is that others see her as someone who can extend help to others, especially those who need emotional support. It may be a step in her recovery to redeem herself and become beneficial for others.

Bret, on the other hand, positions self as a protector and defender of small children. She wants small children to enjoy being a child without worrying about their safety. *“I just want to help other kids so that they can enjoy their childhood...”* (lines 309-310). *“I want my life to be meaningful to children who should be protected”* (lines 336-337). *“I will not allow what happened to me to happen to other children”* (lines 323-324). This self-positioning carries the social force of being able to take care of others, especially small children who are unprotected. She sees her experience as having served its purpose if she can fill the needs of children for protection and prevent one to be abused.

Venus, likewise, positions herself as a counselor especially for women who were abused. She said, *“Now I see why these events happened. First, now I counsel women who experience abuse like I did... I understand why I felt like going crazy, why I wanted to kill myself. I now understand.”* (lines 617-620) *“I plan that in 5 years I will study Psychology... then I also plan to open a counseling center after that”* (lines 607 & 611). This positioning carries the social force of being able to take care of others, especially women with CSA.

This pattern of self-positioning and its corresponding social force means that now they can take care of themselves and others. The reflexive positioning of advocate indicates a person who is now free, free of the cares of taking care and protecting the self so they can think of the welfare of others.

Discussion

This study showed how adults with CSA experience position themselves across time towards recovery. Storylines/reflexive positioning were situated across three timeframes: the self during and after the abuse and revictimization, the self during help-seeking, and the self during recovery up to the present. In the first timeframe, traditional trauma storylines and reflexive positioning were observed. The second timeframe revealed agentic positioning of self during help-seeking. In the third timeframe, results show a shift in the focus away from their CSA experience towards the self and to help others. These results are firstly explained in the victim/survivor discourse in trauma literature, followed by how agency is seen and, thirdly, how the self is created through reflexive positioning.

Victim/Survivor Discourse

The self in the first and middle timeframes (during and after CSA and revictimization, and help-seeking) points to the self in relation to the abuse. Although the second timeframe is a massive shift from that of the first, the participants are still embroiled within their CSA and revictimization experiences. But towards the end or in the third timeframe, the positioning of the self is no longer tied to being abused. They are now oriented towards helping others. The focus is no longer the abused self but a new self.

The abused self corresponds to the victim discourse while the being-healed self corresponds to the survivor discourse in CSA literature. However, the new self which now seems to be free of the abused identify remains to be identified. Anderson & Hiersteiner (2008) refer to this stage as recovery—when CSA remains part of but no longer defines them, and that CSA is part of their story but no longer their life. A new term is needed to refer to this new self and identity to position these individuals appropriately.

Self as Agentic

Data further show that agency can also be shown by fleeing to a make-believe world. In trauma literature, this is viewed as symptom (avoidance, escapism, denial) (Anderson & Hiersteiner, 2008) or avoidant coping (floating off, dissociation) (Phanichrat & Townshend, 2010) leading to unhealthy outcomes. Data in this study, however, show that creating a fantasy world where the individual feels safe and

protected is a way of surviving abuses. Seen through the lens of positioning theory this stance is recognized as self-positioning that is positive. In this regard, this reflexive positioning consequently carries a positive social force, which in turn, has a positive effect on the self. This study refers to them as expressions of resiliency (see Brown et al., 2012), and should be taken into account in therapy.

Furthermore, findings in this study support the results in previous studies that the shift from victim to survivor occurs only after the individuals engage in several tasks such as developing supportive relationships, disclosure, and making meaning (Anderson & Hiersteiner, 2008; Phanichrat & Townshend, 2010; San Diego, 2010; Banyard & Williams, 2006).

Reflexive Positioning and the Self

Positioning is never fixed but are fluid and constantly changing as new experiences are integrated (Tan & Moghaddam, 1995), with new storylines, reflexive positioning, and social force. It is, therefore, possible for a person who has made a reflexive positioning of being damaged to eventually reposition the self as whole. People do not have to be stuck in unproductive positioning but can move to more productive ones when new and positive experiences are encountered. As different situations come up, it defines and redefines the self and the construction of self-identity (Tan & Moghaddam, 1995). Accordingly, different selves emerge across time.

Tan and Moghaddam (1995) warned that certain storylines and reflexive positioning may become more salient to a person than others inducing them to hold on to narratives out of habit that may be very limiting. Going through the process of analyzing the storylines, reflexive positioning, and social force in therapy can free them from relatively frozen narratives so that they can construct new stories.

Conclusion

Reflecting on the reflexive positioning and the corresponding social force is another way of understanding the life journey of individuals with CSA experience. This can help therapists giving appropriate intervention. Aside from that, findings of this study suggest that it is indeed possible for women with CSA experience to shift from the positioning of self as victim to the self as survivor then to a new self beyond survivorhood. Women can reflect the end positioning of self as change agents, as advocates, as moving from an internal focus on the self to an outward focus on others, perhaps reflective of a changing identity, of seeing the multiple selves, and as a new self that is no longer tied to CSA.

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Using Mask Painting To Assess Individual Role Preference In A Society: A Preliminary Research

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Abstract

Mask painting is a form of instrument in art therapy to assess and to be utilized as a therapeutic device. In Jungian psychology, mask reflects human expression that represents individual relations to the environment. Creating a mask is projecting the self into mask form. In children art therapy, the therapist asks children to create masks they want to play for and followed by theatrical play where the children play their roles. In this preliminary research on adolescents, five males and five females participated in mask painting to project how they would prefer to see themselves take social roles in the society. The participants were asked to decorate their masks by using acrylic paints and explained the character of the masks they made. They were interviewed to explain the reasons for choosing the characters and how these characters relate significantly to their social roles. The results indicate that the male participants tended to use more spontaneous brush-strokes and admitted that they preferred to participate socially in a more spontaneous manner; whereas the female participants preferred to be more cautious in taking their social roles, and they painted the masks in more cautious way. Although this research is still in form of preliminary study, it is expected to inspire further research on mask painting in greater population across ethnic and cultures, for interculturality there may be different forms of expressions between genders.

Keywords: mask painting, social roles, adolescence

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INTRODUCTION

Adolescence and Identity Formation

In Erikson's psychosocial theory, adolescence is a crucial period. It is a time of transition from childhood to adulthood, occurring from about 12-20 years (Shaffer & Kipp, 2010). Teenagers experience all sorts of changes, whether it's physical, cognitive, or in social aspects. Physical changes, named puberty, in which adolescent develops a primary and secondary sexual characteristics, not to mention *growth spurt* (significant increase in height and weight). In cognitive aspects, the changes include various development in the brain area, such as the prefrontal cortex (the emerging development in that area cause adolescents tend to act impulsively). Other distinct characteristics which might arise, such as egocentrism (the feeling of capable in doing something better than others) and heightened awareness which cause teenagers tendency to feel as if they're being scrutinized (Stangor, 2014).

Another important aspect in adolescence is the alteration is social life. Adolescent must form an individual identity, be it social or occupational identity. Otherwise, they might experience confusion in which role should be taken in the society. So, the essential social agent here is the peers (Shaffer & Kipp, 2010). As stated in Erikson theory, the teenagers' role are to form an identity (the phase is called '*identity versus role confusion*'). Identity formation involves certain process like how one views themselves compared to the significance of others' expectations. When one succeed in creating a coherent identity, it enables the individual to solve a conflict adaptively. Conversely, failing in recognizing one's self leads to what they termed as *role confusion* (Engler, 2009).

In order to develop identity, adolescent can explore all kinds of identity in different social situations. Generally, they display one kind of identity in their home environment and other persona when they gather with their peer groups. Eventually, all those personas will be integrated as one stable self-concept. Peer groups is the important component of adolescence year which allow them to take on different roles, sense acceptance, and belongingness (Rubin, Bukowski, & Parker, 2006). Another part worth mentioning from this whole learning process is the social identity, a part of the self-concept which is gained through one's membership in a group. Social identity is attained by comparing similarities and differences of one's self and others, and by finding meaning of the gender, ethnicity, school, religion, or any other category in which the teenagers identify with (Stangor, 2014).

Mask Painting as Individual Role Preference

Masks have been used for performances, entertainment, disguise, or for protection. This things have exist since ancient times and can also be used in rituals, story-telling, and dramatic role playing. Mask making encourage individual to uncover their personas (Malchiodi, 2010). Mask painting is one of the media used in art therapy as assessment and psychotherapy tool to handle client's problem (Trepall-Wolenzier & Wester, 2002; Janzing, 1998). The aim of using mask as the media is to "distance" the client from the problem their having, hoping they will be more reflective (West, Watts, Trepal, Wester, & Lewis, 2001). Konijn dan Hoorn (2017) also wrote that mask reflects an individual's relation to his/her surrounding. In children's art therapy,

they will be asked to make a mask followed by a theatrical play in accordance to the mask character (Landy, 1985). Landy (1986) wrote four benefits from the use of mask in counselling: (a) to represent dilemmas; (b) to express one's identity in a group; (c) to explore dreams and images; dan (d) to express social roles.

Mask making activity is seen as effective in therapy session, one of them which is the use of mask for a client with sexual assault experience in her childhood (Trepall-Wolenzier & Wester, 2002). After attending sessions, the client admitted she felt connected to her emotions and able to get rid of the shame relating to the past experience. Masks have also been integrated in medical world because it supports clients' healing mentally. Through mask making, children whom suffer from chronic disease gain sense of control of environment and conditions that hit them (Driessnack, 2004).

Besides of its application in therapy, mask painting is also used in other context that is not meant to be therapeutic at all. The process involved in mask painting helps educators in developing leadership. They learn to balance process versus product, taking or giving power-responsibilities to students, and study which circumstances are in or out of their control (Jones, 1992). Positive responses emerges from the outbound activity as one of participant felt intimacy in group interaction.

Another interesting aspect from mask is its use in exploring personal identity. Landy (1986) stated mask can be means to reveal one's identity and express social roles. The most recent studies revolving around the theme masks and identity is done by Joseph et al. (2017) and Shapiro et al. (2018). Both utilize mask painting to explore professional identity formation in medical students. From mask painting activity combined with written narrative, researchers are able to detect identity dissonance and help partisipants in realizing their dissonance thus mask painting also serves as an brief intervention (Joseph et al., 2017). Other researchers is able to summarize a theme from similar research, termed as "reintegration/reclamation of authentic identity" (Shapiro et al., 2018). Both studies received good feedback from their participants because of the chance in attaining new knowledge and self-reflection.

Eventhough both studies is leaned towards professional idnty, it is still inseparable from personal identity. Adolescence is a period where an individual becomes more aware of his/herself and strives to create identity. Peer groups are the key social agent in such times. In addition to personal identity, social identity is also a crucial learning process because some parts of the self-concept is derived by being a member of a certain group (Stangor, 2014). Personal identity is connected to social roles. The peer groups' role in teenage years are to serve as an experiment arena in which adolescents try on many different roles (leader, follower, comedian, and many others). Friendships give chance for adolescent to define situations, sharpened role taking ability, expectations of the roles, and exhibit one's self in accordance to the desired impression (Peterson, 1987; Seltzer, 1982). It is important to explore and define identity or social roles which will be taken by teenagers. In this preeleminary research, it is expected mask painting can be utilized as a media to explore how adolescence views theirselves in the roles they are taking.

METHODS

Participant and Research Procedure

The current research uses exploratory approach since no previous studies discussing mask painting and identity role have been found. The participants of the study are five male and five female undergraduate students, enrolling in their second year of college. The age range from 19-20 years and they come from different faculties, such as the communication department, psychology, and engineering faculty. Data collection started in October and ended in November 2018. Participants are given informed consent, then instructed to paint their own mask with acrylic paints. The instruction for the activity is very simple: "Please decorate this mask to your liking" (it is stated in Indonesian language). All participants seemed eager to join the activity so the data collection is free from obstacles and they are very cooperative during the brief interview.

Interview Guidelines

The interviews conducted in the research were rather brief in duration, focusing on the masks' character and the process behind it. The interviews are done after the mask painting activity to inquire participants' reflection. The sessions consisted of several questions, such as: "What do you feel upon painting the mask?"; "What images comes to your mind when you are painting the mask?"; or "What character are you portraying in the mask?" Interviews are conducted in Indonesian language. Lastly, participants' answers are then drawn to conclusion, regarding their role preference in society.

RESULT

Recordings from the interview sessions are transcribed into verbatim. Here below are the participants' masks followed by summary from each session.

AC (female, 19 years)



Figure 1. AC's mask.

AC has only realized her ability of visualizing her concept in aesthetic form (in her interview, she made statements like “I just knew that I can paint”) and this realization gave an inspiration of how she has the potential to further develop her creativity in aesthetic way; while she never recognized her hidden talent until she participated in the mask painting activity.

AP (male, 19 years)



Figure 2. AP's mask.

Through mask painting, AP came to a realization of how he enjoys things which people might consider “different”. By means of the activity, he became aware about his inspiration in creating the mask, that is human role (in which he stated he was inspired by an army) or certain characteristic associated with an animal part (“intimidating snout of a shark”). He also realizes thru the painting process he prefers music and theatrical act. He never thought about it and just realized his preference right after he finished painting.

BM (male, 20 years)

Figure 3. BM's mask

From the mask painting, BM showed spontaneity and '*present times*' orientation since he swiftly got inspiration from a horror movie character named "Jigsaw", which he modified in terms of colors and additional line features. He felt as if there was no insight because the reason behind the chosen character was not well thought out, instead it was just expressed in the form of mask. His result was expected due to the two characters mentioned earlier.

DL (male, 19 years)

Figure 4. DL's mask.

Upon the beginning of painting, DL stated he was inspired by a human boy in a Japanese manga titled “Kobo-Chan”. After participating in the activity, he realized his fondness for realistic matters. Insights are obtained when he attempted to make the color of skin and lips in his mask close to reality as much as possible. Even though technically he felt as if his effort did not produce the colors he wanted, but he gained insight of enjoying realistic things. Even in the interview, he explained that he tried to paint colors and forms according to reality.

DV (male, 19 years)

Figure 5. DV's mask.

Through color selection and painting process, DV enjoyed and was aware of how he presented himself differently in front of different kinds of people. He did not specify what kind of personality and to whom he displayed such traits, but he stated there were particular personality he can show to himself only, close ones, and to people in general. He also obtained a reflection that no matter how he presented his personality to people, there was a part of him which he hid and kept only to himself.

EM (female, 19 years)

Figure 6. EM's mask.

EM, who already loved art activity felt she was given more chance to pour her ability in mask painting activity. By means of personal symbolization and meaning making, she revealed that the contrast theme in her mask described the different kinds of personality she possess. These dominant traits shifted depending on the situation, which are the joyful one, the thinker, and lastly, a more abstract one. The contrast theme in her mask which also reflected her contrast personalities was considered as something that is not necessarily horrible.

JC (female, 19 years)

Figure 7. JC's mask.

Mask painting helped JC to channel her inner artistic desire which she has not been able to release well. From the symbols and explanation, she described how her mind is dominated by gloomy thoughts but she knew behind all those thoughts there were also positive tiny hopes. Facial features in her mask (such as the eye area, lipstick, and beauty spots) reflected femininity and the maturity of a grown woman. Also, she expressed her wish to not reveal emotions too obviously (by omitting one eyebrow and can be seen in the left area of the mask).

PN (female, 19 years)

Figure 8. PN's mask

Mask painting activity helped PN to be aware of her artistic talent and brought out spontaneity which she thought she never have. Both sides of the mask are painted to reflect two opposing personalities in her, which also helped her in recognizing herself better. According to her understanding, there are times where she had to show a 'braver' extrovert side of her and a 'gentler' introvert side of her in front of people.

TV (female, 19 years)

Figure 9. TV's mask.

Based on personal symbolization and selected colors, TV created and presented a 'cheerful' impression in her mask. Bright and various colors (red, yellow, orange, pink, purple, and light green) is personally valued as more outstanding, visually pleasing, and had 'cheerful' meaning. She tried to show joy and happiness just like children whom she considered as being free from pressures in life.

WS (male, 19 years)

Figure 10. WS's mask.

Mask painting encourages WS to do an exploration based on one of his hobby, which was watching horror movies. He combined all sorts of features from several horror films which he thought might present a 'frightening' impression. It seemed as one of his hobbies was successfully transferred to his mask painting.

DISCUSSION

As far as the researchers tracking, studies about mask painting as means to explore individual roles in society have not been found. Earlier studies only explore how mask painting could be utilized as a media to deepen understanding regarding professional identity formation, leadership development, and for therapeutic purpose (Joseph et al., 2017; Shapiro et al., 2018; Jones 1992; Trepall-Wollenzier, 2002). Then it could be said that the current research is the first one to attempt and use mask painting in exploring individual role preference in the society, particularly in adolescents. The finished products of mask painting show different result between male and female adolescents. In male participants, the answers given in interviews are often brief and spontaneous because they referred to current condition. Meanwhile when researchers observed the mask painting process, the males tend to brush spontaneously and did not paint details. The findings are different in female participants because their brush strokes are more carefully done, they took more time to design the mask, and frequently draw wavy lines. Their answers also reflect how

they painted their masks. Whenever interacting socially, the female groups did not show spontaneity and carefully presented themselves in public. An example of these findings would be EM's mask that reflected her three dominant personalities or traits which constantly changed throughout conditions.

Numerous reasons are suspected to underlie the current findings in this research. Meyers-Levy and Loken (2015) reviewed series of findings about how men and women differ in various aspects. The conclusions are men tend to be more self-oriented, while women are other-oriented. In responding to information, women will respond carefully and responsively to negative information. Meanwhile in processing data, men will process information selectively and women do it comprehensively. From researchers' observation in this study, the female adolescents were seen to be more cautious while men often did not plan ahead and showed 'direct' characteristic. Meyers-Levy and Loken (2015) reviews can be used to explain those distinct characteristics in the male and female adolescents, because they found women display more cautiousness or avoidance in behavior. On the contrary, men were found to be more of a risk-taker, assertive, and showed directness.

Diverse findings which can be concluded from the adolescents have been discussed in past literatures. Bakan (1966) wrote about two dimensions, *agentic* and *communal*. Men are categorized in the agentic dimension due to their ruling, assertive, competitive, and dominant traits. Whilst women belong in the communal dimension because they are more friendly, unselfish, caring, and emotionally expressive. Similar theory was brought up by Parsons dan Bales (1955) which stated men were more task-oriented and women were more expressive. Content in the male adolescents' mask displayed 'assertiveness' and 'directness' characteristic because it is expected they painted what came to their mind right at that time to complete the mask painting activity (the '*task-oriented*' aspect). For instance, DV's inspiration from a Japanese manga character or BM who directly painted a horror movie character when instructed to paint the mask. In female participants, the mask or interviews content showed expression of their emotions. Two examples to portray this finding would be JC's mask which illustrated her gloomy yet hopeful side or TV's mask which emphasized on joy and happiness through colors or symbols. Several findings from female participants are also interesting to discuss about, like how EM and PN both explained how their masks represented the interchanging of personality traits depending on the situations. These could be explained by Wood and Eagly (2012), who pointed out women are sensitive to environmental cues which cause them to modify their behavior in a context-appropriate ways. Though in this study, DV as male participant showed same findings just like EM and PN.

It is worth mentioning that the current research is a preliminary study, so the participant numbers are way too small and therefore cannot be used to generalize to all adolescents. In future studies, researchers hope there will be more additional participants explored to increase the credibility. Also, from this study, it is expected to be continued in exploring different findings that might be found in other populations, ethnicity, and culture due to different individual role expression between genders.

CONCLUSIONS

The following study is conducted to explore different preferences in male and female adolescents regarding their individual role in the society. Result shows that male tend to apply spontaneous brushes and were less oriented to details, which also reflected how they interact in social environment. Answers in the male adolescents' interview sessions reflected spontaneity and present time orientation. Distinct findings are generated from female adolescents, which showed cautiousness, more reflection thinking, and their fondness of applying details in their masks. Brief interviews and observations imply participants' mask painting process also reflected how they interact in social life. For example, female participants tend to paint carefully and give answers that exhibited self expression, followed by cautiousness in acting (like displaying certain personality in certain condition). Surely it is important to note that this research cannot be generalized for all adolescent populations. From this preliminary research, it is expected that other researchers are intrigued to conduct other studies using mask painting as the media, whether to explore similar topics or to study different populations.

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A Healthy Workplace Values and Respects its Workforce

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Abstract

In 2013 the Canadian Mental Health Association estimated a staggering \$51 billion economic cost per year associated with mental illness. Of this cost \$6 billion per year is directly related to psychological issues in the workplaces of Canada and affects approximately 30% of work-related disability claimants. Indeed, over many decades several models have been proposed to address psychological issues in the workplace and the topic of workplaces psychological health has garnered a robust body of evidence. Despite this, safeguarding psychological health in the workplace remains a growing concern and the financial burden attributable to workplace psychological hazards increases. This paper will briefly review the established evidence that clearly demonstrates the link between certain work situations and deleterious health outcomes for workers. Additionally, several models that have been proposed to ameliorate psychological hazards will be reviewed. In particular, we will review the model of a 'healthy workplace' – a concept which Jaffe (1995) defined in terms of the physical, social, and psychological working environment. This concept focuses on the development of a *healthy workplace* that values and respects the individual. Nevertheless, and despite advancements in workplace protections, the exposure of workers to occupational hazards persists and occupational hazards continue to pose significant risk to the health of the worker.

Keywords: Healthy workplaces; psychological health; psychological hazards

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A Healthy Workplace Values & Respects its Workforce

In 2013 the Canadian Mental Health Association estimated a staggering \$51 billion economic cost per year associated with mental illness. Of this cost \$6 billion per year is directly related to psychological issues in the workplaces of Canada and affects approximately 30% of work-related disability claimants. Nevertheless, and despite advancements in workplace protections, the exposure of workers to occupational hazards persists and occupational hazards continue to pose significant risk to the health of the worker. Therefore, in this paper, I will explore (a) the historical shift in the nature of work relevant to current occupational hazards; (b) the established evidence that relates this shift in the nature of work to deleterious health outcomes for the worker; (c) past models and targeted approaches developed to contain the escalating issue of occupational hazards; (d) the emerging concept of a healthy workplace proffered to ameliorate deleterious health outcomes for the worker. Nevertheless, there are shortcomings and barriers that impede the development of a *healthy workplace* which I will consider. For clarity I will begin with some definitions of the principle concepts under discussion – primarily: occupational hazards, psychosocial hazards and healthy workplaces are provided first.

Definitions.

An occupational hazard is any source of danger from the work or work environment that poses the risk of psychological or physical harm to the worker.

A psychosocial hazard refers to any hazard that affects the psychological health of the worker by overwhelming individual coping mechanisms and impacting the worker's ability to work in a healthy and safe manner. Accordingly, the International Labour Organization (1986) proposed the definition of psychosocial hazards include interactions with job content, work organization and management, and other environmental and organizational conditions that prove to have a hazardous influence over employees' health. A simpler definition of psychosocial hazards might be those aspects of the design and management of work, and its social and organizational contexts that have the potential for causing psychological or physical harm to an individual (Cox & Griffiths, 2005).

A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers (World Health Organization, 2010). More specifically, Jaffe (1995) defined a healthy workplace in terms of the physical, social, and psychological working environment within which the employee is (a) provided with safe working conditions; (b) is treated with respect; and (c) is allowed personal growth, participation, and involvement in the design and implementation of jobs that collectively achieve mutual organizational and individual goals.

In other words, a healthy workplace values and respects its workers by actively mitigating potential organizational risk factors attributable to or associated with negative psychological or physical effects on the worker. The implication or 'spirit' of a healthy workplace is that an organization is actively mitigating the environment rather than simply addressing the worker's psychological or physical reaction to those risk factors. Examples of organizational risk factors in the physical environment

would include but are not limited to unsafe machinery, noise, height, vibration, electrical, radiation, chemical, biological elements, etc. Examples of organizational risk factors in the psychosocial environment would include but are not limited to the stress/strain process from work organizational factors (such as work scheduling, job design, management style, machine-paced work, hours of work), workplace violence, harassment, bullying, incivility, discrimination etc., that overwhelm the individual's coping mechanisms and impact the worker's ability to work in a healthy and safe manner.

A healthy workplace, therefore, values its workforce as an appreciating human potential and integrates the health and safety needs of its workforce with the business needs of all stakeholders - the organization, the customers, the stockholders and the community (Jaffe, 1995). The study of healthy organizations recognizes the importance of the physical, social and psychological aspects of work that influence short-term and long-term health outcomes (Barling & Griffiths, 2002). A healthy workplace recognizes that for most people, engaging in meaningful work is a defining characteristic of their life. In addition to the utilitarian function of work, occupational status plays an important role in an individual's sense of identity, self-esteem and psychological well-being (Jahoda, 1982; Lau & Shani, 1992; Steers & Porter, 1975).

Nevertheless, the successful development of a healthy workplace remains elusive. Despite the continuous aggregation of knowledge with respect to understanding conditions of work, the human and organizational cost of psychological and physical harm in the workplace is pervasive. Indeed, a recent study (Crowley, Tope, Joyce, & Hodson, 2010) suggests the continuing problems in the workplace may arise from the fundamental principles used to organize work. These authors concluded that the continued implementation of the principles of scientific management (Taylor, 1911) has resulted in a general deterioration in the conditions of work for both manual and professional workers.

(a) Historical shifts in the nature of work relevant to current occupational hazards

The turn of the 20th century saw the factory system displace the individual craftsman. The factory system also heralded in standardization, maximum efficiency, and mass production as advocated by Taylor's *Principles of Scientific Management* (1911). In particular, Taylor's system advocated for task segmentation where the division of work between manager and worker was prominent. The role of the worker was to follow instruction under close supervision. The role of the manager was to plan, instruct and supervise. Jobs were deskilled and paced through time and motion studies. Taylor's rationale for pacing was to eliminate systematic 'soldiering' (deliberate underworking) which he firmly believed was a universal sentiment among workers – 'and this constitutes the greatest evil with which the working-people of both England and America are now afflicted' (Taylor, 1911, p.14). Indeed, Taylor is credited for his emphasis on training and development of workers. However, in the context of scientific management the orientation of training was to ensure the worker completed his specified task 'at his fastest pace and with the maximum of efficiency' (Taylor, 1911, p.12). Agyris (1957) countered that the formal principles of bureaucratic organizations inhibit the use and development of complex abilities for

many workers through task specialization that also removes psychological challenge. Argyris (1957) concluded that employees work in an environment where:

(1) they are provided minimal control over their work-a-day world, (2) they are expected to be passive, dependent, and subordinate, (3) they are induced to perfect and value the frequent use of a few superficial abilities, and (4) they are expected to produce under conditions leading to psychological failure. These characteristics...are much more congruent with the needs of infants in our culture. In effect, therefore, formal organizations are willing to pay high wages and provide adequate seniority if mature adults will, for eight hours a day, behave in a less mature manner (p.18).

Indeed, it is a reasonable assumption that Taylor's system was to fundamentally determine a prescription for the quantity, quality, and pay for work in terms of what should be done in a day rather than what can be done in a day. Furthermore, critics of Taylor (e.g. Nelson, 1977) view the development of scientific management as a means of forcing the working poor to work harder. Maybe even a fulfilment of Marx's prescient writings 'In handicraft and manufacture, the workman makes use of a tool; in the factory the machine makes use of him. There the movements of the instruments of labour proceed from him; here it is the movement of the machine that he must follow' (Marx, 1887, p285).

Notwithstanding, opposing this view, Nyland, Bruce and Burns (2014) argue that the negative view of Taylorism is underserved. These authors view Taylor's system as progressive and an organized effort by managers and trade unions at codetermination – labour management collaboration for increased production. However, the cooperation of trade unions with Taylor's system brought benefits to the unions in terms of recognition (during a relatively pro-union government stance during WWI era) while simultaneously facilitating union influence over the humanization of methods of efficiency (Hillman, cited in Trombley, 1954. p.92).

Indeed, whether Taylor's system was premised on labour docility or codetermination, his descriptions of the labourer leave much to be desired! Nevertheless, Taylor did underscore the relevance of worker selection to jobs which was further expounded by Munsterberg in *Psychology and Industrial Efficiency* (1913) and culminated in theories of person-environment-fit (Caplan, 1987). Notwithstanding the compatibility of the individual to the job environment Argyris (1957, p.13) firmly concluded that the principles of Taylorism establish a hierarchy of authority or a chain of command that makes the individual "dependent, passive, and subordinate to the leader". Accordingly, through Taylor's time and motion studies these principles of organization (which continue to influence our organizations today) lean towards the view of employees as simply instruments for fulfilling organizational goals. Over time scientific management has become associated with passivity, learned helplessness, and lack of participation of workers at work (Kenny & McIntyre, 2005). De-skilling and task specialization, for example, define jobs as narrowly as possible to improve efficiency but to the detriment of the worker, oftentimes resulting in low morale, high absenteeism, and safety problems – which in today's terms are constituents of unhealthy workplaces (Argyris, 1957, 1990; Kenny & McIntyre, 2005; Lau & Shani, 1992; McGregor, 1960). In consequence research began to challenge these changes in the nature of work and their implications for individual and organizational health.

(b) The established evidence that relates these shifts in the nature of work to deleterious health outcomes for the worker

Early studies have systematically challenged the benefits of Taylor's principles on the health and wellbeing of the worker. For example, the Trist and Bamforth (1951) studies of miners found a strong association between job de-skilling and depression. Similarly, the classic longitudinal Whitehall studies of civil servants (Marmot & Smith, 1991) found a strong association between lack of job control and heart disease (the lower the grade of employment, the higher the mortality rate). Furthermore, the physical demands of unremitting and repetitious work are long associated with musculoskeletal disorders involving strains and sprains (Rosenblum & Shankar, 2006). The recognized factors associated with musculoskeletal disorders are workload (or work demands) and autonomy (or work control), such that the greater the demand paired with low autonomy, the more strain it imposes on the worker (Sprigg, Stride, Smith, Wall & Holman, 2007).

Interestingly, these same factors are also strongly implicated as key work dimensions of psychological strain or stress. Indeed, the notion that occupational health can be influenced by work characteristics - such as skill variety, autonomy, and task significance - opened lines of investigation that advanced stress/strain related theories. These theories recognize stress as a significant occupational hazard that can impair employees' physical health, psychological wellbeing and performance (e.g. Griffin & Clarke, 2011). For example, Karasek's (1979) demand-control model looks at the interaction of adverse job characteristics (high demand and low control) on the physical and psychological health of workers. Similarly, Maslach and Leiter's (1997) work examined the impact of chronic workplace stressors on such symptoms of burnout as exhaustion, cynicism, detachment from the job and inefficacy. Indeed, in the words of Levi (1990):

work-related psychosocial stressors originate in social structures and processes, affect the human organism through psychological processes, and influence health through four types of closely interrelated mechanisms – emotional, cognitive, behavioural, and physiological. (p. 1142).

Thus, the implication from these investigations of the links between work and health is that alienating, repetitious and dehumanizing work environments are involved in the stress/strain process that contribute to deleterious health impacts, both psychological and physiological, on the worker. Indeed, the body of evidence reveals that the organization of work itself may foster job stress/strain; that psychosocial factors play a role in the etiology of emergent occupational safety and health problems; and most importantly that mitigating the organizational risk factors attributable to work stress/strain improves the health of workers (Guastello, 1993; Memish, Martin, Bartlett, Dawkins, & Sanderson, 2017; Sauter & Hurrell, 1999).

(c) past models and targeted approaches developed to contain the escalating issue of occupational hazards

The past models mentioned above (Karasek's demand-control-support model; Maslach's burnout model; Caplan's person-environment-fit model) illustrate the breadth of frameworks developed to predict characteristics of the workplace that affect the health of workers. Additionally, Siegrist's (1996) effort-reward imbalance

model explores the inter-relationship between job-related psychological effort and reward as predictors of strain.

These efforts continue to inform thinking in the organizational context. For example, McGregor (1960) emphasized managerial behavior by challenging a commonly accepted conceptualization of the Tayloristic working man as constantly ‘soldering’ and in need of supervision (McGregor’s Theory X). In *The Human Side of Enterprise*, he proposed *Theory Y* as an alternative, indeed, a juxtaposition of current thinking on healthy workplaces:

- Active participation by all involved
- A transcending concern with individual dignity, worth, and growth
- Reexamination and resolution of the conflict between individual needs and organizational goals, through effective interpersonal relationships between superiors and subordinates
- A concept of influence that relies not on coercion, compromise, evasion or avoidance, pseudo support, or bargaining, but on openness, confrontation, and “working through” differences
- A belief that human growth is self-generated and furthered by an environment of trust, feedback, and authentic human relationships. (p. v)

In terms of targeted approaches advanced to contain occupational injury an example of the application of strategies to identify and then reduce the harmful aspects of working conditions is provided in the review of the ‘health circles’ literature conducted by Aust and Ducki (2004). Health circles, which have much in common with the participatory action research concept, were developed in German organizations to optimize organizational level prevention strategies to improve working conditions. Based primarily on the principles of the demand-control-support model of the stressor/strain relationship proposed by Karasek (1979) and Siegrist’s (1996) effort-reward-imbalance model, the health circles “aim to reduce potentially harmful working conditions like the combination of low control and high demands or the imbalance between high efforts and low reward” (Aust & Ducki, 2004, p.259). The intent of the health circles is to provide a preliminary fact finding phase, a forum for problem analysis followed by a discussion arena between varying hierarchical levels within the organization to implement emergent recommendations from the process. As a strategy these health circles reflect the growing recognition that aspects of work organization have adverse consequences on employee health and well-being but, more importantly, facilitate employee participation in the process of workplace improvement.

Although the applied nature of these approaches may not always meet the rigor of scientific enquiry, the findings do suggest that health circles are one of the strategies that lead to organizational improvements in working conditions, including psychosocial strain, and result in increased job satisfaction and reduced absenteeism (Aust & Ducki, 2004). What is noteworthy of these participative strategies is the implication that the workplace is a collaborative process and not a top-down prescription.

In a similar vein, Semmer (2002) presented a synthesis of the various aspects of work organization typically targeted to improve the health and wellbeing of workers. Such

interventions typically focus on changes to any or all of, ergonomic, job content, role and interpersonal demands. Overall, interventions targeted at these aspects of work organization result in positive measures of improvement. For example, participative interventions aimed to improve working conditions – work scheduling, communication, conflict resolution, and structural changes - among inner-city bus drivers showed improvements in levels of perceived job strain as well as reports of subjective health and well-being at three month and five year intervals post implementation (Kompier, Aust, van den Berg & Siegrist, 2000). In similar studies that focused on clarifying roles or career and promotion paths the findings indicated a positive increase in perceptions of control, supervisory support and work pressure while simultaneously, reducing turn-over (Golembiswki, Hilles, & Daly, 1987).

Another point equally consistent throughout the literature is that implementing strategies to contain occupational hazards must consider the context of each unique occupational setting and the needs and challenges of both employer and employee (Quick, 1999). No single strategy should be adopted at the expense of another (i.e. strategies focused at the individual level may neglect organizational issues and vice versa) but each should be viewed as collectively contributing to a healthy workplace (Semmer, 2002). Whether the strategy is to target the physical environment (e.g. ergonomics) or the psychosocial environment (e.g. interpersonal demands or supervisory support) - are oft-times overlapping, integrative, interactive and interdependent. For example, Kelloway and Day (2005a; 2005b) suggested that the prevalent focus of many organizations is on health promotion. These authors argue that while there is merit in promoting health in the workplace, targeting individuals is only a partial solution to some organizational level issues (such as poor safety record) without systemic, concomitant effort to improve organizational, group, and individual level well-being.

(d) the emerging concept of a healthy workplace proffered as ameliorating deleterious health outcomes for the worker.

With the growing acceptance that psychosocial factors play a role in the etiology of emergent occupational safety and health problems there is a burgeoning interest in the concept of a healthy workplace (Sauter & Hurrell, 1999) – particularly when the domain of occupational health was expanded beyond physical hazards in the workplace to include psychological hazards as well.

A central tenet thus far is that a healthy workplace values its workforce as an appreciating human potential and integrates the health and safety needs of its workforce with the business needs of all stakeholders - the organization, the customers, the stockholders and the community (Jaffe, 1995). The study of healthy organizations recognizes the importance of the physical, social and psychological aspects of work that influence short-term and long-term health outcomes (Barling & Griffiths, 2002). A healthy workplace recognizes that for most people, engaging in meaningful work is a defining characteristic of their life. In addition to the utilitarian function of work, occupational status plays an important role in an individual's sense of identity, self-esteem and psychological well-being (Jahoda, 1982; Lau & Shani, 1992; Steers & Porter, 1975). Thus, a healthy workplace regards people's skills, attitudes, energy, and commitment as vital resources capable of acting as a driving force in the achievement of organizational goals. By contrast, workplaces which

permit heavy-handed, fear-driven management styles as described by Williams and Geller (2000) result in low employee morale, high turnover, apathy, low job satisfaction and cynicism. Consequently, a healthy workplace necessitates the examination of how work is organized, in what context work is performed and the consequences – short- and long-term, physical and psychological - of requiring humans to perform work in that manner.

Consequently, to ameliorate deleterious health outcomes in the workplace a preventive model should target interventions at three levels – primary, secondary and tertiary (Cooper, 1998). Primary prevention targets the organizational system with the aim of modifying organizational stressors to reduce distress. Modifiable stressors that place individuals at risk of distress include, for example, the organization of work (i.e. work design, workplace support, task discretion, role clarity, etc.), and policies (i.e. organizational as well as Human Resource policies, practices, and procedures, including career development, flex-time, benefits package, etc.). By modifying the intensity, frequency and/or duration of the stress experience (e.g. interventions for air traffic controllers, Nelson & Simmons, 2005) the anticipated benefit is to promote work engagement rather than work distress. The emphasis on primary intervention draws on an organization's commitment to worker psychological and physical well-being.

Secondary prevention targets groups or individuals within the organization. This level of intervention is aimed at detecting and managing the experience of stress, for example, to what may be necessary and inevitable organizational demands. Secondary prevention, while targeting the way in which individuals or groups perceive and respond to stress through health promotion programs and skills training etc., should be undertaken in conjunction with primary intervention ensuring adequate and appropriate resources and workplace support (Cooper, 1998; Cooper, Dewe & O'Driscoll, 2001).

Tertiary prevention concerns the treatment, rehabilitation, work maintenance or return-to-work of individuals who have acquired a work disability. An example of a common intervention at the tertiary level is the provision of employee assistance programs. The inclusion at the tertiary level of a comprehensive disability management program further facilitates the rehabilitation, work maintenance or timely return-to-work of injured or ill individuals. This tertiary level recognizes that a healthy workplace not only promotes the health of the worker but also protects and maintains the health of worker health. (In this instance, protection refers to intervention in the work environment to reduce worker exposures to occupational stress, illness and injury while promotion refers to health promotion intervention to equip workers with knowledge and resources to resist the hazards of occupational stress, illness and injury in the workplace.) It further facilitates and accommodates individuals who require rehabilitative interventions as a consequence of acquired workplace limitations.

Nevertheless, as more organizations are turning to health promotion and workplace wellness programs to address the ever-growing responsibility for worker health, Quick (1992) cautioned that this strategy may not necessarily develop healthy working environments. To embrace the spirit of a healthy workplace, the extant research underscores the importance of also understanding the prevailing culture and

climate surrounding workplace health when considering interventions. Peterson's (1997) observations, for example, indicate that issues such as workplace culture influence the effectiveness of intervention programs. Similarly, Cooper (1998), corroborating the importance of an organization's culture, advised that policy and procedures can adapt easily to new situations but culture and climates tend to take longer. Work and organizational climate are strong internal variables that influence the success and endurance of intervention programs. Similarly, research also demonstrates that organizational policies are not singularly sufficient in predicting successful reintegration of injured workers unless mediated through a facilitative workplace environment (McHugh, 2016). Additionally, the World Health Organization recognizes that the development of a healthy workplace necessitates a comprehensive way of thinking and acting that requires the examination of how work is organized. And from McGregor (1960) we get the word 'authentic'; central to achieving the full potential of a healthy workplace is authenticity.

Short-comings and Future Direction

Although the *healthy workplace* has been a topic of discussion and research since the early 1990s, stress associated claims and disability costs continue to escalate. As mentioned above, the Canadian Mental Health Association estimated a staggering \$51 billion financial cost to the economy per year associated with mental illness. Similarly, the WSIB estimated direct costs to employers in terms of productivity losses and turnover at \$6 billion per year and that psychological issues accounted for approximately 30 percent of short and long-term disability claims. On December 14, 2017, the passage of Bill 177 titled, *Stronger, Fairer Ontario Act (Budget Measures), 2017* which amends section 13 of the WSIA allows claims for Chronic Mental Stress ("CMS"). This is a major legislative amendment and is again highlighting the critical need to address the escalating claim costs and the deleterious influence of 'unhealthy workplaces' on the workers.

Fundamental to these decisions, I believe, is the notion of parity between the work-relatedness of psychological injury and the work-relatedness of physical injury. The stance that psychological injury claims for compensation need to meet a higher threshold than physical injury claims was rejected by the tribunal (*Plesner v. BC Hydro*); holding that it was a breach of section 15 of the Canadian Charter of Rights and Freedoms. Furthermore, Decision 2157/09 rejects the limitations that the injuring process for mental stress in the workplace be traumatic, sudden and unexpected, finding a distinction in the adjudication of physical injury and psychological injury that was substantively discriminatory. Thus by extension, these decisions are suggesting that:

1. *Physical injury and psychological injury be treated the same.* Therefore, for example, as an accident/incident investigation is conducted after a workplace event(s) results in physical injury to the worker so too should an accident/incident investigation be conducted after a workplace event(s) results in psychological injury to the worker.
2. *Physical injury and psychological injury in the workplace are attributable to occupational hazards.* This is suggesting that something within the workplace resulted in the injury. The machine that fell on the worker is part of the workplace environment and the outcome of the accident/incident investigation identifies the steps forward to secure the physical safety of the worker. These forward steps

typically entail changing/securing the environment, changing practices around that machine use, and changing policies to ensure safe use/maintenance of that machine thereafter. For psychological injury the workload, the burnout or the bullying, the depression are symptoms of a toxic workplace environment and the outcome of the accident/incident investigation should identify the steps forward to secure the psychological safety of the worker. These forward steps should entail changing/securing the environment, changing practices around workload, or harassment, or bullying or whatever stressor facilitated that environment to become toxic and changing policies to ensure the psychological safety of that environment thereafter.

3. *Occupational injury manifests as physical and/or psychological.* Therefore, as physical injury does not reflect a weakness of the individual, psychological injury does not reflect a weakness of the individual.

4. *It is the occupational hazard(s) that is associated with the injuring process.* Therefore, the occupational hazard is the property of the organization not of the individual.

Certainly, these WSAIT decisions highlight the ever-increasing responsibility of employers to ensure, not only physical health and safety, but also psychological health and safety to prevent harm in ‘negligent, reckless, or intentional ways.’ – to quote directly from the WSAIT decisions.

To address these responsibilities, the Canadian Standards Association released a National Standard for Canada: Psychological Health and Safety in the Workplace — Prevention, promotion, and guidance to staged implementation (2013). While the National Standards are currently voluntary for organizations, nevertheless, current research is suggesting that employers are not feeling the ‘spirit’ of the literature on healthy workplaces. Consider for example, some of the findings of Kalef, Rubin, Malachowski, and Kirsh (2016): employers perceived the Standard as another program paralleling an Employee Assistance Program (EAP) or the forums on nutrition; employers were unsure of solid leadership buy-in; employers perceived challenges to implementing the Standard in the face of competing workplace priorities; employers envisioned employees taking advantage of the program. Similarly, Page and colleagues (2013) found that employers’ first response to workplace mental health issues was to secure access to an EAP – thus circumventing the primary intervention strategy of modifying and minimizing workplace risk factors. Consequently, employers’ response to mental health would raise the issue of ‘authenticity’ and a whole other paper!

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Collective Consciousness of Ethnic Groups in the Upper Central Region of Thailand

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Abstract

This research aimed to study the memories of the past and the process of constructing collective consciousness of ethnicity in the upper central region of Thailand. The scope of the study has been included ethnic groups in 3 provinces: Lopburi, Chai-nat, and Singburi and 7 groups: Yuan, Mon, Phuan, Lao Vieng, Lao Khrang, Lao Ngaew, and Thai Beung. Qualitative methodology and ethnography approach were deployed on this study. Participant and non-participant observation and semi-structured interview for 7 leaders of each ethnic group were used to collect the data. According to the study, it has been found that these ethnic groups emigrated to Siam or Thailand currently in the late Ayutthaya period to the early Rattanakosin period. They aggregated and started to settle down along the major rivers in the upper central region of Thailand. They brought the traditional beliefs, values, and living style from the motherland; shared a sense of unified ethnicity in common, whereas they did not express to the other society, because once there was Thai-valued movement by the government. However, they continued to convey the wisdom of their ancestors to the younger generations through the stories from memory, way of life, rituals, plays and also the identity of each ethnic group's fabric. While some groups blend well with the local Thai culture and became a contemporary cultural identity that has been remodeled from the profoundly varied nations.

Keywords: collective consciousness, ethnic groups, qualitative methodology

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Introduction

Thailand, also known as Siam, situated right at the heart of South East Asia, represents one of the most complex areas in terms of long history, variety ethnicities and rich culture. Some historical evidence suggests that Tai peoples who speakers of a common Tai-Kra-Dai language (Li, 1977; Ostapirat, 2005; Ferlus, 2009) migrated from southwestern China from the 11th to 12th century. Various Indianised kingdoms states ruled the region, competing with Thai states such as Ngoenyang, the Sukhothai Kingdom, Lan Na and the Ayutthaya Kingdom, which rivaled each other.

Thai culture has been influenced by religious tenets, largely inspired by Theravada Buddhism, but also incorporating a great deal of Indian, Chinese, Khmer and other traditions from the rest of Southeast Asia and beyond. (Tourist Authority of Thailand, 2015) Until contacting foreigners since the Ayutthaya period to the present, Thailand adapted to a new culture and still maintained the identity of Thailand. However, Thai identity occurred along with the discovery of Siam by political reform under the rule of nation-state was found, by king Chulalongkorn and king Mongkut. (Dejthvaporn, 2012; Chonlaworn, 2014) Many groups and their increase to control the state equipment, which not only but is a tool for administration but also means defining what the country. Since Thai culture was re-created again after World War II with Thai culture as the mainstream culture in the central region as a model. (Fall, 1999, as cited in Roeder, 2011) Which is nationalistic in those days, there was an inhibition of minorities to express their culture. Such as teaching in schools to live according to Buddha's teaching. There is a set of values in the dress. Teaching Thai language and accent like the central region in all regions.

During this, Thailand has preserved its unique identity and traditions over the centuries while welcoming a diverse culture to the coast while the Kingdom increases contact with the outside world. Nowadays, Thailand is the world's 50th-largest country. It is with around 69 million people. (The World Bank Group, 2019) These places are vary multi-culturalism, that had an ancient minority groups or an ethnic groups that have a historical continuity with Thai society since the past more than a hundred years. Each ethnic group have there are stories about the history of the group. They have a group speaking the language. There are different costumes that are unique, have their own traditions and culture. There are settlements scattered in various regions in 67 provinces from a total of 76 provinces in Thailand. There are as many as 50 groups. The average population is approximately 6,097,427 people (Institute of Language and Culture for Rural Development, Mahidol University, 2010) or 8.84 percent of the total population of Thailand. Classify the area according to the characteristics of the settlement can be 4 types: highland settlers or hill tribes settlers, people on a flat area of along the riverside, sea people and groups who living in the forest. The ethnic groups that live in the central region of Thailand are the largest group, with a large population and have a variety of ethnic groups, most of them are Thai-Lao and Thai-Korat people.

The main aim of this research was to study the memories of the past and the process of constructing a collective consciousness of ethnicity in the upper central region of Thailand. In addition, with focus on the theoretical conceptual about collective consciousness, is the set of shared beliefs, ideas, and moral attitudes which operate as a unifying force within society. The term was introduced by the French sociologist Émile Durkheim in his 'The Division of Labour in Society' in 1893. (Wren, 2012; Trnka & Lorencova, 2016). The research questions are what are the cultural identity of each ethnic group and all of the keep together, and how do ethnic groups in the upper central region of Thailand, where is The area that is close to the center of the kingdom and is rich with the powerful influence of Thai creation and which reduced the traditional cultural identity of each ethnic group, construct a collective of each group and collective of the upper central region of Thailand until present.

Methodology

Qualitative methodology and ethnography approach were deployed on this study. The data was collected by 3 techniques; firstly, non-participant observation with unobtrusive measures was based on the concept of Wolcott (1995) as follows observe everything in front, look for notable things that can be observed, looking for contradictions and problems, and look for the missing and excess parts, secondly, participant observation was based on the concept of Spradley (1979) as follows descriptive observations, focused observations, and selective observations, and thirdly, semi-structured interview for 7 leaders of each ethnic group, that was selected by purposive sampling technique, was based on the concept of Spradley (1979) as follows asking descriptive question to retrieve information about words that represents the language and the information in Folk term, asking questions to reveal and making a taxonomic analysis, making a componential analysis and discovering culture themes. Until the knowledge reached the saturation point both in terms of concepts and theories, therefore stopped collecting data.

Access to the field by visited "Lifestyle Festival Ethnic groups "(upper central province group 2) between 27 June - 1 July 2018 at Phra Narai Ratchaniwet, Mueang district, Lopburi province that was created by Tourism Authority of Thailand. In this festival, there are ethnic groups in 4 provinces such as Lopburi province, Chai-nat province, Singburi province, and Ang-thong province. The scope of this research in 7 ethnic groups as follows:

- 1) Yuan, Wat Nong Kra Bean, Ban Mi district, Lopburi province
- 2) Mon, Ban Bang Khan Mak, Muang district, Lopburi province
- 3) Phuan, Ban Mi, Ban Mi district, Lopburi province
- 4) Lao Khrang, Ban Kut Chok, Nong Mamong district, Chainat province
- 5) Laos Vieng, Ban Noen Kham, Noen Kham district, Chainat province
- 6) Laos Ngaew, Ban Thong End, In Buri district, Singburi province
- 7) Thai Beung, Ban Khok Salung, Phatthana Nikhom district, Lopburi province

Analysis of data was based on the concept of Charmaz (2006) which uses interpretation and creative constructionism combines the use of the paradigm to

understanding society and the paradigm of the revolution to explanation. The phenomenon that has been conducted with inductive research strictly starting from a holistic approach. The data were analyzed by means of the line by line coding, categorizing, and proposition. Finally, creating theoretical memo and diagrams to explain the connection between various data sets. To analyze the relationship between information verification and outline of the basic theories obtained from Grounded in the data as knowledge about collective consciousness of ethnic groups in the upper central region of Thailand. Field notes and reports with a descriptive analytical approach.

Findings and Results

Based on intensive data collection and analysis, ethnic groups in the upper central region of Thailand shared the memories of the past and construct a collective consciousness through storytelling, behavior, local museum, praying, and singing. It also has a unique identity in spoke languages, traditions, beliefs, cloths, foods, arts, culture as well as utensils that are worthy of conservation and disseminate to future generations to learn. For each group, there are many different backgrounds. However, the upper central region has been settled down by them.

History of ethnic groups in the upper central region of Thailand can be divided into 4 groups as follows:

- 1) Thai ethnic groups of Yuan descent who migrated from the North of Thailand, from Yunnan Province in China, set up houses in Chiang Saen, named Yonok Nakorn, around the beginning of the era. Which is a distorted sound from the city name "Yonok". The population was widely spread in the Lanna Kingdom. Later, the Burmese king brought the army to the north and ruled over the city for 200 years. The word Yuan may be derived from the Sanskrit word "yavana", meaning a stranger or a foreigner. Since, British colonial ruled the Burma saw that people were the same people as Siamese Shan, Yuan people are constantly being in the position of being others.
- 2) Thai ethnic groups of Lao descent who emigrated from the North-East of Thailand or Laos in the present, there are 3 groups as follow "Lao Phuan" ethnic groups from Chiang Khong, "Lao Khrang" ethnic group from Luang Prabang and "Lao Vieng" and "Lao Ngaew" ethnic groups ethnic groups from Vientiane. There were many immigrants to Thailand from the Thonburi period to the early Rattanakosin period. Lao people had culture and language spoken by traditional culture and food similar to Thai people making it easy to adapt to blended with Thai people.
- 3) Thai ethnic groups of Mon descent who migrated from the West of Thailand or Myanmar in the present, there called themselves "Thai Raman". There is an evidence to believe that immigrants had settled in Bang Khan Mak more than 160 years ago, began since the Late of Ayutthaya to early Rattanakosin reign. The Mon has a strong grouping style. Still maintaining the cultural identity of their ethnicity with high unity strictly adhering to Buddhism and having a philanthropy, built a temple to be a spiritual center at the temple there

will be a swan pillar to be seen because the Mon people believe that they are descended from Hongsawadee.

- 4) Indigenous Thai ethnic groups who living in the original area from the birth of the Siamese state, “Thai Beung” ethnic groups from Nakhon Ratchasima Province or Korat in present, Thai Beung people have the cultural identities that are different from Thai mainstream cultures such as accents in spoken languages which the government had determined since the time of Thai national reform, Thai Beung had adapted many times until now there is the perfect match with Thai identity. Until group identity can attract the attention of the current government in providing funding to establish community museums, create learning resources for the next generation of wisdom.

Settlements of ethnic groups in the upper central region of Thailand Can be divided into 3 groups as follows:

- 1) The group that settled in the “Chao Phraya River Basin” are 3 groups; Lao Khrang Ban Kut Chok, Laos Vieng Ban Noen Kham Chainat province, and Laos Ngaew, Ban Thong End Singburi province
- 2) The group that settled in the “Lopburi River Basin” are 3 groups; Yuan Ban Nong Kra Bean, Mon Ban Bang Khan Mak, and Phuan, Ban Mi Lopburi province
- 3) The group that settled in the “Pa Sak River Basin” is Thai Beung Ban Khok Salung Lopburi province.

The traditions and cultures that are the identity of each ethnic group are both distinguished and different with the origin and meaning but similar things are the foundation of beliefs about Buddhism, way of life and supernatural. Can be divided into 3 groups as follows:

- 1) Traditional cultural identities that have been modified for contemporary details such as, spoken language, accent and specific vocabulary of ethnic groups, ancestral and supernatural worship, morale and spiritual respect, important Buddhist traditions, and New Year Festival.
- 2) Cultural identity that has been revived for ethnicity and cultural tourism such as, style of costume and color tone, design and development of woven fabric patterns, techniques for dyeing and weaving, and handicraft and paper cutting for event.
- 3) The cultural identity that was created by combining with Thai identity such as, local food, Folk play, event and festival, singing about religion or ethnicity, and performances of each ethnic group.

Example:

Yuan Wat Nong Kra Bean, there are split into groups from Sao Hai in Saraburi provinces, spoke with Lanna language. There is a tradition of Ton dancing for their belief, dancing for Ancestral spirits and Songkran festival.

Mon Ban Bang Khan Mak, there had a tradition of dancing for pray the ghost and wearing the coconut oil in hair popup, creating swan pillars - the royal centipede flag and playing the Biceps tayang, and Saba in the Songkran festivals.

Phuan Ban Mi, there had an idiom about gender that “Men must be weaving & Women must be sawing”, have their own spoken language; RAK which is HUK mean love and PAI NAI LOR which is PAI KA LOR mean Where are you going? There is a wisdom to preserve food from fish and sticky rice with coconut milk. Believe in ghost of grandfather, dancing for pray the ghost and Songkran Festival Make merit.

Thai Beung Ban Khok Salung, has spoken and written language, a unique accent, similar to Suphanburi. Every surname will end with Salung is the name of location. They have the tradition to encourage the farmer to harvest, New Year festival, making dessert, creating sand pagoda, and dancing. They are the model for cultural tourism community and for socializing younger generation through local museum.

Lao Khrang Ban Kut Chok, word ‘krang’ is natural color from the tree use dye, 5 colors loincloth, Mudmee fabric and connect the paw. There had own spoken language. Tradition raised the flag to the court. Food are the Pork Chili, Nam Prik Ong.

Laos Vieng Ban Noen Kham, there are closer to Buddhism tradition. Love to singing about buddha’s history, worshipping a thousand rice parade, weaving sarong with ancient machine. There is a unique pattern of fabric, such as hade of Nakha, saompao boat, chipmunk stag, swan stump, and embroidered fabric pattern by hand.

Laos Ngaew Ban Thong En, there are strict Buddhists too. There is an idiom about gender that “Men must be weaving blanket hat and woman must be sewing pillows, nets, loincloths, stirring rice”. They have their own language, vocabulary like Goeb which means Shoes and belief in ghosts of fields, grandfather and grandmother ghost. They make chili sauce with fish, make a drum, and they danc for prediction the future of chicken bones.

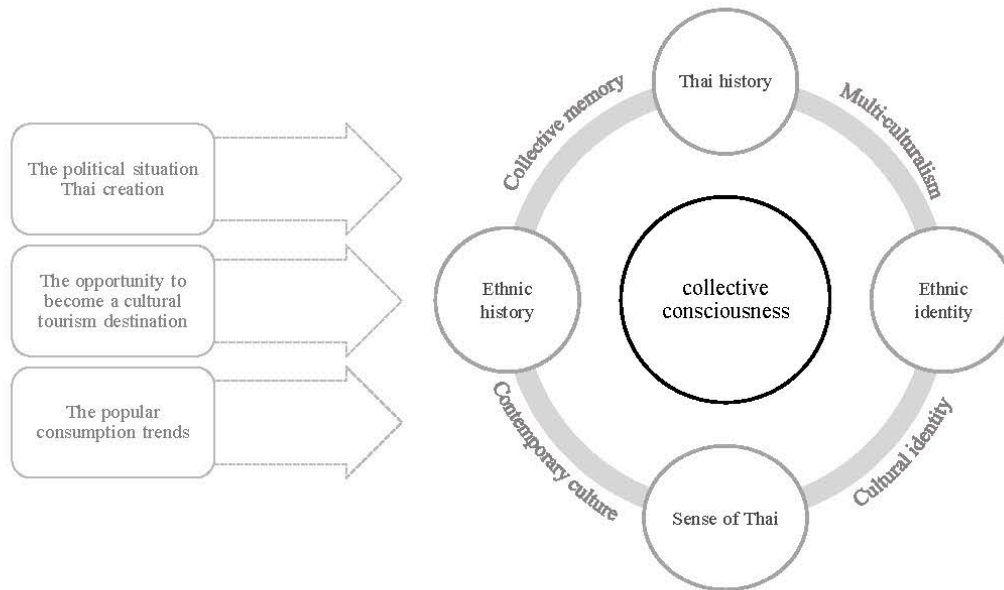


Figure 1: Conceptual model of proposition in this study.

As shown in figure 1, the collective consciousness of ethnic groups in the upper central region of Thailand were constructing by 4 sessions, one collective memory was blended with Thai history and ethnic history, two multi-culturalism was blended with Thai history and ethnic identity, three cultural identities were blended with ethnic identity and senses of Thai, and four contemporary culture was blended with senses of Thai and ethnic history. Meanwhile, the political situation Thai creation, the opportunity to become a cultural tourism destination and the popular consumption trends that are interested in different cultures and experiences, were an external influence that encourages the creation of collective consciousness too.

Conclusions and Discussion

According to the study, it has been found that these ethnic groups emigrated to Siam in the late Ayutthaya period to the early Rattanakosin period. They aggregated and started to settle down along the major rivers in the upper central region of Thailand; 3 rivers: Lopburi, Chao Phraya, and Pa Sak Rivers. They brought the traditional beliefs, values, and living style from motherland; shared sense of unified ethnicity in common, whereas they did not express to the other outside their society, because once there was Thai-valued movement by the government.

Key success factor in order to adapt and modulate to Thai culture and maintain culture identity of ethnic groups simultaneously are living as a large family group, having a connection between relatives through traditions, using surname that indicate their ethnicity and their living places, having the strong community leaders that get the government and villagers participation. There are a home, a temple, and a school taking part in constructing cultural identity of some ethnic groups through local museums.

The collective consciousness of ethnic groups was contested, merged and shared. Each ethnic group has its unique identity and cultural identity according to the era. Capitalism and the state stimulate the cultural recovery process of ethnic groups in some aspects but reduced some old the beliefs, traditions, rituals and language. Therefore, the cultural tourism trend made them to adapt to modernity and construct the contemporary culture to promote their own identity again.

However, they continued to convey the wisdom of their ancestors to the younger generations: through the stories from memory, way of life, rituals, plays and costumes included the identity of fabric each ethnic group. While some groups blend well with the local Thai culture and became a contemporary cultural identity that has been remodeled from the profoundly varied nations.

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***Comparing Life Values of New and Old Students of Psychology Faculty of
Soegijapranata Catholic University, Semarang, Indonesia***

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Abstract

The purpose of the research was to compare the life values of undergraduate students of Batch 2018 with those of students of previous batch of Psychology Faculty of Soegijapranata Catholic University, Semarang, Indonesia. There were twelve life values of the students: concern for multicultural life, loyal to family/group, spirituality, concern for environment, independence, achievement, being loved, scientific, creativity, financial life, humility, and sport were measured by modified of Life Values Inventory by Brown and Crace (1996). The subjects were 471 students from batch 2017 and before; and 258 students from batch 2018. The results showed that there were four life values: concern for multicultural life, loyal to family/group, spirituality, and concern for environment of the new students were higher than those of the old students ($t=-4.262$, $p=0.000$; $t=-5.722$, $p=0.000$; $t=-3.3650$, $p=0.000$; $t=-3.443$, $p=0.000$). There were four life values: Independence, Creativity, Financial Life, and Sport of the new students were lower than those of the old students ($t=2.227$, $p=0.026$; $t=3.630$, $p=0.000$; $t=6.204$, $p=0.000$; $t=3.336$, $p=0.001$); and there were four life values: achievement, being loved, scientific, and humility of the new students were not different compare to those of the old students ($t=0.158$, $p=0.874$; $t=0.087$, $p=0.931$; $t=1.269$, $p=0.205$; $t=0.428$, $p=0.669$). It is interesting to discuss why they had difference score of some life values and they had similar score of the other values.

Keywords: Life Value, Student, Psychology Faculty

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Introduction

Taormina (2017) stated that values are the ideas, concepts, and qualities that are considered important in life. Values are traditionally understood as honor and morality, but this may be more noticed by people whose basic needs are met. It is different compared to the value definitions which stated by other researches. According to Shahidul, Karim, and Suffiun, (2016), values are beliefs which are tied inseparable from emotion and subjective. Values are a motivational construct. They refer to the desirable goals people strive to attain.

According to Central Board of Secondary Education of India (2012), values are like seeds that sprout, become saplings, grow into trees and spread their branches all around. Building up of values system starts with the individual, moves on to the family and community, reorienting systems, structures and institutions, spreading throughout the land and ultimately embracing the planet as a whole.

“Values are defined as everything from eternal ideas and guiding principles that lead to desirable behavioral patterns and are positive. They involve both the cognitive and affective dimensions and provide an important basis for individual choices based on connecting thoughts and feelings and emotions leading to positive action” (Central Board of Secondary Education of India, 2012, p.16)

There are many kinds of values. According to Kulzhanova and Kulzhanova (2016), values can be divided to be two types. They are life values dan cultural values. Life values are values which given to a person by nature. Cultural values are values which created by people. Cultural values are divided into material values and spiritual values. Material values are values that fulfil bodily human needs. Spiritual values are values which satisfying spiritual needs.

This is slightly different compared to the opinion of Taormina (2017) which states that values are distinguished between modern values and traditional values. Traditional values are divided into two, namely personal traditional values and public traditional values.

According to Shahidul et.al (2016), there are six values, namely political values, theoretical values, aesthetic values, religious values, and hedonistic values. It is different comparing to Sherry and Verma concept. Sherry and Verma (in Shahidul et.al, 2016) stated that there are ten human values. They are religious, social, democratic, aesthetic, economic, knowledge, hedonistic, power, family prestige and health value. Brown & Crace (2002) divided values to be loyal to family/group, spirituality, concern for environment, independency, achievement, being loved, scientific, creativity, financial life, humility, and sport.

The influencing factors of values are different among experts' opinion. The most important determinant of values, according to Shahidul et.al (2016), is social level of family because personal values was developed in early life. But the values also can be changed by the society and social media. Kulzhanova and Kulzhanova (2016) stated that personal values are the most stable characteristics of person in society. But it can be influenced by experiences and regulation in his or her community.

Sadhana Parashar, the Director (Academics and Training) of Central Board of Secondary Education of India (2012) stated that values can be taught at school or home schooling programs. According to the Central Board of Secondary Education of India (2012) value education can be done included in curriculum or extra curriculum of an educational institution. Values cannot be taught as subjects such as Mathematics, Indonesian language, or Physics. Values education is integrated into every subject and climate schools or institutions.

The Purposes of Indonesian Higher Education according to Laws of The Republic Indonesia Number 12 of 2012 About Higher Education are 1) To grow the potency of the students to become believers and to be devoted to God Almighty and to be noble, healthy, knowledgeable, capable, creative, independent, skilled, competent, and cultured for the benefit of the nation; 2) To produce masters of Science and / or Technology to fulfill national interests and increase the competitiveness of the nation; 3) To produce Science and Technology through Researches that pay attention to and applies the value of humanities to benefit the progress of the nation, as well as the progress of civilization and the welfare of mankind; and 4) To realize Community Service based on reasoning and research works that are useful in advancing public welfare and educating the life of the nation.

To achieve the goals of the purposes of Indonesian Higher Education, Soegijapranata Catholic University states the Main Academic Interest is Eco-Settlement, we have to concern about Ecological Livelihood. The Vision of Psychology Faculty, Soegijapranata Catholic University is becoming an academic community which is meaningful for multicultural communities by biopsychosocial approach based on Christian values: love, justice, and honesty.

To achieve the vision, Psychology Faculty of Soegijapranata Catholic University has activities for students consists of taking education that included 144 credits, doing research, doing community service, and doing extracurricular programs. The extracurricular programs include leadership program; scientific programs such as academic writing and debating; community service; sports; music; dancing; singing; and religious activities. Do the activities change the life values of the students? It is interested to study the comparison between the values of new undergraduate students and the old undergraduate students. The purpose of the study is to compare the life values of undergraduate students of Batch 2018 with those of students of previous batch of Psychology Faculty of Soegijapranata Catholic University, Semarang, Indonesia.

To study the comparison among life values of the students, we used modified Life Values Inventory by Brown and Crace (2002). The inventory was modified by Utami, Pratiwi, & Parmitasari (2018), the values of university students was added with concern for multicultural life. The subjects of this research consisted of 471 students from batch 2017 and before; and 258 students from batch 2018.

The results of this study are as follows. There are four values of new students (students of batch 2018) which are higher than those of old students (students of previous batches). They are concern for multicultural life; loyal to family/group; spirituality; and concern for environment (see Table 1).

No.	Values	New Students Mean	Old Students Mean	t	p
1.	Concern for multicultural life	4.51	4.30	4.262	**
2.	Loyal to family/ group	4.18	3.89	5.722	**
3.	Spirituality	4.16	4.01	3.650	**
4.	Concern for environment	4.09	3.93	3.443	**

* $p < 0.05$, ** $p < 0.001$

Table 1. The values that new students have higher score than those of old students

Table 2 shows that values related with independency, creativity, financial life, and sport of the students are lower than those of the old students.

No.	Values	New Students Mean	Old Students Mean	t	p
1.	Independency	3.88	4.00	2.227	*
2.	Creativity	3.41	3.59	3.630	**
3.	Financial Life	3.24	3.62	6.204	**
4.	Sport	2.59	2.87	3.336	**

* $p < 0.05$, ** $p < 0.001$

Table 2. The values that the new students have lower score than those of old students

Table 3 shows that there are four values that the score of new students and old students are similar.

No.	Values	New Students Mean	Old Students Mean	t	p
1.	Achievement	3.82	3.82	0.158	-
2.	Being loved	3.68	3.68	0.087	-
3.	Scientific	3.60	3.65	1.269	-
4.	Humility	3.23	3.26	0.428	-

Table 3. The values that new students have similar score with those of the old students

The research results are interested to be discussed. The research showed that 1) the new students think that concern for multicultural life, loyal to family/group, spirituality, and concern for environment are more important than the old students do. Reflective questions for us are “Do we fail to teach those values to our students?” Or

“Are those values already famous among new generations that means those values are not our specialties anymore?” 2) The old students think that independency, creativity, financial life, and sport are more valuable than the new students do. Reflective questions for us are “Do the old students think about those because of their needs related with psychological developmental process as young adult?” Or “Do the old students think about that because of the study in our campus?” 3) There were four life values: achievement, being loved, scientific, and humility of the new students were not significantly different compare to those of the old students. According to Kulzhanova & Kulzhanova (2016), value orientations develop when a person gains social experience and masters the social, political, moral, and ethical ideals and immutable regulatory requirements to him or her as a member of society. The question is why the old and the new students have similar score of those values? Do they have similar social experience?

Based on my previous researches about the values of Psychology Students batch 2017 and before showed that 1) From 12 life values, only value of creativity and value of loyalty to family or group has significant correlation with the age of the students ($r = 0.128$; $p < 0.05$ and $r = -0.119$; $p < 0.05$). It shows that the older students has higher life value on creativity than the younger students, but they have lower value of the loyalty to family or group (Utami & Parmitasari, 2018a). 2) The highest score of the life values of the students is the concern for multicultural life ($M = 4.292$). The position of the other values are that spirituality in the second position ($M = 4.004$), and the lowest score is the life values of sport ($M = 2.859$). It shows that sport is not much valuable for our students (Utami & Parmitasari, 2018b).

Based on my research about the effectiveness of General Education Program (Utami & Parmitasari, 2018), there was no significant difference on life values as well as personality and preference score of the 14 students before and after joining a General Education program. But, there were differences of the pretest score between students who did not and who did the live in program on “concern others” and “loyalty to family or group”.

Conclusion

1. The results showed that the determinants of life values of students are still questionable. The students have those values because of their individual condition, or because of their life experiences such as in school or in their own family.
2. The life values could not be changed by a temporary program such as short term general education program.
3. Long term research is needed.

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Cross-Cultural Adaptation of Turkish Students in Japan: A Qualitative Study

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Abstract

The present study explores the cross-cultural adaptation of Turkish students in Japan. The purpose of this study is to partially fill the gap in the literature by investigating Turkish students' perceptions and expectations while living in Japan. Another purpose of the study is to provide upcoming students with an overall understanding of what to expect when they choose to study at a university in Japan, and this study aims to provide universities with some implications of how to devise better support and facilities to aid international students with their transition stages. The study used data from semi-structured, in-depth interviews with Turkish students to identify the stressors, difficulties, and problems they encounter during their cross-cultural transition in Japan. A total of 21 students (12 females and nine males) from Turkey who were either in postgraduate education in Japan or had already obtained an academic degree from a graduate school in Japan at the time of the interview completion (one bachelor's degree, two master's students, one master's degree, 11 PhD students, four PhD degrees and two postdoctoral degrees) volunteered to be interviewed for this study. Students ranged in age from 25 to 37 years with a mean age of 29.09 years ($SD = 3.30$). Each interview transcript was individually examined via qualitative analysis, with the aim to develop or identify possible categories based on Grounded Theory Approach. The analysis resulted in different hierarchical levels of categories related to cross-cultural adaptation of Turkish students. It was suggested that differences in collectivistic tendencies have influences on cross-cultural adaptation process.

Keywords: Cross-cultural adaptation, Turkish students in Japan, Grounded theory approach

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Introduction

There is a substantial body of research that focuses on international students from Eastern and Western countries in Japan (Guo, Yiwei, & Ito, 2014; Maruyama, 1998; Simic-Yamashita & Tanaka, 2010); however, there are no studies that specifically examine Turkish students in Japan in psychology literature. Although there are a limited number of studies (e.g. Boiger, Güngör, Karasawa, & Mesquita, 2014; Güngör, Karasawa, & Boiger, 2014) available on the Turkish culture and the Japanese culture, these studies make cross-cultural comparisons by using samples directly from Turkey and Japan. Also, they focus on topics such as interpersonal relations, interdependence, relatedness, certain emotions and autonomy. In addition to these, there are no other available studies which investigates cross-cultural adaptation of Turkish people living in Japan. Cross-cultural research literature needs more variations in order to better understand cultural differences. Turkish culture is a collectivist culture with individualistic behavioral patterns (Sunar, & Fişek Okman, 2004). Therefore, cross-cultural studies on Turkey and Japan is important as it is a step outside of Western-dominated cross-cultural psychology literature (Berry, Poortinga, & Pandey 1997), and it will help to provide a deeper understanding of two cultures from a cross-cultural psychology perspective. Therefore, the present study focuses on cross-cultural adaptation of Turkish students who study in Japan.

Cross-Cultural Adaptation

Students from various countries have preferred to move to the industrialized countries where they pursue education in the search for a better life. A high number of studies regarding international students' adaptation to the host culture have been conducted because of the increasing numbers. Cross-cultural adaptation is defined as the changes to the ways of behaving, thinking, and feeling when the sojourner travels from the native country to a new country – a physical journey that is often parallel to a psychological journey (Yang, Noels, & Saumure, 2006).

It is crucial to understand the adaptation problems of international students in order to frame their unique challenges in unique cultural settings and a new society, and in order to offer guidance for a better adaptation to a new culture and a society. This study is designed to contribute to the current literature by helping to understand cross-cultural adaptation problems and difficulties faced by Turkish students in Japan. The number of Turkish students in Japan estimated by The Embassy of The Republic of Turkey in Tokyo (2017) is 160. The present study is the first study that specifically focuses on cross-cultural adaptation of Turkish students in Japan. It is hoped that the current study will make a significant contribution to the literature because cross-cultural adaptation of Turkish students who study in Japan is quite a new topic and there is a lot to find out about this topic. Therefore, the purpose of the present study is to investigate cross-cultural adaptation problems experienced by Turkish students including social difficulties associated with the host language, communication and relationship with people from the host country. Also, this study aims to find out if Turkish students developed any coping strategies to overcome cross-cultural adaptation problems during their cross-cultural transition. The research questions of this study are as follows:

Research Questions

- 1) What are the cross-cultural adaptation problems Turkish students encounter in Japan?
- 2) What kind of strategies do Turkish students use to cope with the problems and difficulties that they face in social life in Japan?

Method

Participants

A total of 21 students (12 females and nine males) from Turkey volunteered to be interviewed for this study. The education levels of the students are distributed as follows: One bachelor's degree, two master's students, one master's degree, 11 doctoral students, four doctoral degrees and two postdoctoral degrees. Twenty of the students were either in postgraduate education in Japan or had already obtained an academic degree from a graduate school in Japan at the time of the interview completion except one student. That student stayed in Japan only for two semesters on an exchange program when he was an undergraduate student. Additionally, 20 of the students obtained their bachelor's degree from various universities in Turkey. Only one student obtained her bachelor's degree from a university in France. Of the total sample, 13 of the students were from natural sciences or engineering (five females and eight males), and the rest were from humanities or social sciences (seven females and one male). Students ranged in age from 25 to 37 years with a mean age of 29.09 years ($SD = 3.30$). The average length of stay in Japan was 52.14 months ($SD = 32.89$) at the time of the interview completion (range = 12-151 months). The students were asked to report their Japanese language proficiency levels. Of 21 students, six (29%) (five females and one male) were Japanese language majors and reported their Japanese language proficiency level as advanced. Additionally, 11 students noted that they took the Japanese-Language Proficiency Test (JLPT) and had official results. The JLPT has five levels which are N1, N2, N3, N4 and N5. The most difficult level is N1 whereas the easiest level is N5 (The Official Worldwide Japanese-Language Proficiency Test Website, "What is the Japanese-Language Proficiency Test?", 2012). Of 11 students one student whose Japanese-Language Proficiency Test level was N3 reported that he took the old version of JLPT. In the old version of JLPT, there were only four levels which were N1, N2, N3 and N4. The most difficult level is N1 whereas the easiest level is N4 (The Official Worldwide Japanese-Language Proficiency Test Website, "FAQ", 2012). The JLPT results of the rest of the students are distributed as follows: One N4 level (10%), two N3 levels (20%), three N2 levels (30%), and four N1 levels (40%). The Japanese language proficiency levels of all students are distributed as follows: Eight advanced (38%), eight intermediate (38%) and five beginners (24%). The students were also asked to report their English language proficiency levels. The self-reported English language proficiency levels are distributed as follows: 18 advanced (86 %), three intermediates (14 %). (see Table 1: Demographic information of Turkish students.)

Measures and Research Design

A demographic questionnaire and interview questions were used in this study. Questions on demographics covered information about the age, gender, major, education level, residence in Japan, length of stay in Japan, Japanese language proficiency level, and English language proficiency level. The research used data from semi-structured, in-depth interviews with Turkish students. The interviews were designed to assess social difficulties and problems encountered, communication and relationship with people from the host country and coping strategies developed during cross-cultural transition. Pre-planned questions were employed in all interviews. However, there remained enough flexibility to change topics in a smooth, conversational way in the interviews because interviewees were encouraged to speak about topics beyond the interview questions if they preferred. The flexibility helped to deeply explore the issues, by making the interviews semi-structured (Scapens, 2004).

Procedures

The interviews were done in Turkish in 2017 and 2018. The students were interviewed individually after they filled out the demographic questionnaire. Participation was anonymous and voluntary. In order to maintain anonymity, the students' real names were not revealed. Of 21 interviews, 17 (81%) were conducted on Skype and four (19%) were face-to-face. The interviews were recorded with a voice recorder with the consent of the interviewees. The interviews lasted about 40 minutes.

N	Gender	Age	Major	Education Level	Residence in Japan	Length of Stay	English Language Proficiency Level	Japanese Language Proficiency Level
1	F	28	Humanities	PhD Student	Chugoku Region	55 Months	Intermediate	Advanced
2	F	31	Humanities	PhD Student	Chugoku Region	108 Months	Advanced	Advanced (N1)
3	M	26	Engineering	PhD Student	Kanto Region	26 Months	Advanced	Intermediate (N3)
4	F	37	Engineering	Doctoral Degree	Kanto Region	42 Months	Advanced	Beginner
5	M	37	Engineering	Postdoctoral Research	Kansai Region	151 Months	Advanced	Intermediate (N2)
6	F	26	Social Sciences	Master's Student	Kanto Region	20 Months	Advanced	Beginner
7	F	27	Social Sciences	PhD Student	Kanto Region	30 Months	Advanced	Intermediate
8	F	26	Natural Sciences	PhD Student	Kansai Region	21 Months	Advanced	Beginner
9	M	30	Engineering	Doctoral Degree	Chubu Region	94 Months	Advanced	Intermediate
10	F	29	Humanities	PhD Student	Chubu Region	56 Months	Advanced	Advanced (N1)
11	F	27	Humanities	PhD Student	Chubu Region	42 Months	Intermediate	Advanced
12	M	29	Engineering	PhD Student	Chubu	67	Advanced	Intermediate

13	M	26	Humanities	Bachelor's Degree	Region Chubu	Months 12		(N3 - Old) Advanced
14	F	25	Humanities	Master's Student	Region Chugoku	Months 28	Advanced	(N1) Advanced
15	M	30	Engineering	Doctoral Degree	Region Kanto	Months 66	Intermediate	(N1) Intermediate
16	F	30	Engineering	Master's degree	Region Kanto	Months 36	Advanced	Advanced (N2)
17	M	27	Natural Sciences	PhD Student	Region Kanto	Months 60	Advanced	Intermediate (N3)
18	M	33	Engineering	Postdoctoral Research	Region Kanto	Months 36	Advanced	Beginner
19	F	29	Engineering	PhD Student	Region Chubu	Months 51	Advanced	Intermediate
20	M	28	Natural Sciences	Doctoral Degree	Region Kanto	Months 60	Advanced	Advanced (N2)
21	F	30	Natural Sciences	PhD Student	Region Chubu	Months 34	Advanced	Beginner (N4)

Table 1: Demographic information of Turkish students.

Data Analysis

After all of 21 interviews were completed, each audio-recorded interview transcript was collected to ensure that the data was full and accurate. Additionally, all transcriptions were read several times to correct typographical errors and to remove any possible contradictions. Each interview transcript was individually investigated via Grounded Theory Approach (Glaser & Strauss, 1967) with the aim to develop or identify possible categories. In this type of qualitative analysis, categories that emerge in the interviews are identified. In other words, each transcript is coded, distinguishing important categories and each category is reconsidered as the coding progresses. Hierarchical organization of the categories are created where appropriate. This approach is defined as iterative, because it is repeated to allow categories and organization of the categories to best fit the data.

Results

The coding resulted in two hierarchical levels of categories (i.e., categories and subcategories), using 189 comments by students in total. Three main categories emerged. Within the three main categories there were seven categories, and within seven categories there were 30 subcategories.

Seven categories are named as *Elements of Culture*, *Social Interaction*, *Language Difficulty*, *Relationship Formation*, *Affective Coping*, *Behavioral Coping* and *Cognitive Coping*. After the analysis, these seven categories were grouped into three main categories which are named as “*Culture Shock*” (*Elements of Culture* and *Social Interaction*), “*Social Difficulty*” (*Language Difficulty* and *Relationship Formation*) and “*Coping Strategies*” (*Affective Coping*, *Behavioral Coping* and *Cognitive Coping*) (see Table 2: Categories that emerged based on Grounded Theory Approach.).

Culture Shock		Social Difficulty		Coping Strategies		
Elements of Culture	Social Interaction	Language Difficulty	Relationship Formation	Affective Coping	Behavioral Coping	Cognitive Coping
Punctuality	Physical contact	Spoken language in unfamiliar settings (e.g., hospital)	Intimacy	Seeking social support	Engaging in activities (e.g., hobbies, exercises, trips)	Rational thinking
Orderliness	Personal space	Legal procedures and documents/paperwork	Reciprocity	Talking about emotions or problems	Spending time with friends	
Grouping	Personal time	Opportunity for language exchange and improvement	Depth	Emotional regulation	Acting like a Japanese person	
Unwritten rules: Codes, etiquettes and manners	Relationship closeness	Following conversations	Maintenance	Distancing from others	Spending time on social media	
Reading the air	Priorities (e.g., work, family and friends) Honne (true sound) and tatemae (built in front)		Social isolation	Seeing a mental health professional		

Table 2: Categories that emerged based on Grounded Theory Approach.

Culture Shock

The first main category is labeled *Culture Shock* as the interviewees talked about their culture shock experiences in the beginning of their transition to Japan. This main category consists of two categories which are *Elements of Culture* and *Social Interaction*.

The category called *Elements of Culture* related to subcategories such as punctuality, orderliness, grouping, unwritten rules: codes, etiquettes and manners, and reading the air. This category refers to the elements of culture that are identified as surprising and different from the elements of culture in Turkey. Most of the Turkish students reported both negative and positive aspects of the elements of Japanese culture during the interviews. For example, punctuality of Japanese people and orderliness of Japanese society were reported as surprising in a positive manner. However, the students stated that Japanese people's tendency to become a group member (labeled here as "grouping") is different from the Turkish culture where the individualism is also adopted as the Turkish culture is a blend of both the Western cultural elements

and the Eastern cultural elements (Sunar, & Fişek Okman, 2004). Also, some of the Turkish students addressed unwritten rules (codes, etiquettes and manners) of Japanese culture as difficult to understand and thus to adjust, as they reported they had difficulties reading the air in a social context, not knowing how to behave appropriately in a certain social context. An example of the comments on this category is as follows:

“There are many things that you don’t know. I mean, there are many cultural elements. For example, they are making jokes, and you don’t get what they are talking about. Because you don’t have the background and not been to that context, you stand in wonder. It doesn’t make a difference if they speak English. You don’t know the cultural meaning. You can’t chat and they expect you to know things. KY – Kuuki Yomenai (‘Not reading the air’ in Japanese). You are expected to do it. You are expected to read the air. Nobody corrects you. I expected that they would correct me.” (Interviewee 5)

The category *Social Interaction* addressed experiences on physical contact, personal space, personal time, relationship closeness, priorities (e.g., work, family, and friends), and honne (true sound) and tatemaie (built in front). The students stated that they expected more physical contact among Japanese people. The Japanese culture is assumed to be a low-contact culture (Sussman & Rosenfeld, 1982). Correspondingly, most of the Turkish students mentioned that personal space of Japanese people is wider than of Turkish people. Also, they stated that time Japanese people spend alone is higher and intimacy they show to each other is lower than Turkish people show to each other. Also, they mentioned that perceived intimacy they received from Japanese people was less than they expected. Additionally, Japanese people’s priorities (e.g., work, family, friends) are different from Turkish people (e.g., family, friends, work) (Nakano & Tanaka, in press). Lastly, they commented on the gap between the true feelings and desires (honne) of Japanese people and the behaviors they display (tatemaie) Some students stated they felt surprised when they realized what is thought can be different from what is expressed in Japanese culture. An example of the comments on this category is provided below:

“In Turkey, both in romantic relationships and in interpersonal relationships, the priority is people; either family, girlfriend, boyfriend or friends... We hold the idea that it is the most important focus of life, I think, but for the Japanese, it is often observed that the priority is their work; their works, hobbies, then comes their families, friends and girlfriends and such. It seems very cold to us. People should come first (to us), I think. I’ve realized that.” (Interviewee 7)

Social Difficulty

The second main category is named *Social Difficulty* in which the Turkish students described the challenges and problems they experienced to overcome during cross-cultural transition. The category *Social Difficulty* comprises two categories which are *Language Difficulty* and *Relationship Formation*.

Students commented on the *Language Difficulty* which included aspects of spoken language in unfamiliar settings (e.g., hospital), opportunity for language exchange and improvement, following conversations, and legal procedures and documents /

paperwork. Most of the students excluding Japanese language majors (five females and one male; see *Participants* section) were Japanese language majors and reported their Japanese language proficiency level as advanced.) reported that their Japanese language proficiency levels are from beginner (24%) to intermediate (38%) (see *Participants* section). Therefore, they reported the language difficulties such as communication problems when seeing a doctor. They also mentioned about difficulties of paperwork by indicating that legal documents they had to fill out prior to their arrival to Japan and documents for the application to graduate schools that were provided only in the Japanese language. In addition to these, some of the students addressed the lack of opportunity for language exchange to improve their language levels because of their busy schedule or lack of Japanese friends, thus having difficulties following conversations because of poor language skills. An example of the comments on this category is provided below:

“I went to a doctor, (and he said) hentousen... What does hentousen mean? It means tonsils. You don't know such things. You can't explain what your problem is. They don't speak English. Well, some of the doctors can speak English, though, but nurses, hospital staff say “Nihonga daijoubu desu ka?” You reply with ‘No.’” He stares at your face. Then you tell them to continue (in Japanese) and try to figure your way out.” (Interviewee 3)

The *Relationship Formation* was another category that emerged as the interviewees stated the difficulties in forming a relationship with Japanese people. The student comments on relationship formation included the aspects of a relationship they expected; namely, intimacy, reciprocity, depth and maintenance. Most of the Turkish students addressed the difficulties of forming a relationship with Japanese people around them. Also, some of them stated that they ended up with social isolation. An example of the comments on this category is shown below:

“...especially emotional topics. For example, you are having a conversation with an Indonesian or an American about emotional topics such as a fight with my partner, I feel I am emotionally connected to those people, but when I have the same conversation with a Japanese, I never feel that connection. Because she says ‘Aa sou desu ka? Taihen desu ne...’ (Oh, is that so? That's tough, isn't it?) and that's it. It is over. It does not continue. I don't want to talk about the rest. It does exist. I can call it emotional disconnection. When I have an emotional talk with a Japanese, I feel stupid, but when I have the same talk to a foreigner, we can communicate perfectly. When I do it to a Japanese, she doesn't get it.” (Interviewee 10)

Coping Strategies

The third main category, *Coping Strategies*, is about the types of coping strategies that the Turkish students adopted for the stress management. This category comprises three categories called as *Affective Coping*, *Behavioral Coping* and *Cognitive Coping*.

The category called *Affective Coping* focused on affective coping strategies that the Turkish students adopted to cope with cross-cultural transition stress. Affective coping strategies included seeking social support from and talking about their emotions or problems to co-nationals, family members in Turkey or other international students in Japan, trying to emotionally regulate themselves during a

stressful period, distancing themselves from others, and seeing a mental health professional. An example of the comments on this category is shown below:

“I feel loneliness. As I said before, I have developed depression. I’m seeing a psychologist. Apart from that, my flat mates... They are going through the same things. We are on the same journey. They are having the same problems. We are talking to each other. It helps me.” (Interviewee 21)

Interviewees described the types of behavioral strategies to cope with cross-cultural transition stress in *Behavioral Coping*. The most frequent behavioral strategies identified are engaging in activities (e.g. hobbies, exercises, trips), spending time with co-nationals or other international students, acting like a Japanese people for a smooth communication or to fit in the context and spending time on social media. An example of the comments on this category is provided below:

“When I cannot have a very deep emotional sharing with my Japanese friends, I communicate with my friends in Turkey or I stayed alone. I love exercising/sports a lot. I focused on exercising/sports. I was trying to distract myself with the types of exercising/sports I’ve never done on Turkey. I was trying to experience them. I love taking trips. I was making trip plans.” (Interviewee 11)

The final category, *Cognitive Coping* consisting of one strategy, is adopted only by one of the 21 interviewees. The example comment on this category is provided below:

“It is difficult to make friends. As everyone said, their walls are strong. You don’t know the neighborhood. You don’t know where to go, what to do. You don’t have your childhood friends, because you are in a new environment for the first time. You moved to another country, I mean. I felt loneliness at that time. What did I do? I never called my parents, because if I had done, they would tell me that ‘Come back. You had a job here. You can work. What will you do there?’ But I wanted to come (to Japan). So, I thought that many people are already here. I thought about what they might have done. They came. They didn’t know the language, either. Some of them might have the language proficiency. I first tried to make friends. It was the difficult period. How did I make friends? The university is an international university. I thought there must be a place where international students gather. I was lucky that there was a place which was very close to the building where I took Japanese language classes, and they meetup every afternoon. I first went there. I met with my best friend there. I have made many friends through him. So, how did I deal with that problem? I thought rationally. What can I do? I need to make friends. I need to learn the language. In that international center where international students gather, some students speak Japanese, some want to learn English. You could do a language exchange. We spent time together at weekend. Then I realized I wasn’t alone. I had friends.” (Interviewee 17)

Discussion and Conclusion

The results of this study revealed the cross-cultural experiences of Turkish students concerning to culture shock, social difficulties and problems encountered, communication and relationship with people from the host country and coping

strategies used to overcome the stress experienced, and difficulties and problems encountered during cross-cultural transition.

The results suggest that differences in the levels of individualism and collectivism between the Turkish culture and the Japanese culture may be associated with experiencing culture shock. International students must confront new social and educational organizations, behaviors, and expectations. Additionally, they must overcome the adjustment problems common to students in general. It is a challenging process even when international students are conscious about the cultural differences. However, this process is more challenging when they are not conscious and falsely expect that the new culture functions like their home country. Unfamiliar experiences have a collective impact on sojourners which is defined as culture shock (Zhou, Jindal-Snape, Topping, & Todman, 2008). International students may have to cope with potential challenges by moving to a foreign country to study. As a result, it may lead to experiencing cross-cultural stress and adjustment problems (Smith & Khawaja, 2011). Turkey is classified as a collectivistic country as Japan (Hofstede, 1980). However, the results of the studies by Göregenli (1995, 1997) suggest that the Turkish culture does not fall into either side of the individualism-collectivism dichotomy with regards to all the dimensions of social behavior described by the relevant literature and by target groups. The author points out that collectivist tendencies can still be observed in the Turkish culture and in terms of the individual's relation with the other, the Turkish culture is inclined towards the collectivism side of the dichotomy. In addition to these, it was suggested that the Turkish culture is a combination of the Western and the Eastern cultural elements, and the synthesis of both collectivistic and individualist cultures (Sunar, & Fişek Okman, 2004). Turkey largely exhibits traditional cultural characteristics as well as highly modern and western cultural elements at the same time. In other words, it may be stated that traditional and modern features coexist with each other gradually leading to a synthesis of traditional and modern practices in society (Sunar, & Fişek Okman, 2004). Therefore, on the basis of the results of this study it can be suggested that Japanese culture where the collectivistic tendencies shape the interpersonal relationships may elicit culture shock in Turkish students who reported individualist tendencies.

Additionally, social difficulties that Turkish students experienced in interpersonal relationships such as forming a relationship with host nationals may be associated with the differences in interdependence as suggested by the results of a study by Güngör, Karasawa, and Boiger (2014). The study indicated that while Japanese people described agency in terms of conformity, Turkish people emphasized on relatedness. In other words, interdependence for Turkish people implied relatedness-based approach whereas it addressed conformity-based approach in Japanese culture. In parallel with the results of the current study, the participants in this study reported difficulties associated to interpersonal relations. They stated that when they tried to form a relationship with host nationals, they felt a distance between them and host nations which might lead them to a feeling of social isolation.

To sum up, the results suggest that the individualist and collectivistic tendencies in cultural background which are associated with culture shock may result in some adjustive difficulties during cross-cultural transition. Therefore, a training program to

promote cultural learning and awareness in Turkish students to gain social skills prior to their arrival to Japan is suggested for a smoother cross-cultural transition.

A longitudinal research is needed on upcoming Turkish students who plan to study in Japan in order to have a deeper understanding of the current issue. Additionally, a qualitative research to investigate different aspects of cross-cultural adaptation of Turkish students and international students from different countries is suggested for generalizability and to devise a training program for all international students to support cross-cultural adaptation prior to their arrival at Japan if needed.

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Self-Integration in Culture: A Case Study of Indonesian Individuals' Self-Processes

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Abstract

The self is built of internal and external processes. Humans are cultural beings with independent and interdependent values that are differentiated or integrated into the self. A healthy self depends on the success of integrating experiences in life. Studies of the self are important for insight to the various processes resulting in different degrees of mental health issues. However, much of the studies in psychology is obtained from the Western, Educated, Industrialized, Rich, and Democratic (WEIRD) population. While individuals from independent cultures equate consistency with well-being, individuals from interdependent cultures display situational behavior. This paper attempts to study self-integration as a goal in self-congruence and as a higher process through a qualitative case study of three individuals from the Indonesian culture. The three individuals in this paper have varying degrees of foreign culture exposures. We found that self-integration is an idiosyncratic process, which differs from one individual to another. We found that more dynamic experiences and older age does not ensure high level of self-integration. Openness to experience and adaptive flexibility is important for higher level of self-integration. Self-integration is not a plateau state, but the overall frequency in displaying a self-congruent or a process type of integration. Other individual factors such as personality and possible psychological dysfunction influence self-integration. Different degrees of self-determination are displayed in self-integration as goal or process. In line with interdependent characteristics, the three Indonesian cases presented here consider their own values along with close others' values as they face challenges in integration.

Keywords: Self-integration, self-construal, case study, mixed cultures

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Introduction

Large societies in the world are home to individuals from different cultures with different heritage, traditions, religions, languages, and ultimately values (Heine, 2016). The United Nations Department of Economic and Social Affairs lists an increasing number of international migrants from 220 million in 2010 to 258 million in 2017. Eighty million migrants choose to live in Asia, and 78 million choose to live in Europe. Both continents take in the largest number of migrants (60%), followed by Northern America which takes in 58 million migrants. The remaining numbers are spread in other regions of the world. Modern transportation provides opportunity for wider search of jobs, education and better life (United Nations, Department of Economic and Social Affairs, Population Division, 2017).

Indonesia is a developing Asian country with high possibility for foreign investments (Fauzia, 2018). As of 2018, Indonesia lists 85,000 registered foreign workers out of 121 million total work force (Hakim, 2018). Migration brings globalization in information, economic, education, and transportation as well as an increasing number of mixed marriages (Putra, 2018). Cultural values contained in ethnic, national, religious and linguistic groups are transferred, affecting people's life experiences (Yampolsky, Amiot, & Sablonnière, 2016).

Multicultural individuals need to integrate different norms, values, expectations, behaviors, and identities to balance their internal values with external reality of multicultural life. Psychologically, it creates a certain dynamic in which people from the early stage of life try to find harmony and integration of their *self* with the environment. Only through successful organizing of the individual's own perception and others' values, the individual reaches a secure self without denying or distorting experiences (Rogers, 1951). This paper elaborates the dynamic of the person in integrating his or her self in a multicultural environment, emphasizing self-integration as a goal in self-congruence and as a higher process in the development of personality.

Multicultural Individual and the Development of Self-Identity

Culture is information passed by others in social learning which affects an individual's total being (Heine, 2016). Norms in any cultures have the ability to influence an individual's cognitive, affective, and behavioral capacity. Multicultural individuals are sometimes in situations where they must negotiate conflicting values. Conflicts are usually dealt with through switching between different cultural identities which is driven by environmental cues (Giguère, Lalonde, & Lou, 2010). The different level of conflicts that multicultural individuals experience includes: a) intergroup conflict, b) interpersonal conflict, and c) intrapersonal conflict.

Intergroup conflicts usually occur due to discrimination based on certain cultural characteristics. Interpersonal conflicts occur due to the presence of two different normative commitment along with the pressure to follow norms from each culture. Intrapersonal conflicts occur due to 'feeling torn' between cultures. In efforts of developing a personal and cultural identity, individuals define themselves through integrating their experiences with others and the self (Deci & Ryan, 1990). When

individuals are unable to integrate their experiences, it affects their feelings, emotions, and mental health.

Self-Integration

Self-integration is having awareness, ability, and integrity of defining the authentic *self* (Akrivou, 2008). It is seen in two different stages: as a goal and as a process. As a goal, integration is observed in self-ideal congruence. As a process, integration is observed in continuous individual growth throughout development. In essence, integration is an adaptation process.

Piaget explained integration as a cyclical process of assimilation and accommodation through the strive for equilibrium in adapting new information (Papalia & Martorell, 2014). Through maturation and encounters to foreign values or concept to what was previously learned, a state of disequilibrium in the cognitive structures occurs. The individual will be set for restoring a state of equilibrium, achieved through assimilation and accommodation. The search for equilibrium is the underlying force for cognitive growth.

In the study of the self-concept, individuals obtain information of who they are through gaining knowledge of values, beliefs, roles, goals, and other attributes from others. Individuals receive values from parents and others in the social environment, which become a part of how they see themselves (Rogers, 1951). This knowledge of *the self* is a content component which requires organization. Through effective structural organization of the contents which make up the self-concept, individuals achieve self-concept clarity. Self-concept clarity is observed through clarity, definition, stability, and consistency in an individual's cognition, affect, and behavior (Campbell et al., 1996).

Western and Eastern Culture perspective on *Self*

Different cultures affect individual experiences of inconsistencies in relation to well-being. Western individuals' well-being is affected by internal inconsistencies, whereas individuals of Asian cultures view and interpret inconsistencies differently. Individuals from interdependent Asian cultures include in-groups in defining themselves to maintain respect and harmony (Suh, 2002). There is less focus on consistency and higher situational variability (Oishi, Diener, Scollon, & Biswas-Diener, 2004). They have a more holistic view of the world which evaluates themselves not limited as isolated beings but flexible according to the constant change in relations with others (Ma-Kellams & Blascovich, 2012). Therefore, they are more flexible in adaptations to societal cues due to the principles of change and contradiction. These inconsistencies should not be taken as incongruence in *the self*. In contrast, individuals from independent cultures place greater importance in maintaining stability of defining self-attributes (Suh, 2002).

In addition to universal situational variability, there are individual differences in culture which can add up to situational variability, causing greater within-person variability of affective experiences across situations (Oishi, Diener, Scollon, & Biswas-Diener, 2004). Because of the higher situational variability in interdependent cultures and known effects of multicultural exposure on the self, which consists of the

internal and external dynamics of self-integration, it would be fruitful to describe this process comprehensively. This research seeks to understand the participants' external dynamics and internal process, e.g. the structural component of *the self*, the organization of the structural contents, the self-integration process as reported in conflicting situations and the current state of integration at the time of this research, within the specific boundaries of the Indonesian culture. The aim is to obtain a deeper understanding of the self-integration process of Indonesian individuals with different degrees of foreign culture exposure, particularly in dealing with the situational variability of western and eastern culture in their life.

Methodology

This research employed a qualitative case study (Willig, 2013) approach to gain an in-depth description and exploratory understanding of the psychological process of self-integration in three different individuals with varying degrees of multicultural exposure in Indonesia. The focus is on explaining the experience of self-integration; such as the process, development, meaning, and type of integration based on the participant's retrospective accounts. The participants consist of three different Indonesian women with different degrees of exposure to Western cultures. X is a 51-year old single woman, with a European paternal grandmother. Y is a 34-year old woman, married to a European man, with a European paternal grandmother. Z is 57-year old divorced woman, with no European genealogy, but was raised alongside European individuals in parts of her childhood. Participants were recruited through purposive and convenient sampling for meeting certain criteria, e.g. young or middle adult Indonesian individuals who are 30 to 50 years old, exposure to different cultures, and having gone through adversity in life. Participants were briefed and provided with informed consent. Information was collected through semi-structured interview, audio-recorded, and transcribed for analysis.

In the duration of three months, the researcher met the participants based on agreed schedules. They were interviewed 4 to 5 times in separate informal meetings for a total duration of 1,410 minutes for all three participants. Domains explored include family history, specific internal or external conflicts throughout participant's developmental stages, specific situations that precede or proceed the conflict, as well as exploring internal processes such as feelings and thoughts as conflicts are experienced or after (as presented in Table 1). A sample indicator for the External Dynamics domain is "*the description of self in the phenomenal field or cultural reality*". A sample indicator for the Internal Process domain is "*the ability to describe different aspects of self and how the aspects are organized or integrated*". Sample indicators for the Self Integration domain are "*congruent selves in awareness, feeling, and expression*" and "*ability to take ownership in assimilating or accommodating values*".

The researcher also applied probing techniques to inquire further participant's thoughts, such as their deep feelings, and resulting actions or attitudes to gain understanding of what specific situations mean to them and how those situations affect their internal processing. All information gained from each individual's in-depth interview was coded multi-axially into themes for each of the individuals. Themes include participant background, cultural influence, relational issues, areas of self-concept in structure and in contents, such as knowledge of self and evaluative

components of self, personality preference, behavioral, affective, and cognitive responses to conflict along with the results, motivation, and notable characteristics. Other additional data, such as information from significant others and supporting personal data such as social media posts, photographs, or official documents were also collected to support triangulation analysis.

Variable	Domains	Theory
Background	<ol style="list-style-type: none"> 1. Family background 2. Family relationship 3. Close friends 4. Education 5. Work experience 6. Interests 	Erikson's Psychosocial Development Stages (Papalia, Olds, & Feldman, 2009)
External Dynamics (culture, normative development)	<ol style="list-style-type: none"> 1. Cultural context 2. Significant developmental issues or phases influenced by culture 	<ol style="list-style-type: none"> 1. Piaget's Cognitive and Moral Development (Papalia et al., 2009) 2. Erikson's Psychosocial Development Stages (Papalia et al., 2009) 3. Phenomenal field (Rogers, 1961) 4. Ego Development Theories (Cook-Greuter, 2000) 5. Self-construal (Markus & Kitayama, 1991)
Internal Process	<p>Knowledge of Self (Information):</p> <ol style="list-style-type: none"> 1. Understanding of perceived self 2. Understanding of real self 3. Perception of ideal self <p>(Evaluative):</p> <ol style="list-style-type: none"> 1. Attitude towards personal beliefs, ideals, and meaning in life 2. Cognitive and affective responses towards external dynamics <p>Structure of Self:</p> <ol style="list-style-type: none"> 1. Organization of self-knowledge 	<ol style="list-style-type: none"> 1. Self-ideal congruence (Rogers, 1951) 2. Process of fully functioning person (Rogers, 1961) 3. Self-concept clarity (Campbell et al., 1996) 4. Self-awareness (Myers, 2008; Cook-Greuter, 2000) 5. Self-complexity (Akrivou, 2008) 6. Self-consistency (Suh, 2002) 7. Well-being (Suh, 2002)
Self-Integration	<p>Conflict Response:</p> <ol style="list-style-type: none"> 1. Conflict responses towards internal and external dynamics 2. Ability to adapt 3. Motivation <p>State of Self: Emotional state</p>	<ol style="list-style-type: none"> 1. Process of fully functioning person (Rogers, 1961) 2. Self-integration (Akrivou, 2008) 3. Integrative learning /Adaptive flexibility (Akrivou, 2008) 4. Developmental theories (Papalia et al., 2009) 5. Intrinsic vs. extrinsic motivation (Deci & Ryan, 1990) 6. Self-determination (Deci & Ryan, 1990; Rogers, 1951) 7. Self-ideal congruence (Rogers,

		1951) 8. Self-construal (Markus & Kitayama, 1991)
Other Factors	Other factors promoting or preventing integration	1. Self-construal (Markus & Kitayama, 1991) 2. Religion/ Spirituality

Table 1. Construct and Interview Guidelines

Results

Participant X

X has a European grandparent from each side of the family and worked with individuals from other nationalities throughout her career in the film and the health care industry. Her family consists of interfaith relationships. She was raised to value diversity. She views culture as the base of a person, influencing the way individuals dress, think, and carry the self. In her context, she sees others conforming to avoid confrontations. In her interaction with other nationalities, she seeks understanding of others' characters. X believes that diverse life experiences through exposure to different cultures, religion, and customs allow for better survival and integrity to the choices made in life. X believes that with more complexity, an individual has firmer grounds on why he or she has chosen specific values as part of his or her personality. X is an independent person, expressive and direct in voicing her views, yet displays flexibility in interacting with others. She feels that this is due to her exposure of Western cultures in her family and at work. As an individual from a relational-interdependent culture, X frequently considers the needs and wishes, through seeking advice, of those close to her. Despite her interdependent cultural context, X's upbringing and experiences with individuals of independent self-construal influences her character in the way she defines herself and manages conflicts. Individuals from Western cultures have an independent self-construal and are motivated to express self-defining internal attributes (Markus and Kitayama, 1991). Whereas, individuals for Eastern cultures seeks to maintain respect and harmony with close others (Suh, 2002).

The dynamics of self-integration in X's life is displayed in cycles of feeling empty, needing fulfillment through her life. This occurred around the age of 20 and then again around the age of 40, parallel to the developmental task shift. Unpleasant or excited emotions are present when a person is in seeking phase toward a goal to initiate seeking and integrating toward that goal (Rogers (1951). In facing internal conflicts, X turns inward and sets on analyzing herself with evaluative questions. By doing this, she is showing increased trust to self. She does what feels rights based on competence, showing increased self-government, self-regulation, autonomy, and uncontrolled by external forces (Rogers, 1951). This action is based on awareness of external demands, self needs, memories, and perception to produce a calculated course of action (Rogers, 1961). In conflicts, she is non-defensive to experiencing sadness, anger, irritation, and aggravation. She shows courage in facing her own emotions and includes both internal and external considerations in her decision-making. There is higher awareness of other cultures outside her own. This non-defensiveness adds insight and knowledge out of experiences in understanding and finding meaning (Vaillant in Cook-Greuter, 2000). X appears to be at the post-

conventional level of self-integration where there is increased integration between the self and others. An example of this is when she shows flexibility to changing situations. X understands that there are multiple factors which influences a situation when working with others at work. She plans, attempts to reach the goal, yet when the plan does not work, she does not force others. She accepted change and attempted to find other solutions. This is an example of her interacting and relating within the process, adapting to different situations.

In the construct-aware stage of the post-conventional level, an individual understands that meaning is gained from experiences in life instead of being an inherent matter. There is a distinguished increased awareness in the process of meaning making. This process affects the personal, rational, and symbolic awareness within the individual. In the ego-aware stage, the individual shows understanding of human nature and complexities in human interaction. The understanding is indicated in awareness of their own emotional, rational processing patterns, and how their own processes affect their relationship with others (Cook-Greuter, 2013). Despite being in the process level, in situations where she wishes to sustain her core values, X can also consciously choose to maintain her values instead of assimilating new values. Occasionally, X retains her own values against what is considered irrational.

X shows intrinsically motivated action in her behavior. X displays openness to experiences and takes risks to seek growth and knowledge in facing conflicts. A self-determined and a self-integrated person is driven by motivation to actively take action, seeking optimal challenges which promote growth. Integration happens at two different levels: internally within the self and externally with others (Deci & Ryan, 1990). Integration with others is observable in adaptive flexibility. When a goal is unattainable, she seeks to understand other's challenges and tries to communicate for solution. This indicates awareness of multiple factors influencing a situation. In not forcing others and attempting to find mutual solution, she displays a process of interacting and relating in adaptation to different situation. In line with literature, the shift to the post-conventional level of self-integration involves a shift from a local to a more global perspective, which includes integrating external aspects into the processes of the self.

Participant Y

Y has a European grandmother, European husband, North American step grandfather, and has lived in a Western country for some part of her adolescent and adult years. She comes from a family of doctors and was exposed to multiple languages since early on. Her family consists of interfaith relationships. She sees her cultural context as conservative, which she thought may be due to fear of the unknown of getting out of what is familiar. Living with others from different cultures influences her to adopt differing values from the Indonesian culture, such as being more liberal, relying on personal principles and scientific knowledge, believing in freedom of expression, stressing importance of personal consent, and appreciating differences. Individuals of Western cultures have an independent self-construal which cause them to value being distinctly different from others, reference their own internal thoughts and feelings in determining their actions (Markus and Kitayama, 1991). Y displays congruence in her real self, ideal self, emotions, and actions consistently throughout most of the interview process. Due to her exposure to Western values from her upbringing and

family members, some discrepancy is present as she struggles to communicate her values to others in the interdependent Asian culture. Close others influence the decisions she makes in life. Through exposure to Western cultures and the independent self-construal Y becomes outspoken in sharing knowledge with others, albeit she wishes harmony with others. Y dislikes arguments and tends to avoid conflict. Her desires that contradict her intention to seek harmony poses challenge in successfully integrating differing values to function within her contextual environment.

Y displays signs of possible depression throughout her life in her frequent depressed mood, insomnia, perceived negative others and self-attributes, withdrawal, lacking ability to finish projects, and thoughts of death. This is outside the context of this study. However, it is worth noting that the rumination may interfere with her reaching clarity. Self-concept clarity correlates negatively with neuroticism. Individuals with disorganized self-concept tend to have chronic self-analysis (Campbell et al., 1996). This may affect her process toward integrating her complexity and having self-concept clarity.

The dynamics of self-integration in Y is displayed in experiences of unpleasant feelings such as anger, guilt, upset, and confusion as precursor of seeking, integrating, and concentrating behavior toward goals during conflicts (Rogers, 1951). These unpleasant feelings promote reevaluation of goals and lead her to select the behavior which sustains her current self with her values. Thus, self-congruence is maintained. Her avoidance to arguments may be an effective way of maintaining self-consistency. When an ideal is reached or sustained, the resulting calm or satisfied emotions are indicators of the consummatory state of fulfilled needs in aligning the real self with the ideal self (Rogers, 1951). Y appears to be at the conventional level of self-integration where the self transitions to a conscious, separate, individual. Individuals at the conventional level are rational with tendencies to retain values against what is considered irrational (Loevinger & Cook-Greuter in Cook-Greuter, 2000).

Y shows internalized extrinsic motivation which indicates some degree of self-determination toward a set goal. This is evident in her pushing herself into making a decision, in needing spontaneity, having others' involvement, and relying on gut feeling in her decision-making. Y shows movement toward adaptive flexibility. Although she prefers sustaining her values, as she became a mother, she further considers external values and assimilate what she considers good. Changes in the responses to experiences and in meaning making indicate her adaptive flexibility. Y displays more internal integration in comparison to external integration with others.

Participant Z

Z is a woman with intertribal and interfaith relationships in her family. She was an only child raised by a single mother who lived with European families throughout most of her childhood. She views the Indonesian culture as diverse; consisting of many tribes with set traditions for people to work together interdependently. This diversity allows her to be more attentive to others with different beliefs. Being considerate in attentiveness is a form of maintaining social harmony and connectedness (Markus & Kitayama, 1991). Z considers her cultural context as demanding adherence to traditions. Z has her own rules and dislikes being ruled by

traditions. In this she displays characteristics of an independent, autonomous, and egocentric individuals (Markus & Kitayama, 1991), which may originate from her upbringing.

Z's upbringing was marked with adverse experiences. She did not know her father, was considered an illegitimate child, and ostracized. Due to living with European families, her first language was not Indonesian. She only had a few close others whom she considers in decision-making and was bullied throughout childhood. As an adult, Z went through difficult marriage which end at divorce. Z continues to have intertribal and interfaith relationships through her daughters' marriage. Adverse childhood and adulthood experiences cause Z to become an independent, private, self-sufficient, determined, and persevering individual. Despite markedly determined with her own values, Z shows interdependent characteristics in avoidance and withdrawal as a peace measure.

The dynamics of self-integration in Z is seen in her state of self-awareness and efforts to manage internal as well as external conflicts. Z displays awareness of her complex background which results in her current values and determination. In facing conflicts, Z goes through an evaluative process, referring to her own values. Z is determined to reach her ideals of autonomy and competence while attempting to dismiss negative emotions gained from her adverse past experiences. Her upbringing stresses importance of having harmony and suppressing her individuality for the sake of harmony. Z displays intrinsic motivation and intention in focusing on problem-solving towards her ideals. However, withdrawal from conflicts may indicate internal and external conflict avoidance, masking them as peacekeeping attempt, exacerbated by painful past experiences of rejection. Withdrawal is done through occupying her mind with distracting activities from experiencing negative emotions, such as reading, smoking, and gaming. Negative emotions such as sadness, disappointment, anger, and confusion are present in goal-seeking efforts (Rogers, 1951). With further acceptance of negative emotions Z can become more integrated in her attempts to reach her ideals.

The need for relatedness, autonomy, and competence motivates human behavior (Deci and Ryan, 1990). Z displays clear needs for autonomy and competence, with less prominent needs of relatedness. Though firmly showing that she cares less of other's opinion and is used to being on her own, Z wants others' acceptance. Z appears to be at the conventional level of integration. She is aware of being a separate individual and tends to retain values against irrational perspectives in the personal realm. When she reaches out to the transpersonal realm, it is done in ideology, not in spirit yet. Z's avoidance of facing her negative emotions may hinder movement towards higher level of integration.

Discussion

Life and work experiences shape character and personality (Roberts, Wood, & Caspi in Roberts & Mroczek, 2008). Each of the participants in this study were raised in different contextual settings in the Indonesian culture. Different life experiences allow for different ways in reaching self-integration. This study confirms the participant's relational-interdependent self-construal (Takwin, 2014) in spite of multicultural influence and age as a predictor to both levels of self-integration (Akrivou, 2008).

Self-Complexity

Cultural context, which includes family, significant others, and the individuals' living environment, add situational variability as each represents certain self-construal. In the progression of self-integration, individuals behave accordingly to their preferred self-construal as they synthesize contextual experiences with internal values to function within the society. For the research participants with relational-interdependent self-construal, they consider their own ideals, needs, along with their close others' values and desires as they face challenges in integration. Close others who originate from other cultures adds self-complexity which needs to be integrated. In a previous study, self-complexity promotes the congruence level of integration in females. Whereas in males, it promotes the process level of integration (Akrivou, 2008).

Complexity through more dynamic experiences, including exposure to multiple cultures in life, do not ensure higher level of self-integration. Older age does not ensure higher level of self-integration, unless the individual remains open and flexible to experience. Higher self-complexity allows higher level synthesis in recreating meaning through increase of self-awareness. It promotes integration of affect, intuition, and rational thought in the adult development process (Akrivou, 2008). There are other important variables needed for achieving self-integration outside of self-complexity (Kegan & Loevinger in Akrivou, 2008).

Adaptive flexibility

Higher level of self-integration requires people to have true adaptive flexibility to deal with the complexity. Adaptive flexibility or integrative learning has positive correlation with self-integration at the postconventional level (Akrivou, 2008), indicated with a focus on process as well as an increased awareness of reality and ways of making meaning (Cook-Greuter, 2000). Openness in fully experiencing the reality of person-environment is an indicator of adaptive flexibility. This study found openness to experience as notable characteristics for successful integration and further growth. Openness allows courageous exploration in the process of re-committing to self in adaptation to different situations. It involves active choice through assimilation or accommodation to adapt to specific situations.

Wisdom

Dynamic, adverse, distress-causing experiences is a natural part of life. Yet, subjective evaluation of each individual's perception, meaning-making systems, interpretation, and level of wisdom influence individual responses. Active coping is essential to achieve wisdom after adversity (Spano, 2015). As a cognitive experience, wisdom is present within the moral decision-making process and accessed through deep introspection for deeper and more meaningful experiences of life and relationship with others. It occurs at the conventional and post-conventional level of development. With wisdom, there is integration of the cognitive, reflective, and affective aspects of personality which is influenced by the individual's spiritual, emotional, and psychosocial development. Wisdom is a positive real-life process

consisting of cognitive integration, vision for good life, and putting into practice the integrated thought and positive effects for the self and others (Yang, 2011).

Personality

The study of human personality is a broad area which includes considerations of traits, predisposition, genetics, environmental influence, motivation, drives, and how individuals synthesize these in behavioral, affective, and cognitive outputs. Individuals with psychological disorders may face challenge in integrating their complex aspects of self. Self-concept clarity is associated with lower neuroticism, lower chronic self-analysis, and rumination (Campbell et al., 1996). The absence of self-concept clarity absence may delay integration. Furthermore, maladjustments occur when optimum adaptation does not occur (McCrae and Costa, 2003). Further research in how personality and psychopathology affect self-integration is needed.

Adaptive responses evolve throughout time based on learning in response to age, environmental changes, and interventions. Personality, through characteristic adaptations to culture, create variations in different individuals' responses to environmentally prescribed values (McCrae and Costa, 2003). Within Indonesia's interdependent culture, participants show individual values in characteristic to the culture. In a relational-interdependent self-construal, close others are honored over the values of the greater society consisting of individuals from different cultures. These differences can include language, religion, personal space, relationship patterns, time orientation, food preferences, and taboos which influence characteristic adaptations (McCrae and Costa, 2003). In the process of self-integration, self-complexity comes from the dynamics of personality and exposure to different values through life experiences. In the end, the individual must consider all these aspects and show internal as well as external integration for optimum adaptation.

Lastly, as self-integration is correlated with age, it is a part of natural progression in adult development. Unless severe dysfunction of personality is present, individuals should be reaching self-integration at the conventional level. Ninety percent of the general adult population is within the pre-conventional (10%) and conventional level (80%). Only nine percent reaches the post-conventional level and even rarer –less than one percent in the post-post-conventional level (Miller and Cook-Greuter in Cook-Greuter, 2000).

Conclusions

From these 3 multicultural individuals, we learn that self-integration is not a stagnant, rigid progression in development. Successful achievement of multicultural integration as a goal and progressing into the process level, does not indicate an individual who will not sustain values. Core values are sustained in some situations. Thus, the level of self-integration can be observed through the regularity of self-integration indicators displayed. Individuals in different levels of self-integration differ in the regularity of sustaining values as a goal versus as process through display of openness to experience in adaptive flexibility.

Self-integration is a product of internal process within the individual, even in multicultural life. It occurs when an individual reaches security and understanding of

his or her own self, fully functions in awareness and accepts of the person-environment field. As a goal, it necessitates having clarity in the organization of the self-concept in a contextual cultural existence. As a process it necessitates active and continuous reorganization of self-complexity toward a working, functional self in society. The individual dynamics in reaching self-integration differs because each person has different ages, unique life, and work experiences shaping individual characteristics and personality. Some individuals may show delayed progression towards self-integration, in its achievement as a goal and in progression to a higher process level.

Successful multicultural integration occurs with balance and congruence in integrating the internal self and external others. In the higher level of self-integration, true adaptive flexibility indicates advanced ways of finding greater meaning in life. Individuals who display self-integration show internal motivation, indicating self-determined, motivated actions, and flexibility in adaptation. In contrast, non-integrated individuals are externally motivated, showing controlled, or amotivated actions. Hence, the varying degrees of self-determination display different levels of integration and predict possibility for future progression in development.

Limitations

This study was conducted on three different Indonesian female participants, aged 34, 51, and 57 years old. The small number of participants, gender limitation, and the developmental age category poses challenge to apply findings to other gender and developmental ages. Further research on younger and older age groups, on larger and more heterogeneous populations, on specific ethnic tribes, or comparison studies of urban vs. rural individuals can add to the generality for this study. More studies in Eastern culture can add literature on Asian models of personality. As a cross-sectional study, limited interaction time poses challenge. Longitudinal studies can better capture the dynamics of self-integration through better measure of the development and frequency measure of integrated responses throughout the course of life. Furthermore, due to the qualitative nature of this study, the data obtained is descriptive in nature. Not much is known of the psychometric factors of self-integration. Therefore, development of psychometric measures is urgently needed for further confirmation.

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Psychological Effect of the Menstrual Cycle on an Emotional Go/Nogo Task and Its Relation to Plasma Oxytocin and Prolactin Levels

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Abstract

Many previous studies have suggested that the natural menstrual cycle of healthy women influences facial emotion processing. We investigated the effect of facial expression as the emotional distractor on behavioral inhibitory processes in the follicular and luteal phases. In addition, we focused on oxytocin and prolactin levels, which are known to fluctuate in the menstrual cycle and are suggested to have neuropsychological effects on child facial emotion processing. Sixteen healthy women with natural menstrual cycles participated in the experiment once each in their follicular and luteal phases. Following blood sampling for hormone analysis, task performance was measured by electroencephalogram while they performed an emotional Go/Nogo task using angry and neutral faces of children as distractors. Event-related potentials (Nogo-N2 and Nogo-P3) were calculated from the electroencephalogram. The results showed that Nogo-N2 latency was delayed by the angry faces only in the luteal phase. The change rate of Nogo-N2 latency from the follicular to luteal phases was positively correlated with the change rate of the prolactin levels. Regarding task performance and Nogo-P3, fluctuations with menstrual cycles were not observed. Our findings suggest that the distractive effects of children's angry faces on the inhibitory processes fluctuate during the menstrual cycle only in the promoter levels, which are associated with the variation of serum prolactin concentrations within menstrual cycles.

Keywords: menstrual cycles, behavioral inhibition, facial processing, electroencephalogram

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Introduction

Many women experience psychological fluctuations with their menstrual cycles. Previous studies suggest that menstrual cycles are associated with the psychological processes occurring at the presentation of emotional faces (Derntl, Kryspin-Exner, Fernbach, Moser, & Habel, 2008; Osório, de Paula Cassis, Machado de Sousa, Polinetto, & Martín-Santos, 2018; Pearson & Lewis, 2005). It is also known that task performance of behavior inhibition decreases when facial expressions are presented at the same time. In that situation, facial expressions act as distractions, which cause low performances of behavioral inhibition. For example, it is reported that angry faces caused prolonged response times and decreased task sensitivity (Pacheco-Unguetti, Acosta, Lupiáñez, Román, & Derakshan, 2012). It is thought that this is because anger expressions are processed with priority and compete with processes for behavioral inhibition.

Behavioral inhibition is thought to be an important ability for child caregiving behavior. A previous study reported that impulse control disability of mothers was a risk factor for child maltreatment (Tachibana et al., 2017). Other studies of mothers suggest that some hormones will modulate a part of psychological functions related to cognition of infants and children. Oxytocin is thought to modulate neural activities to children's faces. It is reported that the administration of oxytocin enhanced the allocation of attention towards children compared with adults (Rutherford et al., 2017). It is also suggested that prolactin has effects on caregiving behavior via modulating emotional processes related to child emotion expression (Hashemian, Shafigh, & Roohi, 2016). These oxytocin and prolactin levels fluctuate in the menstrual cycle; oxytocin concentration rises in the follicular phases compared with luteal phases (Salonia et al., 2005), and prolactin concentration is known to rise in the luteal phases.

A Go/Nogo task is a psychological experiment task for investigating behavioral inhibition. It was also demonstrated that Go/Nogo tasks with emotional distractors (emotional Go/Nogo task) are effective in testing emotional bias on behavioral inhibitory control (Schulz et al., 2007). Both task performance and event-related potentials calculated from electroencephalograms are useful indexes of behavioral inhibition. The event-related potentials reflect very small voltages generated in the brain in response to stimuli and can be elicited by a wide variety of sensory, cognitive, or motor events, including behavioral inhibition. Nogo-N2 and Nogo-P3 are known as event-related potentials reflecting inhibitory processes in the brain. Nogo-N2 is a negative peak potential appearing in the time window between 200 to 300 ms after stimulus onset. Nogo-P3 is a positive peak potential appearing in the time window around 300 to 500 ms after stimulus onset. Both are thought to be reflect inhibitory processes in the frontal area including the anterior cingulate cortex (Albert, López-Martín, & Carretié, 2010; Albert, López-Martín, Tapia, Montoya, & Carretié, 2012; Bokura, Yamaguchi, & Kobayashi, 2001; Buodo, Sarlo, Mento, Messerotti Benvenuti, & Palomba, 2017; Chen, Jia, & Woltering, 2018; Liu, Xiao, & Shi, 2018; Schoenberg et al., 2014; Stein, Fey, Koenig, Oehy, & Moggi, 2018; Zhang & Lu, 2012).

This study tested the idea that distractive effects of children's faces on behavioral inhibition would fluctuate during the menstrual cycle via psychological fluctuations within menstrual cycles. The experiment was conducted at two points of the

menstrual cycle, the follicular and luteal phases. An emotional Go/Nogo task with children's angry face was used for testing the distractive effects of the children's facial expressions. The task performance, Nogo-N2 and Nogo-P3, during the task were calculated. The concentration of oxytocin and prolactin levels were measured in each experiment. Oxytocin and prolactin associations with the fluctuations of the distractive effects of child facial expressions were also tested.

Methods

Participants

Eighteen Asian females (seventeen Japanese and one Korean living in Japan for twenty-seven years) participated in this study. The mean age (SD) was 27.3 (4.68) years. They participated in the experiment at two points in their natural menstrual cycles. Their menstrual cycles were estimated by basal body temperature and concentrations of ovarian hormones (estrogen and progesterone). A participant was excluded from all analysis because of their non-natural menstrual cycle. In addition, a participant was excluded from the electroencephalogram analysis because of the lack of electroencephalogram data. Informed written consent was obtained from all participants as approved by the Ethics Committee of Kyushu University (Approval Number 276).

Procedures

In the experiment, they participated in blood sampling to measure serum concentrations of oxytocin and prolactin. Then, they performed an emotional Go/Nogo task for measuring the distractive effects of children's facial expressions on behavioral inhibition. The emotional Go/Nogo task included the following four trials: angry-Go (35%), angry-Nogo (15%), neutral-Go (35%), and neutral-Nogo (15%). In angry-Go and -Nogo, the angry face of a child was presented with a Go and Nogo cue, respectively. In the trial of neutral-Go and -Nogo, the neutral face of a child was presented with a Go and Nogo cue, respectively. Two letters (M and W) were used as the Go and Nogo cues. The cues were located between the eyes on the faces of the children. The participants were asked to respond as quickly as possible with their index finger to the picture with the Go-cue but to withhold a response to the picture with the Nogo-cue. A block including 240 trials was carried out four times.

During the task, task performance (response time and accuracy). The electroencephalogram was also measured by a 64-channel EEG measuring system (64-channel HydroCel GSN, Net Amps 200 64-channel EEG Amplifier, and Net Station, ver. 4.1.2; Electrical Geodesics Inc., USA) with a hardware filter (0.01 to 200 Hz). The data were sampled at 500Hz. In an offline analysis, the sensitivity (d-prime) was estimated following the signal detection theory (Macmillan, Creelman, & Creelman, 2004) as an index of task performance. In addition, two event-related potentials (Nogo-N2 and Nogo-P3) were calculated from the electroencephalogram at the frontal area (electrodes located near the Fz and FCz) during correct-Nogo trials. Nogo-N2 and Nogo-P3 were defined as the negative peak potential between 200 and 300 ms and the positive peak potential between 350 and 550 ms after the Nogo-cue presentations, respectively.

Statistical analysis

A two-way analysis of variance (ANOVA) was performed with menstrual cycles (follicular and luteal phases) and facial expression of distractors (angry and neutral) as factors influencing the d-prime, Nogo-N2 amplitude, Nogo-N2 latency, Nogo-P3 amplitude, and Nogo-P3 latency. Degrees of freedom were corrected with the Greenhouse-Geisser method and the Bonferroni-Holm method was used to adjust the P-value during post hoc tests.

When the interaction between the menstrual cycles and facial expression of distractors was significant, a correlation analysis was performed to investigate the associations of oxytocin and prolactin levels with the distractive effects on inhibitory processes. For both angry and neutral conditions, Pearson's correlation coefficients were calculated for the change rate of the maternal hormone levels (oxytocin and prolactin) from the follicular to luteal phases and the indexes of behavioral inhibition from the follicular to luteal phases. A comparison between the correlations for angry and neutral conditions was made by the Fisher r-to-z transformation. Non-correlation tests were also performed. All significance levels for statistical tests were set to 5%.

Results

Table 1 shows the mean and SD of d-prime, Nogo-N2 amplitude, Nogo-N2 latency, Nogo-P3 amplitude, and Nogo-P3 latency in the follicular and luteal phases. For Nogo-N2 latency, the ANOVA showed a significant interaction between menstrual cycles (follicular and luteal phases) and facial expression of distractors (angry and neutral) ($F(1,15)=5.41$, $p=0.034$) (Table 2). Post hoc tests showed that Nogo-N2 latency was delayed by the angry faces only in the luteal phase. Correlation analysis showed that the change rate of Nogo-N2 latency from the follicular to luteal phases was positively correlated with the change rate of prolactin levels ($r=0.64$, $p=0.007$) only in the angry condition ($t(13)=2.25$, $p=0.042$). The prolongation rate of Nogo-N2 latency from follicular to luteal phases was significantly associated with the increasing rate of prolactin levels from follicular to luteal phases only for the angry distractor condition.

Regarding the d-prime, Nogo-P3 amplitude, and Nogo-P3 latency, there were significant main effects of the facial expression of distractors (d-prime; $F(1,15)=29.4$, $p<0.0001$, Nogo-P3 amplitudes; $F(1,15)=10.38$, $p=0.005$, Nogo-P3 latency; $F(1,15)=5.76$, $p=0.029$) (Table 2). Post hoc tests showed that the d-prime for angry faces was lower than for neutral faces. This suggests that task performance was decreased by angry faces compared with neutral faces. Post hoc tests also showed that Nogo-P3 amplitude for angry was smaller than for neutral, and Nogo-P3 latency for angry was longer than for neutral. This means inhibitory processes reflected by Nogo-P3 were diminished and prolonged in the angry condition compared with the neutral condition. The summary of the ANOVA is shown in Table 2.

Table 1. The mean and SD of d-prime, Nogo-N2 amplitude, Nogo-N2 latency, Nogo-P3 amplitude, and Nogo-P3 latency in the follicular and luteal phases

Mean (SD)	follicular phases		luteal phases	
	angry	neutral	angry	neutral
d-prime	1.09(0.45)	1.27(0.54)	1.13(0.46)	1.29(0.46)
Nogo-N2 amplitude (μ V)	-4.37(1.68)	-4.22(1.88)	-4.48(2.15)	-4.41(2.10)
Nogo-N2 latency (ms)	235.6(15.5)	236.2(16.5)	239.7(26.5)	232.6(20.6)
Nogo-P3 amplitude (μ V)	2.05(1.78)	2.30(1.79)	1.74(2.17)	1.98(2.17)
Nogo-P3 latency (ms)	467.8(28.79)	458.6(31.82)	479.4(29.67)	467.5(28.88)

Table 2. Statistical results of ANOVA for d-prime, Nogo-N2 amplitude, Nogo-N2 latency, Nogo-P3 amplitude, and Nogo-P3 latency in the follicular and luteal phases

F-value	menstrual cycles	facial expression of distractors	menstrual cycles \times facial expression of distractors
d-prime	0.13	29.4***	0.15
Nogo-N2 amplitude (μ V)	0.24	0.78	0.24
Nogo-N2 latency (ms)	0.005	4.38	5.41*
Nogo-P3 amplitude (μ V)	1.16	10.38**	0.008
Nogo-P3 latency (ms)	2.12	5.76*	0.188

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Discussions

The aim of this study was to investigate the fluctuations of the distractive effects of children's facial expressions on behavioral inhibition with menstrual cycles. The associations of oxytocin and prolactin concentrations with fluctuations of behavioral inhibition were also tested. The experiment was conducted at two points of the

menstrual cycle (follicular and luteal phases). The distractive effects of children's facial expressions on behavioral inhibition were evaluated by task performance (d-prime) and event-related potentials (Nogo-N2 and Nogo-P3). A significant interaction between menstrual cycle and facial expression of the distractor were observed only for Nogo-N2 latency. Furthermore, Nogo-N2 latency was delayed in the angry condition compared with the neutral condition only in the luteal phase. This fluctuation of Nogo-N2 latency was associated with the variation of prolactin concentration with menstrual cycles. The distractive effects of angry faces were observed for the performance (d-prime) and inhibitory processes reflected by Nogo-P3; however, there are no significant effects of the menstrual cycles.

Our results suggest that the fluctuations of the facial distraction on behavioral inhibition appear in a part of the inhibitory processes, which can be observed as prolonged Nogo-N2 latency. It is thought that Nogo-N2 reflects inhibitory processes preceding motor control processes called premotor levels (Falkenstein, Hoormann, & Hohnsbein, 1999; Nieuwenhuis, Yeung, van den Wildenberg, & Ridderinkhof, 2003; Smith, Johnstone, & Barry, 2008). Prolongation of Nogo-N2 is thought to reflect the delay of the inhibitory processes in the premotor levels. Thus, our findings indicate that the inhibitory processes in the promoter levels are delayed by children's angry faces compared with children's neutral faces only in the luteal phases. The results also show the associations between the fluctuations of the prolactin concentrations and Nogo-N2 latency for angry faces. This suggests that fluctuations of the inhibitory processes in the promoter levels may be associated with the variation of serum prolactin concentrations within menstrual cycles. A previous study indicates the possibility that prolactin has effects on psychological processing related to others' faces (Zebrowitz et al., 2018). Such effects of prolactin may cause the delay of inhibitory processes via rising of the priority of processes related to a child's angry face.

In contrast, the effects of menstrual cycles were not confirmed for performance (d-prime) and the inhibitory processes reflected by Nogo-P3. The results suggest that menstrual cycles have effects on a part of the facial distraction on behavioral inhibition. The results also suggest that there may be a complex structure modulating the distractive effects of children's angry faces on behavioral inhibition. The structure possibly consists of at least two processes. One may be a process related to the delay of the premotor inhibitory processes, affected by both children's angry faces and menstrual cycles especially in the luteal phases. This process may be associated with the concentration of prolactin. Another is possibly a process that has emotional effects on motor control processes regardless of the menstrual cycle. The process may be reflected by d-prime and Nogo-P3.

Conclusions

In conclusion, our findings suggest that the distractive effects of children's angry faces on prolonged behavioral inhibition in the premotor levels may fluctuate in natural menstrual cycles, and it is enhanced in the luteal phases. This may be associated with the fluctuations of the prolactin concentration within menstrual cycles. The findings also suggest that menstrual cycles have effects on facial processes (Derntl et al., 2008; Osório et al., 2018; Pearson & Lewis, 2005) and a part of the behavioral inhibitory processes related to facial processing.

There are some limitations of this study and the need for further studies. First, serum oxytocin and prolactin were used in this study. It was suggested that peripheral plasma oxytocin affects central oxytocinergic brain activity (Ebstein, Knafo, Mankuta, Chew, & Lai, 2012) and peripheral prolactin is considered the major effector within the brain (Torner, 2016). However, serum oxytocin and prolactin associations with facial processes in the brain could not be directly confirmed. Second, experiments were conducted at only two points of the menstrual cycle. By measuring at more points of the menstrual cycle, it may be possible to capture more details of the fluctuations.

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***The Development of the Resilience Questionnaire for Elementary School Students:
A Confirmatory Factor Analysis***

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Abstract

The purpose of the study was to develop the Resilience Questionnaire for elementary school students by using confirmatory factor analysis. The participants were selected by multi stage cluster random sampling. The participants were 311 elementary school students aged between 9-11 years and were studying grade 4-6. Factor analytic findings supported a five-factor model of resilience, which consisted of perceived self-efficacy, tolerance to negative feelings and stress, acceptance of changes in life, secure relationship in family and secure relationship with someone other than a family member ($\chi^2 = 966.88$, $\chi^2/df = 1.66$, CFI = 0.901, RMSEA = 0.04, SRMR = 0.05).

This five-factor model of resilience was consistent with the approaches for measuring resilience of Connor and Davidson (2003) and Sun and Stewart (2007). In addition, the results also demonstrated good internal reliabilities of the 5 subscales (Cronbach's α from 0.728 - 0.855). In conclusion, the Resilience Questionnaire showed to have promise as psychometrically sound questionnaire, which can be used to evaluate resilience level in elementary school students.

Keywords: resilience, elementary school students, confirmatory factor analysis

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Introduction

Nowadays, the studies and researches in psychology have increased their focuses on the attributions of people with “Resilience” which focus on the study of applied researches to promote resilience (Friedli & World Health Organization, 2009). Resilience is an attribution of people that involves mental health, well-being, and quality of life when they face an unexpected adverse situation in life. This attribute helps people along their life span to adapt themselves properly and not to develop mental disorders when they are in the unfortunate situations of life. Masten, Best, and Garmezy (1990) explained that resilience is a process that associated with the ability of children to adapt properly even though they used to face negative life events or situations that threaten their normal lives. Resilience acts as a protective shield that lessens the negative influences from those adverse life events and helps people to adapt appropriately after facing such situations.

The fundamental concept of the study about childhood resilience believes that every child who can develop resilience after facing an adverse situation in life will be able to cope with the problems and challenging situations in life more effectively than the one who cannot develop resilience. A resilient child can properly deal with various stresses and pressures as well as to adapt well if he has to experience adverse and severe traumatic events. In addition, resilient children will be able to set goals that are clear and realistic, can solve problems that occur in life, have a good relationship with the people around them, including know how to respect themselves and others. The aforementioned characteristics have shown that resilience can prevent children from having problems in various areas and also help them to deal with everyday stresses that generally occur (Goldstein & Brooks, 2000). This is the reason that the study of resilience has continued to increase, especially among children and youths, to help develop the resilience that helps protecting children from the negative consequences of the adverse situations.

However, the study of resilience in children and youths is still limited because resilience is related to many concepts that involve the successful adaptation of a person when experiences adverse situation. Moreover, the definition of resilience in each research differs from each other and also related to cultural differences when studying resilience in the different cultures (Masten, 1999; Masten & Obradovic, 2006; Goldstein & Brooks, 2000). These limitations also affected the development of resilience measurements, which were studied and developed in various forms of measurement that consist of many elements in the context of the individuals, groups or countries. One example was the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003), developed by Connor and Davidson, which was utilized to evaluate resilience from five factors, while Sun & Stewart (2007) developed The Student Survey that measured resilience with twelve factors. In Thailand, the department of mental health had developed a resilience scale called Resilience Quotient Scale that was used in people age 25 years and over. Resilience Quotient scale consisted of three factors; emotional stability, hope, and encouragement, and overcome obstacles. Even though there were some resilience scales developed in Thailand, they were intended to be used with adolescents (Takviriyannun, 2008; Lalitpasan and Yotongyos, 2012; Lhimsoonthon, 2000). There is still no resilience measurement developed particularly for elementary school students which is a group that is gaining more interests from the researchers studying resilience. As a result, the

lack of resilience measurement for elementary school students means there is no tool to evaluate the effectiveness of the programs used to strengthen the protective factors associated with children's resilience as well as to identify the protective factors associated with resilience that should occur when children faced the adverse situations that affected their development, either regression and delay.

In this research, the researchers aimed to develop the resilience questionnaire particularly for elementary school students age between 9-11 years because the adoption of the adult version of the resilience questionnaire would be inappropriate to be used in children in terms of the language level used in the questionnaire, developmental and experiential differences between adults and children. In addition, during the age of 9-11 years, or late childhood is marked as the age in which their developmental changes occur simultaneously; emotional, mental and physical ones; that may result in emotional and social problems. In particular, if, at this age, children have to face with the adverse situation in life, they tend to have more serious problems and even bring about the worse consequences if the children do not have resilience. Supposing that the level of resilience in each child can be determined, the appropriate promotion of the resilient attribute can be provided.

Therefore, the development of the resilience questionnaire for children aged between 9-11 years is especially important and necessary for measuring the level of resilience of children as a tool to identify the level of resilience of children. The information gained can be used to find and promote the resilient attribute for children. The objective of this research was to develop and measure the quality of the resilience questionnaire for elementary school students with confirmatory factor analysis (CFA), a standardized method for developing resilience questionnaire that would enable the suitable questionnaire for the context of elementary school students in Thailand. This resilience questionnaire would be the tool that can provide important information as a starting point for the promotion and development of the resilience for elementary school students according to the factors of resilience derived from the resilience questionnaire development in this research.

The Development of the Resilience Questionnaire

The literature review concerning researches about resilience among children and youth revealed that each research in the past measured resilience differently according to their definitions of the resilience. The lack of universal definition of resilience had resulted in the problems of resilience measurement along with the complications about the classification of factors that led to resilience. In addition, there was still no standard resilience questionnaire for measuring resilience up to date (Luthar, Cicchetti, & Becker, 2000; Masten & Obradovic, 2006).

As for this research, the researcher defined resilience from the reviews of literature and theoretical concepts related to the resilience which concluded that resilience referred to the characteristics both the dynamic process and the trait of each individual. Resilience in children was the characteristic that helps them to reach and adapt according to their developmental milestone even after facing adverse life events.

Masten (1999) specified that resilience was the clearly structured characteristics composed of two most important factors which were adversity life

experiences, the events that threaten and obstruct the course of normal living resulted in the increasing risk of individual's problems in many aspects when facing with such events. The second factor was positive adaptation despite experiences with adverse events (Luthar & Zigler, 1991; Masten, Best, & Garmezy, 1990; Rutter, 1990; Werner & Smith, 1982, 1998). However, when considering resilience as a personal trait, resilience could be measured from the evaluation of the protective factor a person possesses as identified by Garmezy and colleagues.

Other than the differences of definition and meanings assigned to resilience, the limitation of resilience measurement also came from the measurement and evaluation approaches that researchers used to measure "appropriate adaptation" despite experiences adverse life events, as a measurement of resilience. The limitation in this matter comes from the differences in social and cultural expectations for appropriate adaptation at each developmental stage. For example, the academic achievement was considered in one society as the sign of appropriate adaptation of a child while another placed the appropriate adaptation to the hunting skills (Masten, 1999; Rutter, 1990; Luthar et al., 2000; Kumpfer, 1999). The aforementioned limitations encouraged the researchers to develop a questionnaire to evaluate resilience that would be suitable for the context of Thai society. The questionnaire development was based on the developmental psychology and resilience related concepts which would result in the developmentally appropriate and concept and theoretical based questionnaire.

From literature reviews both the theoretical concepts and the development of resilience questionnaires, the researchers had developed the factors for the resilience questionnaire according to Garmezy and colleagues (1984) which stated that resilience consisted of two major factors, the personal characteristics (internal factors) and the relationship with the family (external factors). The researchers also adopted the ideas of resilience questionnaire development from Conner and Davidson (2003) and Sun and Stewart (2007)'s approaches of resilience measurement, details as follows:

1) **Connor-Davidson Resilience Scale (CD-RISC)**. This individual resilience questionnaire was developed by Conner and Davidson (2003) after Richardson and colleagues (1990)'s approach along with Kobasa (1979, cited in Connor & Davidson, 2003)'s concept of hardiness. Conner and Davidson (2003) had studied the characteristics of a person with resilience to develop resilience questionnaire and implemented the questionnaire with five groups of samples namely, general individuals, general out-patients, psychiatric out-patients, patients with anxiety disorders and PTSD patients. The questionnaire consisted of five factors namely, 1 the notion of personal competence, high standards, and tenacity; 2 corresponds to trust in one's instincts, tolerance of negative affect and strengthening effects of stress; 3 the positive acceptance of change and secure relationships; 4 perceived control; 5 spiritual beliefs influences.

2) **The Resilience Questionnaire (The Student Survey)** was developed by Sun and Stewart (2007) to evaluate children's level of resilience from the perception of their own characteristics including their own perception of external supports from their families, friends, schools, and community. The participants used in Sun and Stewart's questionnaire were 2,794 children in their late childhood

consisted of primary school students grade 3 (average of 8.09 years old) and 5 (average of 10.05 years old), and the secondary school students grade 7 (average of 12.02 years old). The analysis showed that the Resilience Questionnaire (The Student Survey) showed validity in measuring the children's perception of their level of resilience. The researchers developed the factors using both exploratory and confirmatory factor analysis. The result showed that the questionnaire consisted of 12 factors, from 36 items, namely; family connection, school connection, community connection, participation in home and school life, participation in community life, peer relationship, peer support, communication, self-esteem, problem solving, empathy, and goals and aspirations.

However, both questionnaires had their limitations when measuring resilience. The Connor-Davidson Resilience Scale (CD-RISC) had specifically focused on personal characteristics as it appeared in the five factors of Connor-Davidson Resilience Scale that the secure relationship was only a part of the third factor in the scale while all other factors were related to personal characteristics and self-perception. Sun and Stewart (2007)'s scale also mainly focus on connection with family and others, and social support as evident from the fact that of all 12 factors of the scale, only five factors measured personal characteristics (problem solving, self-esteem, communication, empathy, goals and aspirations) and the all other seven factors measured relationship with the family and others. The researchers combined the distinctive features of both scales to develop the resilience measurement scale in this research. The new items in the questionnaire were also developed to accommodate the elementary school students in Thai cultural contexts. The researchers categorized the measurement of resilience in this research into 5 factors as shown in the conceptual framework in the next section.

The conceptual framework for the development of resilience questionnaire

From the literature reviews the researcher had employed Garmezy and colleagues (1984)'s conceptual framework for the development of resilience questionnaire for the elementary school students which stated that resilience consisted of two major factors, the personal characteristics (internal factors) and the relationship with the family and others (external factors), including Connor and Davidson (2003) and Sun and Stewart (2007)'s measurement concepts, therefore, the variables appeared in the conceptual framework of resilience questionnaire were consisted of 5 factors which defined as:

1. Perceived self-efficacy was defined as the person's positive perception toward their own competency which was the characteristics of the person who could develop resilience after facing negative life events.
2. Tolerance to negative feelings and stresses was defined as the ability to withstand negative feelings and pressures occurred from facing negative life events that had caused stresses, by being able to accept the negative feelings and the stress.
3. Acceptance of changes in life was defined as the ability to accept chances, as a result of negative life events, and continue with their normal livings even at the present of the negative life events.

The factors number 1 to 3 were internal factors which is the unique personal characteristics that facilitate appropriate adaptation and returning to normal living after facing the adverse life events.

4. Secure relationship in family was defined as good relationships with the family members they feel intimate with which makes them able to retain such relationship appropriately.

5. Secure relationship with someone other than a family member was defined as good relationships with other individuals other than the family members who were the teachers and peers

Factors number 4 and 5 were the external factors concerning the institutions that related to the person's way of life namely, family, intimate individuals and the community that the person belongs to. Positive relationship between the person and these institutions helped facilitate the person to be adaptive and able to return to their normal lives after experiencing adverse life events.

In conclusion, the researchers employed the aforementioned conceptual framework to develop resilience questionnaire for elementary school students as the factors of the questionnaire. The resilience questionnaire used in this research was the resilience questionnaire that consisted of 5 factors namely, perceived self-efficacy, tolerant to negative feelings and stress, acceptance of changes in life, secure relationship in family and secure relationship with someone other than a family member. The researchers created questionnaire items according to the definition of each factor. The scale were self-report with 5 level rating scale range from 0 (not at all true) to 4 (very much true).

Conclusions

The analysis of the data can be divided into two parts, the sample demographics and the confirmatory factor analysis. The researchers concluded as follows:

1. Sample demographics

The study included sample of 311 grade 4-6 elementary school students. Most of the participants within this research were grade 5 (41.2%), followed by grade 6 (31.5%), and grade 4 (27.3%). There were more male (53.7%) than female (46.3) samples, age between 9 – 12 years old. The average age of the sample was 10.4 years old.

2. Confirmatory Factor Analysis

The researcher performed the Confirmatory Factor Analysis on each factor of the resilience questionnaire namely, perceived self-efficacy, tolerant to negative feelings and stress, acceptance of changes in life, secure relationship in family and secure relationship with someone other than a family member. The results were as follows:

- **Perceived self-efficacy consisted of 12 items.** The result showed that the measurement model adjusted by the researchers was a good fit with the observed data which showed that it has construct validity (CFI = 0.93, RMSEA = 0.07, SRMR = 0.05).
- **Tolerant to negative feelings and stress consisted of 7 items.** The result showed that the measurement model adjusted by the researchers was a good fit with the observed data which showed that it has construct validity (CFI = 0.99, RMSEA = 0.01, SRMR = 0.03).
- **Acceptance of changes in life consisted of 5 items.** The result showed that the measurement model adjusted by the researchers was a good fit

with the observed data which showed that it has construct validity (CFI = 0.97, RMSEA = 0.05, SRMR = 0.03).

- **Secure relationship in family consisted of 6 items.** The result showed that the measurement model adjusted by the researchers was a good fit with the observed data which showed that it has construct validity (CFI = 0.98, RMSEA = 0.08, SRMR = 0.03).
- **Secure relationship with someone other than a family member consisted of 6 items.** The result showed that the measurement model adjusted by the researchers was a good fit with the observed data which showed that it has construct validity (CFI = 0.97, RMSEA = 0.06, SRMR = 0.04).

Confirmatory Factor Analysis of the resilience questionnaire

After performing the Confirmatory Factor Analysis of each factor of the resilience questionnaire which resulted in a total of 36 items, the researchers proceed with measuring the construct validity using second-order confirmatory factor analysis of the resilience questionnaire using 311 elementary school students in Chiang Mai province, Thailand as the samples. The analysis was done using IBM SPSS Amos software. The result showed that the measurement model adjusted by the researchers was a good fit with the observed data which showed that the questionnaire had construct validity ($\chi^2 = 966.88$, $\chi^2/df = 1.66$, CFI = 0.90, RMSEA = 0.04, SRMR = 0.05). The details of the analysis were as shown in table 1.

Table 1 Factor loadings of the second-order latent variables in the measurement model of the resilience questionnaire (N=311)

Latent Variable	Second-order latent variable	standardized factor loading (β)	(R^2)	Observed variable	standardized factor loading (β)	(R^2)			
Resilience	Perceived self-efficacy	.879	.772	Per1	.629	.396			
				Per2	.566	.320			
				Per4	.599	.359			
				Per5	.689	.475			
				Per6	.672	.452			
				Per7	.714	.510			
				Per8	.569	.324			
				Per9	.503	.253			
				Per10	.532	.283			
				Per12	.508	.258			
				Per13	.704	.496			
				Per14	.614	.377			
				Tolerant to negative feelings and stress	.906	.821	Tol16	.463	.215
							Tol17	.432	.187
Tol19	.617	.380							
Tol20	.556	.309							

Latent Variable	Second-order latent variable	standardized factor loading (β)	(R^2)	Observed variable	standardized factor loading (β)	(R^2)
				Tol21	.654	.428
				Tol22	.606	.368
				Tol23	.605	.366
	Acceptance of changes in life	.960	.921	Acc24	.512	.262
				Acc25	.551	.304
				Acc27	.598	.357
				Acc28	.632	.400
				Acc29	.594	.353
	Secure relationship in family	.664	.441	Fam31	.547	.299
				Fam32	.851	.724
				Fam33	.794	.630
				Fam34	.636	.404
				Fam35	.595	.354
				Fam36	.763	.582
	Secure relationship with someone other than family member	.724	.524	Com38	.476	.226
				Com39	.524	.275
				Com40	.600	.360
				Com41	.547	.299
				Com42	.486	.236
				Com44	.504	.254

Figure 2 showed the measurement model of the resilience questionnaire. The analysis from table 1 had shown that all second order factors were significantly accountable for the variance of the resilience at .05 level. Since the former measurement model before an adjustment was not fit with the observed data (CFI = 0.86, RMSEA = 0.05, SRMR = 0.06), the researchers had analyzed the model by allowing correlations among the error terms within the same factor. Therefore, the adjusted measurement model of resilience was a good fit with the observed data, showing its construct validity ($\chi^2 = 966.88$, $\chi^2_{df} = 1.66$, CFI = 0.90, RMSEA = 0.04, SRMR = 0.05) as illustrated in figure 1.

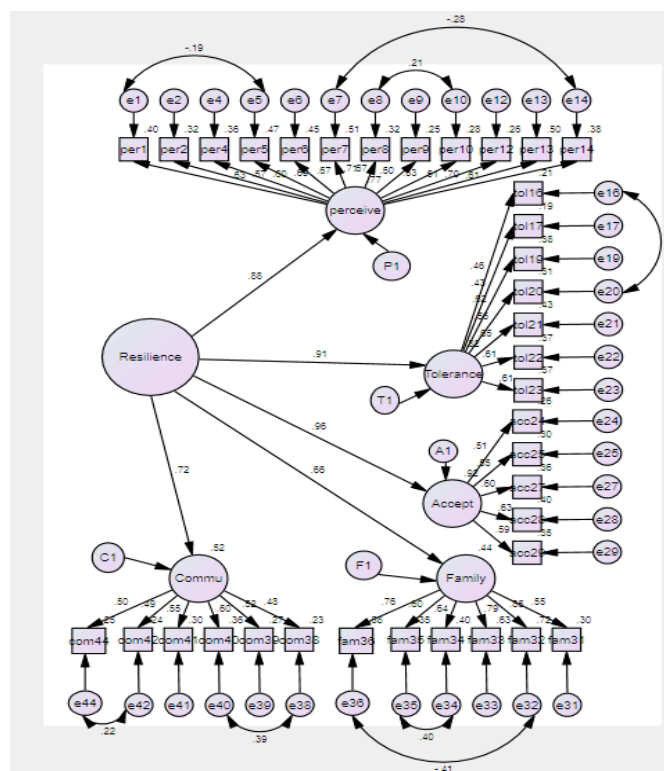


Figure 1. Measurement model of the resilience questionnaire ($\chi^2= 966.88$, $\chi^2_{df}= 1.66$, CFI = 0.90, RMSEA = 0.04, SRMR = 0.05).

Discussion

Data analysis showed that the adjusted measurement model of the resilience questionnaire was a good fit with the observed data using CFI, RMSEA and SRMR indexes. It was found that the CFI index was higher than .900, while RMSEA and SRMR were lower than .080. Moreover, the measurement model was in accordance with the conceptual framework that the resilience questionnaire consisted of five factors, 36 items namely, perceived self-efficacy, tolerant to negative feelings and stress, acceptance of changes in life, secure relationship in family, and secure relationship with someone other than family member. When considered the standardized factor loadings of each item of the five factors, it was evident that each item’s standardized loadings was within good criteria (35 items with higher than .40 loading and 1 item with .384 loading). This is complying with what Tabachnick & Fidell (2013) had indicated that the standardized item loading with more than .32 loading is considered an acceptable criteria. Therefore, the items within the resilience questionnaire were deemed representable of each factor. The standardized factors loading of the perceived self-efficacy were between .495 to .712 loadings. Tolerant to negative feelings and stress’ standardized loading were between .446 to .628 loadings. Acceptances of changes in life’s standardized loading were between .527 to .677 loadings. Secure relationships in family’s standardized loading were between .496 to .837 loadings, while the secure relationships with someone other than family member’s standardized loading were between .384 to .837 loadings. The investigation of the scale’s reliability showed that the perceived self-efficacy scored high on the reliability criteria (> 0.80), while the other factors’ score between 0.728 to 0.781 in

the reliability analysis which were considered appropriate (Allen & Yen, 2002). In addition, all factors were accounted for the variance of resilience.

The assessment of the validity and reliability of the resilience questionnaire for the elementary school students in this research were conducted within grade 4-6 elementary school students. The second-order confirmatory factor analysis showed that the measurement model of resilience developed by the researchers were in accord with Sun and Steward (2007)'s measurement concept of resilience. The resilience questionnaire developed within this research was able to measure both the personal characteristics; perceived self-efficacy, tolerant to negative feelings and stress, and acceptance of changes in life; and the external factors; secure relationship in family and secure relationship with someone other than family member. Therefore, this resilience questionnaire can measure level of resilience globally from the child's perception toward their own characteristics and their perceived external support.

The developed questionnaire also conformed with California Healthy Kids Questionnaire (California Department of Education, 2004) that structurally measured personal characteristics; communication, self-esteem and perceived self-efficacy, empathy, goal setting and problem solving skill. The questionnaire also stress on the children's surrounding environment which were supports from teachers, adult relatives, adult in community, and the peer group. The developed questionnaire also conformed with many other resilience questionnaires previously developed for adolescents and adults (Donnon, Hammond & Charles, 2003; Friborg et al, 2003; Ungar et al, 2008; Hjamdal et al, 2006). Furthermore, this resilience questionnaire also complied with Garmezy and colleagues (1984)'s concept of resilience measurement which indicated that resilience was composed of two principal factors; personal characteristics and relationship with family members and other someone while resilience is considered a mixture of factors between personal characteristics and personality, and the family environment and facilitating social support.

The resilience questionnaire that composed of the internal factors and external factors also consonance with Masten and Coatsworth (1998)'s characteristic of the children with resilience. It was found that children with resilience usually contain a better problem solving and data processing skills which helped them to protect themselves from the adverse events, control and alter their own behaviors, including trust their own ability so that the children can learn from the negative events. As for the external factor, it was found that children with resilience usually had positive relationship with their family and the children had at least one adult that they strongly bonded with. The person can be both primary caregivers (parents), and the others person that the children established good relationship with. This reflected that the resilience questionnaire developed in this research had reflected the characteristics of a person with resilience as what previously studied.

The result of this research had supported that the resilience questionnaire for elementary school students was valid and reliable. The developed resilience questionnaire consisted of both internal factors and external factors of each person which differed from the Connor-Davidson Resilience scale (CD-RISC) that mainly focused on measuring personal characteristics while Sun and Stewart (2007) emphasized mainly on relationship with the family and other someone, and social support. Therefore, this resilience questionnaire was more global when measuring

resilience, and more contextually appropriate to be applied within Thai cultural context. This questionnaire can be used to measure the level of resilience among children age 9 – 11 years old which would be beneficial for the researchers as they can utilize the results for the resilience intervention program for children. Children at this age should be promoted with positive psychological characteristics so that they could have the protective factors when facing unexpected life events and be adaptive despite such events.

The limitation of this research seemed to be the number of samples in the analysis of confirmatory factor analysis, however, Kline (2011) had broadly provided the least acceptable number of samples that the samples should not be lesser than 200 units. Therefore, the result of this confirmatory analysis is eligible for identifying the validity and reliability of the resilience questionnaire for the elementary school students. Furthermore, there were some limitations on data collection with the nine year old samples that some of the samples still had limited reading skills. Even though the researchers tried to solve this by reading aloud the questions for the samples, such reading limitation had resulted in many of the invalid data that could not be used in the analysis. The future research should consider the development of the abbreviated resilience questionnaire using shorter and more concise questions which would result in a more completed data for further analysis.

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A Case Study: Art Therapy in Decreasing the Anxiety Score of an Only Child Adolescent with Divorced Parents due to Domestic Violence

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Abstract

Domestic violence or Intimate Partner Violence (IPV) is known as the cause of psychological disorders in victims, perpetrators and their children. Previous studies point out that negative effects of domestic violence negatively influence the development of children and adolescence. Most studies focused on victims and perpetrators. However, there is minimal data focusing on the development of psychological disorders in adolescence exposed to domestic violence. Based on a previous survey, the Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) was used to obtain an overview of symptoms on 50 participants aged 15-19 exposed to domestic violence. Seventeen participants (34%) obtained scores which fit into the moderate, mild and normal category, while 33 participants (66%) obtained severe and extremely severe scores on the anxiety scale. Based on this finding, the current study further explored anxiety experienced by 'Only Child' adolescents exposed to domestic violence. Furthermore, this study uses art therapy intervention to reduce anxiety scores of adolescents exposed to domestic violence. The participant for this intervention are selected upon meeting the criteria of being an Only Child adolescent with divorced parents due to domestic violence.

Keyword: Domestic violence, Anxiety, Only Child, Adolescent

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Introduction

Marriage is an emotional and legal bond between two people committed to various aspects in their lives (Olson & DeFrain, 2003). Marriage allows social support which increases psychological wellbeing (Soulsby and Bennett, 2015). Many people then choose to be married due to these benefits of marriage. Despite the main purpose and benefit of marriages, data shows increasing rates of divorce each year. Data from the Indonesian religious court shows 245,548 cases of domestic violence which end in divorce (BBC Indonesia, 2017). Meanwhile, out of 1,022 cases that were brought to the Indonesian national commission on violence against women there were 903 cases of domestic violence.

Johnson and Leone (2000) explained that women victim of domestic violence live through negative effects such as physical scars, physical disabilities and psychological problems, such as trauma, stress, depression and low self-esteem. The negative effects of domestic violence does not stop in women victims but may also impact the mental health of the victim's child. Hooker et al (2016) wrote that women victims have poor ability to take care of their child, some with bad relationships toward the child. As a result, there is a lack of fulfilment in children, increase of the need for attention from the mother, and mental health disturbances (Chen, Broday & Miller, 2017). In addition, children and teens who are exposed to domestic violence also has higher risk of mental health problems (Hamby, Finkelhor & Turner, 2014). They are more likely to show behavioural problems (Nielsen, 2017) and have higher tendency of growing up to be a perpetrator or victim of domestic violence (Onanubi, Olumide & Owoaje, 2017).

In terms of psychosocial development, teens need their parents' support as they are looking for their self-identity (Papalia, Olds & Feldman, 2009). Changes in physical, emotional and identity became stress factors that may be present in family relationship. However, conflicting family relations and violence impact teens in physical and mental health (Chen, Broday & Miller, 2017). Out of all the characteristic of children and teens, only children are known to be more rigid in family relations. When compared to other children with siblings, the only child has higher score in neurosis, depression, dependency in interpersonal relations, anxiety and stress (Liu, Munakata & Onuoha, 2005). The only child's rigidity in psychological health is affected by the only child's relation with their parents (Mancillas, 2006).

On a previous survey, the researcher used Depression Anxiety Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995) to gain a better understanding in mental health issues faced by teens who are exposed to domestic violence. The result showed that out of 50 participants (age 15-19), the highest score was found in anxiety symptoms; 17 participants (34%) were categorized with moderate, mild and normal symptoms, while 33 participants (66%) were categorized with severe and extremely severe symptoms. This paper focuses on the deeper value and perspective of an anxious teenager exposed to domestic violence. The researcher help the teenager to explore, transform and grow using art as medium for therapy. Art therapy is used as a tool to diagnose clients, yet at the same time it is a medium to help clients understand themselves (Ganim, 1999).

Research Methodology

Participant

The participant (AU) is a 19 years old only child who is currently studying for her bachelor's degree. Her parents got divorced when she was in fifth grade due to domestic violence (verbal abuse and threats) and love affair. After the divorce, AU lived in different places, between her mother's, father's and grandparent's house. In 8th grade, AU's father remarried, while her mother started living with a boyfriend. AU never believed that her parent's relationships with their new partners would last forever. As she grew, she developed anxiety over small arguments she heard and felt burdened with the "only child's duty" of having to take care of both her mother and father in the future. The thought of being stuck in a verbally abusive family causes her to lock herself inside her room with physical anxiety symptoms. AU distracted herself from anxiety by listening to ocean waves recordings, keeping the anxiety to herself, getting easily irritated with her boyfriend, and losing interest in developing herself as well as having a meaningful social relationship.

Procedure

Altogether, ten sessions were conducted with a duration of 60-180 minutes per session. After the initial contact on the first session, a semi structured interview were conducted on AU's family background, domestic violence experienced, parents' divorce, personal anxiety and interest. On the second session, AU was given a set of pre-test and introduced to art therapy. Psychological tools included in the pre-test set were the Depression Anxiety Stress Scale (DASS-21), the State Trait Anxiety Scale (STAI) and projective tests (Draw-A-Person test, Draw-A-Tree test and House-Tree-Person test). Following the pre-test, sessions 3-9 were art therapy sessions. After AU displayed a non-resolving avoidant behaviour toward her anxiety on the third session, sessions 4-6 were focused on bringing back AU's behaviour and emotions on reality. Afterward, sessions 6-9 were focused on transformation and healing. The researcher used Ganim's (1999) framework which consists of different stages focusing on expressing emotion through imagery, healing the mind, healing the body, transformation of the spirit and healing others. All art therapy sessions were summarized with inquiry and conversations regarding AU's symbolic drawings and emotions. On the last session, AU was given a set of post-test and were shown all her drawings. Termination was conducted after psychoeducation and interview.

Results and Discussion

Ever since the beginning of rapport, AU seemed to be unsure of what she wants. She contacted and deleted her messages several times prior to meeting the researcher for the first time. However, she was committed in coming to the sessions and never missed an appointment nor arrived late for the meetings. Throughout the sessions, AU came with a clean feminine look, natural makeup and wavy hair-do. At the beginning of the sessions, AU seemed to be very quiet. Her answers were short facts, she didn't give a lot of explanations and often use the words "I don't know" to answer questions about personal thoughts and feelings. Between the third and fourth session, AU came up with questions and stories without being asked. While working on her drawings, AU stopped several times, talked about her unsatisfied feelings and then continued on

her work until she felt satisfied. As she gradually took more time in her drawings, she displayed changes in motivation and daily activities.

The second session was the pre-test and introduction to art therapy. During introduction of art therapy, AU was asked to make a scribble, write down her negative emotion, draw her negative emotion and express her anxiety in a symbol. In figure 1, AU used colours to express her negative emotion. She used red to describe anger and black to describe negative behaviour. She then explained gossiping and complaining as two negative behaviours she disliked about her grandmother and mother. She added that she was worried that she'll grow up to have such traits.



Figure 1: Expressing emotion through image

In figure 2, AU was asked to draw a symbol of her anxiety. She used yellow, black and dark blue paints to draw the clothes she wore when she overheard her grandmother and mother talked about her future and being her mother's only hope. She explained having anxiety in thoughts of her responsibility as the only child and having to live with both of her parents again. She then drew a face emoticon as a symbol of how she felt about the thought of living together with both of her parents in the future.



Figure 2: Expressing anxiety

During and after session three, AU started giving longer answers during inquiry and sharing longer stories in the beginning and/or ending of the session. In figure 3, AU was asked to draw her emotions when she felt anxious. She then drew different

colours as representation of different thoughts and feelings which she felt when she is anxious. AU mentioned feeling nervous, scared and angry. After drawing and explaining her drawing, AU was then asked to transform it to more acceptable feelings. She then drew ocean waves as a representation of the sound she likes to hear whenever she tried to comfort herself. On the same session, AU was also asked to draw and transform the symbol of her anxiety. AU drew a face emoticon and added a smiley face emoticon in the right lower side of the paper. Both drawings showed a kind of ignorance and an avoiding behaviour in handling her own anxiety. During inquiry AU commented that her strategy in handling her own anxiety was ineffective.



Figure 3: Transforming negative emotion

As AU displayed a lack of effort and an avoiding behaviour toward her problems on the previous two sessions, session four, five and six were focused on reality drawings. First, AU was asked to draw another scribbling with her eyes closed. AU drew two kinds of scribbling pictures and described anxious emotion as she drew both pictures, which she described as drawings of *angpao* and ocean. She then asked to redraw the two drawings in detail which she took longer time to do. She then said that she thinks it's a better picture yet still weren't very satisfied with it. Figure 4 is described as a calming ocean waves.



Figure 4: Drawing an interest

In the fourth session, AU was asked to draw an ocean view, an object and an animal. In figure 5, AU was asked to find and copy a photo of the ocean while the researcher accompanied AU in drawing ocean waves. AU and the researcher used different

papers, paint tools and palette. During session four, AU started to copy the researcher in using palette and mixing her own colours. She then continued to explore different colour mixtures on the other drawings on her own. Figure 5 shows AU's drawing of fishes in the ocean with little waves rolling toward the beach. AU mentioned not feeling completely satisfied with the picture, but the calm ocean waves drawing was closer to what AU imagined on previous sessions.

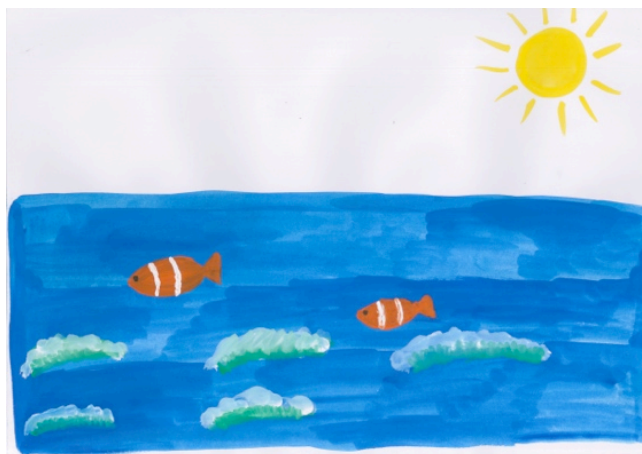


Figure 5: Reality drawing

In figure 6, AU was asked to draw any object in the room. AU took out her own make-up items and drew her two favourite colour lipsticks. The colours were made by mixing different colours in the palette and AU used a different size brush for the first time. As a background, AU drew a small table which she said she wasn't satisfied about. The researcher helped AU by asking if there is anything AU would like to add to make the drawing more satisfying. She added drawings, stopped, and were asked the same questions three times until she finally said she was satisfied. The same pattern of stopping, feeling unsatisfied, and adding more details after being asked by the researcher occurred for the remaining art therapy sessions. This pattern indicates how AU has a tendency of not using her true skills and needing external support to motivate her. During the inquiry in session four, AU talked about her interest and lack of motivation in joining activities related to her interest.



Figure 6: Reality drawing

On the sixth session, AU was asked to draw a landscape and a self-portrait. In figure 7, she asked to find any landscape picture from her phone. She choose to draw a

beach and waves in detail. She used a gradation of colours and mixed her own colours. During inquiry, she mentioned feeling relaxed as she imagined listening to the sound of waves and feeling the waves touch her feet. AU then drew a drawing of herself by looking at one of her photos. The drawing shows a picture of her sitting while leaning on the back of her bed. She also drew her dog and a doll she got from her boyfriend. She described her self-portrait drawing as her feeling unsure, not knowing where else to go and feeling not wanting to stay home due to the arguments and negative conversations she could hear from her room.



Figure 7: Resilience in reality drawing

As AU's drawings were becoming more realistic, the researcher resumed to the planned art therapy sessions. AU was asked to draw symbols of her anxiety. In figure 8 She drew a stickman, a set of clothes and her boyfriend's face, each representing her anxiety about her body image, being stuck with both parents and losing her only person. When asked to transform her drawing, AU added her boyfriend's body, a stick, and fire. She explained the picture she drew as a picture of her boyfriend burning her main anxiety for her. AU was asked if she was satisfied with the picture and said that she was unhappy with the image she made of herself. She then covered the image by adding her dog. AU also added a burning stick and a new image of herself. However, during inquiry she realized that she was not doing anything as her boyfriend and her dog tried to burn her anxiety for her. She then asked to add extra drawings and drew a fire and a stick on her image as a symbol of her responding toward her anxiety together with her close others. At the end of the session, AU mentioned feeling very satisfied.



Figure 8: Transforming negative images

On the seventh session, AU was asked to draw her emotions when she felt anxious. In figure 9, AU drew some red and black zig zags as a representation of her anxious feelings. She then transformed it by adding and covering the black zig zag with different colours. She described her drawing as a picture of confetti. AU was asked if she was satisfied with the picture and she decided to add music notes. She then stopped and mentioned her dissatisfaction with it, the researcher then asked if she would like to add anything else on the drawing. AU then added different kinds of food before she said she was satisfied. During inquiry, AU described the whole picture as a concert festival. She mentioned feeling happy as she remembered enjoying the fun event.

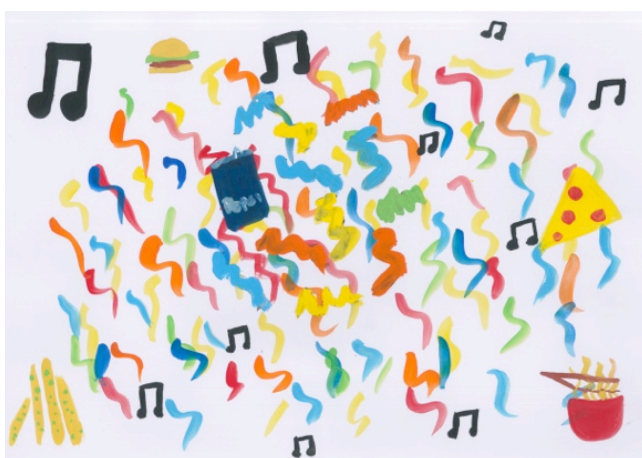


Figure 9: Transforming negative emotion

In figure 10, AU was asked to draw pain in her body. She paused for a time until she asked if she could search for an image on her phone. AU then drew an image of a heart by mixing the colours and adding the shape of each part bit by bit. During the inquiry session, AU talked about her physical anxiety symptoms. She described a faster uncomfortable heart beat which she felt each time she heard people fought or argue.

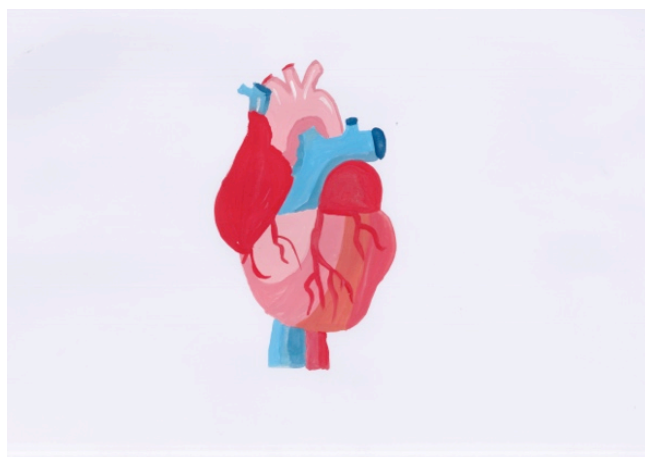


Figure 10: Pain inside the body

In figure 11, AU was asked to draw a symbol of her needs. She described her need as the 'need to escape'. Later, she added money, clothes and her dog as things she needs. AU didn't draw any background as she didn't know where to go. In further discussion, she shows awareness of not being able to escape and shared some optional activities she might want to spend time on.



Figure 11: Drawing needs

On the eight session, AU came with different thoughts of what she needs. She was asked to draw her needs which she then describe in figure 12 as a drawing of her talking to her parents. During the inquiry, AU showed understanding of the importance of talking about her anxiety. In addition to the drawing, she also drew a picture of the biceps muscle as a symbol of the strength and courage that she needs to be able to talk to her parents. However, AU displayed limited ideas on ways to get the courage she needs.



Figure 12: Drawing needs

During the last art therapy session, AU was asked to draw her healthy, happy self. In figure 13 she first drew a face and a muscle, which are symbols of a stress free, strong and courageous self. AU was asked if she was satisfied with her picture and said that she wasn't happy with the location of her drawing. AU then added faces of people she helped in the future to balance the whole drawing. She explained how she wants to help improve other people's well-being by helping them out of their problems and finding their own happiness. She again mentioned feeling unsatisfied with the result and decided to add confetti. She associated the confetti drawing as the winning stage of a game.



Figure 13: Perfect future self

AU's art therapy drawings displayed her grieving stages of anger, denial, sadness, bargaining and acceptance. The way she worked on her drawings showed slow progression and need of encouragement. During the last few inquiries, she concluded about communication as the key of resolving her anxieties. She added that having courage is a strength she needs in order for her to communicate. However, at the end of the sessions, her DASS-21 and STAI's pre-test and post-test scores remained in the same category and showed almost no differences. Meanwhile, her projective pre-test and post-test showed differences in detail and size. Based on her inquiry sessions, researcher concluded that art therapy helped AU express and understand her own emotions. Knowing herself pushed her to be motivated in finding her own interest, which is shown in her behaviour and projective post-test. However, AU's awareness

of her needs were not proven in action yet as she needed more time and external support. Another possible uncontrollable factor would be continual exposure to her parents conflicting marriage and relationship to their current partners.

Conclusion

Based on this case study, the impact of exposure in domestic violence on children shows real physical symptoms of anxiety. As an only child who was exposed to domestic violence, the idea of being the only person obligated to take care of both parents and relive the past scenes of domestic violence in the future could trigger an anxious stimulus. This case study also stresses the possibility that an only child may need more time and external support in dealing with the grief of divorced parents. In using art therapy for decreasing the anxiety score of an only child, future researchers must be aware of post-divorce families in teenage participants. Continuous trigger at home during therapy sessions might affect the results of the therapy. Furthermore, personal differences in the speed and style of working process should also be accounted for.

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*Stage of Development Indicators Outlined by the Sufficiency Economy
in Highland Communities of Thailand*

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Abstract

The highland in Thailand is located in the North mountainous complex at the elevation of 500-1,400 meters above sea level covering 10.75 ha in 20 provinces, 53% of total area of the nation. Total 940,494 ethnic mountain populations are poor and limited to access of public services and political participation. In 2005, the Royal Thai government established Highland Research and Development Institute (HRDI), a public funded organization, to catalyst sustainable highland development. The HRDI operation has been based on area approach transdisciplinary development that includes agricultural production, conservation of upstream resources and strengthening the community under the Philosophy of Sufficiency Economy, initiated by King Rama IX, a principle that gives importance to balanced development and promotes participation at all levels from individual level, family, community to national level. This study aims to develop indicators with highland communities to reflect and assess their own community development. The indicators comprise of 7 categories and 3 stages of development, independent stage covering food security of individual and household (30 scores), interdependent stage that expands to wellbeing of collective groups and environment (40 scores) and networking stage that incorporates collaboration of different groups within community and with other entities (30 scores). The total score reflects level of community development A, B1, B2 and C respectively. The study also reveals highest relevance of the indicators with the UN sustainable development goals on poverty and hunger end, decent work and economic growth, responsible consumption and production and inequalities reduce.

Keywords: sufficiency economy, social immunity, sustainable development, highland

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Introduction

The highland in Thailand is located in the North mountainous complex at 500-1,400 meters above sea level covering 10.75 ha in 20 provinces, 53% of total area of the nation. Mountains are origins of major water a resource serving the nation and more than 10 ethnic groups with total population of 940,494 people has lived upstream for several decades. The mountain people are the poorest defined by both cash income (972 US\$/household/year) and food accessibility. Income disparities have been derived by spatial, social and resources access inequity. Located in highly remote area discourages public service access including low literacy. Harsh conditions of sloping complex and climatic conditions in mountain drops off agricultural productivity. Lately proclamation of protected areas in upstream watershed has limited size and rights of farmland. The terminology “hill tribe” means not only ethnic groups who live in the mountains but stigma of poor and least developed people.

In 2005, the Royal Thai government established Highland Research and Development Institute (HRDI), a public funded organization, to catalyst sustainable mountain development with twofold programs of development-oriented and extension services. The HRDI operation has been based on area approach transdisciplinary development that includes agricultural production under food safety practices, farmer group formation and conservation of upstream resources through 33 field offices. The first decade of HRDI operation has favorably resulted pilot farmers improved livelihood in 396 target villages targets. The HRDI’s economic survey of farmer household reveals improving average income mainly from agricultural production of 3,418 US\$/household/year in 2010 and 6,236 US\$/household/year in 2014 whereas only 17.33% remains in food insecurity. Hill tribe farmers are seen as safe food producer especially temperate crops that are applicable in mountains where mountains landscape gradually attracts eco-tourism.

Therefore, the next phase of HRDI operations aims to strengthen community to be self-reliant according to the Philosophy of Sufficiency Economy initiated by King Bhumibol Adulyadej of Thailand (King Rama IX) in 1974. The Philosophy of Sufficiency Economy is an approach for sustainable development which espouses moderation, reasonableness and prudence as development framework based on knowledge and virtue. The philosophy attaches great importance to human development at all levels and emphasizes the need to strengthen community’s capacity to ensure a balanced way of life and resilience, with full respect for the environment. The United Nations Organization (UN) has recognized that the Philosophy of Sufficiency Economy is one way that leads to sustainable development. In order to drive the Philosophy of Sufficiency Economy to be applied on the ground effectively, this study aims to develop indicators with highland communities to reflect and assess their own community development as outlined by the Sufficiency Economy.

Objectives

1. To develop a set of indicators with highland community that reflect stage of community development outlined by the Sufficiency Economy
2. To facilitate the highland community using the set of indicators to internally assess their development stage

Methods

This project uses participatory action research principles including group interviews, survey, and joint observation for developing a set of indicators together with the highland communities of Thailand.

Results

1. Conceptual Framework

The Philosophy of Sufficiency Economy, initiated by King Rama IX, stresses the importance of adopting moderation that leads to self-reliance at all levels of society (individual, family, community and nation) and ability to cope with critical challenges arising from extensive and rapid changes in economic, social, environmental, and cultural aspects of the world. The Philosophy of Sufficiency Economy comprises of three components: moderation, reasonableness and self-immunity, with two enabling conditions: appropriate knowledge, ethics and virtues. As shown in figure 1.

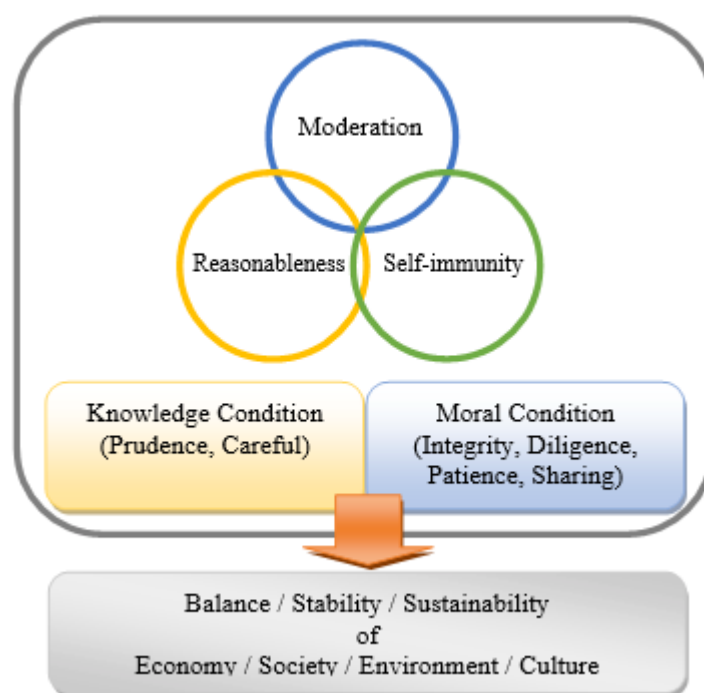


Figure 1: Summary of the Philosophy Sufficiency Economy
Source: thaiembassy.org

This study has adopted the New Theory, initiated by King Rama IX, a concrete example of adopting the Philosophy of Sufficiency Economy on practice in agriculture and rural development as hill tribe in highland are primarily dependent on agriculture. King Rama IX initiated this theory to help Thai farmers who suffer from the impacts of economic crisis, natural disasters and other unproductive natural conditions. The New Theory as a system of integrated agriculture that allocating agricultural resources step by step, water resource management, soil rehabilitation and conservation and self-reliant community. It is believed that if farmers handle their farms with knowledge, beware of price fluctuations of agricultural commodities, they would see how risky it is to be dependent on one single crop the will generate large

profits. In contrast, if they adopted the principle of self-immunity, they would prepare for price changes in the market by producing enough to eat as a priority and only then think of selling any surplus. The New Theory thus the most distinct and concrete example of the application of the Philosophy of Sufficiency Economy to the agricultural sector to sustainable development.

The past assessment of the highland community development stage is a measure of quantitative output such as income, plants/animals that are suitable for the social landscape, have good leaders, abundant forests, infrastructure and education etc. This study had developed a set of indicators by participatory action research. The indicators were designed to measure outcome and impact of community development reflecting changes that arise in community as a result of interventions implemented by community themselves or supported by others. The community can drive local development by themselves for better quality of life and self-reliant according to the Philosophy of Sufficiency Economy.

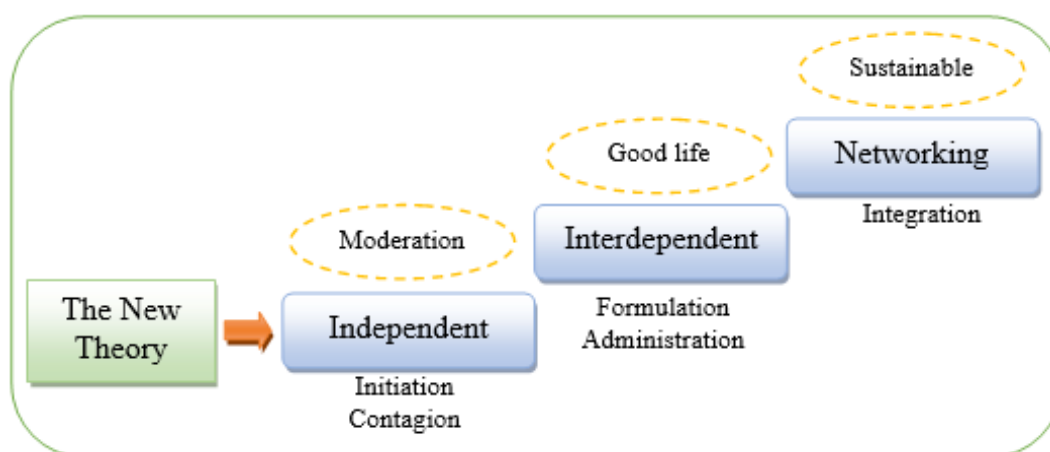


Figure 2: Research conceptual framework based on The New Theory

2. Participatory of development indicators outlined by the Sufficiency Economy

The study of stage of development in the highland community aims to justify the set of indicators guided by the Sufficiency Economy that refer to outcomes and impact by self-reflection of community, modified from the 26 indicators developed by the National Economic and Social Development Board (NESDB) in 2017. The indicators comprise of 7 categories and 3 stages, independent stage covering food security of individual and household (30 scores), interdependent stage that expands to wellbeing of collective groups and environment (40 scores) and networking stage that incorporates collaboration of different groups within community and with other entities (30 scores).

Table 1: The indicators with highland community that reflect stage of community development outlined by the Sufficiency Economy

Stages	Indicators	Scores
Independent Stage (30 scores)	1) Food security with the cultivation of major food crops for household consumption, the rest from consumption is sold to the market and production base for food access	15
	2) Economic stability covering planning to generate income, reduce expenses, debt repayment and allocate resources for production, consumption, investment, household and farm account	15
Interdependent Stage (40 scores)	3) The production system that is suitable for the community having a good and stable career with income that can support themselves. Produce quality products that are safe for both producers and consumers and less dependence on external supports	20
	4) Readiness of infrastructure and community welfare	10
	5) Learning process and local wisdom with knowledge management by the community and application of local wisdom with new knowledge	10
Networking Stage (30 scores)	6) Sustainable use of community resources in production, consumption and conservation according to community potential	10
	7) Group systems and organizations in communities with good governance practices and extend technical, marketing and funding cooperation with external agencies	20

The total score reflects stages of community development into 4 levels consist of A with more than 91 scores, B1 is between 81-90 scores, B2 is between 71-80 scores and C is below 70 as shown in the figure 3.



Figure 3: The score reflects stage of highland community development

3. Consistency of the United Nations Sustainable Development Goals (SDGs)

The study also reveals highest relevance of the indicators with the UN sustainable development goals on poverty and hunger end, decent work and economic growth, responsible consumption and production and inequalities reduce. As shown in the chart 1.

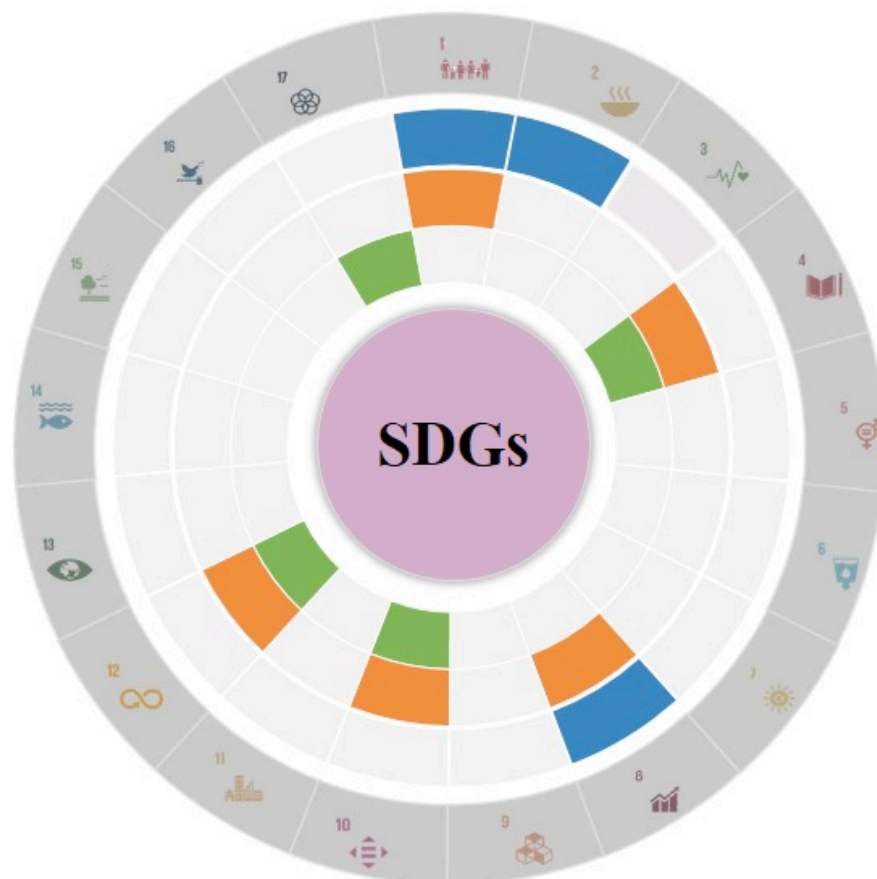


Chart 1: Consistency of the United Nations Sustainable Development Goals (SDGs)

Conclusion

The development of a set of indicators to assess highland community development at outcome and impact level was guided by the New Theory concept, a concrete example of adoption of the Philosophy of Sufficiency Economy, initiated by the King Rama IX. The principle emphasizes self-reliance and resilience to emerging risks. The indicators are divided into 3 stages, independent stage covering food security of individual and household, interdependent stage that expands to wellbeing of collective groups and environment and networking stage that incorporates collaboration of different groups within community and with other entities. The indicators will assist highland communities to conduct self-assessment of their own community development instead of external evaluation. It is useful in the next phase of HRDI operations that focuses on enhancing strong and self-reliant community to be interdependent among themselves and networking with other. This will be responding to the UN sustainable development goals on poverty and hunger end, decent work and economic growth, responsible consumption and production and inequalities reduce.

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Empathy and Late Adolescents' Self in Digital Age

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Abstract

Adolescents develop a sense of self by exploring the world through social interaction. However, the digital technology nowadays changes the way how adolescents interact. By spending time online, adolescents enjoy to interact with others virtually than face-to-face. This superficial interaction might reduce their capacity to understand what others' thinking and feeling, which is called by empathy. The objective of this study was to describe the perception of empathy, and also to validate the Basic Empathy Scale (the BES) by Jolliffe & Farrington (2006) towards late adolescents in digital age. A total of 656 college students at various universities in Jakarta participated in this research. By convenience sampling, participants were divided into two groups: (1) 201 college students (61 males dan 140 females) participated in Focus Group Discussion to investigate the empathy comprehension; (2) 455 college students (132 males and 323 females) from three courses (social and humanity, health, and engineering) completed the questionnaire in order to validate the BES. The results revealed that late adolescents more comprehend empathy in affective than in cognitive meaning. Further analysis also found that female students have higher empathy than male. It is also found that students in health science have higher empathy than two other courses. Finally, this research implies that adolescents must elevate their ability to empathize in order to develop a sense of self and, yet make interaction succeeded.

Keywords: empathy, affective-cognitive empathy, late adolescents

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Introduction

Adolescents are exploring 'self' by social interaction. The main characteristic such as egocentrism now is replaced by a balance between self and other interest. However, digital age has changed the way they interact with, where spending time online would rather to choose than direct interaction. As we know that how we treat others online is not correlated positively with how we would treat people in person. In fact, meaningful interaction between humans requires effort and desire to interpret the viewpoints and feeling of each other. Therefore, the key to a person's success in fully interacting within his environment depends on being able to recognize and understand, interpret and anticipate the thoughts and behaviors of others. In other words, the ability to understand others' feeling or empathy shall decrease.

Empathy is an ability to understand and experience the feelings of others (Jolliffe & Farrington, 2006). Empathy falls into two dimensions, affective empathy and cognitive empathy. Affective empathy is described as a vulnerability to experience the emotions of others, when the cognitive empathy is defined as the mental ability that facilitates the understanding and identification of the emotions of others.

The emergence of empathy can be seen in children since they were born. Although it grows naturally, family and environment must cultivate a child to develop his/her empathy since very early age. Furthermore, Hoffman (2007) divided empathy into four levels: (1) Global empathy emerges in the first year. Examples of this stage such as how the newborn infants appear crying while another infant is crying, a mother smiles at her baby and the baby catches her emotion and smiles back. This sort of crying seems to match the emotion of others because the infants cannot clearly distinguish between his distress and other's distress.; (2) The egocentric empathy, this kind of empathy gradually moves in to difference reaction in toddler stage. In this second year, children actively offer help but kind of help offered is what they themselves would find comforting and is in that sense egocentric. For example, while she saw her mother crying, she was giving her mother something to make her mother feels better; (3) Empathy for another's feeling. In the third year, children become aware that other people's feelings can differ from their own due to the emergence of role taking skills. Now children begin to develop role-taking capabilities and associate their emotions with the feelings of others. The child recognizes that someone's feeling may be different from his feeling, thus, he tries to find simple ways to comfort; (4) Empathy for another's life condition. By late childhood or early adolescence children become aware that others' feelings may not just be due to the immediate situation but stem from their more lasting life situation. Empathy may also be found with respect to entire groups of people (the poor, the oppresses, etc) and thus transcend immediate experience

The impact of having weak empathy causes the inability to interact with the social environment. In childhood, low empathy is associated with poor relationships between peers, hostility and violence (Findlay, Girardi, & Coplan, Coplan, 2011; 2006; Mayberry, Espelage, 2007), while low empathy in adolescence affects aggression and antisocial behavior (Lovett & Sheffield, 2007). The main issues highlighted the negative behavior of both children and adolescents that they are unable to distinguish between their own feelings and thoughts from others. Therefore it is easy for teenagers to get caught into peer pressure problems, to be apathetic, to do

something bad instantaneously and many other things which make them unproductive. This kind of behaviors actually becomes a contradiction because empathy should reach the highest level in late teens (Hoffman, 1987).

Generally, females are assumed to show more empathic responses than are their male counterparts. The different social roles assigned to females and males within society influences their opportunities to practice and learn about empathy may explain about gender differences. Traditionally, females are expected to be highly emotional and caring, whereas male are often depicted as being less emotional and stronger in time of weakness. Therefore, the purpose of this study is to describe the adolescents' empathy both by gender and by courses (Eisenberg, Fabes, Carlo, Troyer, Speer, Karbon, & Swotzer, 1992; Spinrad, Losoya, Eisenberg, Fabes, Shepard, Cumberland, 1999).

A total of 656 college students at various universities in Jakarta participated in this research. By convenience sampling, participants were divided into two groups: (1) 201 college students (61 males dan 140 females) participated in Focus Group Discussion to investigate the empathy comprehension; (2) 455 college students (132 males and 323 females) from three courses (social and humanity, health, and engineering) completed the questionnaire in order to validate the BES. Adolescents' perception of empathy was measured through open-ended questions that were built by researcher.

Conclusions

There are four findings of this research. First, adolescents in defining empathy are more likely to discuss in the context of 'feeling' (affective), not in the cognitive context or even both. Based on the above definition, this study found that only 17.9% of students who define empathy as a whole based on two existing dimensions, affective and cognitive dimensions. Those definitions' example are "feeling the other person feel by using the right way of thinking in order to help him, knowing what others feel, the sense of belonging and being able to understand others, and understanding or understanding the feelings of others". Meanwhile, some 38.3% of students perceive empathy directly leading to the affective dimension and only 4% define within the framework of the cognitive dimension. The definition of empathy that students often mention within the framework of affective dimensions such as, "the ability to feel what others feel, to feel what other people feel or taste arises from compassion". Meanwhile, the definition of empathy is incorporated into cognitive dimensions such as, "imagining / positioning as others, understanding other people's feelings and thinking about the feelings of others." The remaining 39.8% define empathy as a behavior or attitude that is often translated into the word matter in general. For example, "a caring attitude toward others, an act of sympathy, caring, etc.". In essence, the definition put forward is still in the context of behavior that is still very common.

Based on these findings, it can be seen that adolescents in defining empathy are more likely to discuss in the context of 'feeling' (affective), not in the cognitive context or even both. This becomes very interesting when we relate this in the context of parenting based on culture in Indonesia. Need to be noticed and proven by further research considering the perspective of parenting (Baumrind in Donita & Maria,

2015) or attachment (Bowlby, in Stern & Cassidy, 2017) due to families have a crucial role in the development of both affective and cognitive individuals.

Second, female students found having higher empathy than male. This study is in line with the research from Jolliffe & Farrington (2006) and Ambrosio et al., (2008) which uses the BES scale to show differences in empathy based on sex, namely that men have lower empathy than women. The difference in the two studies shows that affective empathy in women is higher than that of men, whereas in this study women were better at affective and cognitive empathy than men. Research on empathy using different measuring instruments also found similar results that there were differences in empathy based on sex, where women were known to have higher empathy both cognitively and affective than men (Jolliffe & Farrington, 2006; Baron-Cohen, Richler, Bisarya, Gurunathan, & Wheelwright, 2003; Lawrence et al., 2004 and Mehrabian, 2000). The reason for this difference is that it is now unclear whether this is due to differences in socialization and social roles in women or methods of assessing empathy that might cause bias in the work of self-report (D'Ambrosio, Oliver, Didon & Besche, 2009). Nonetheless, the research that produced behavioral data found that there were differences in strategies (brain tissue & physiological amplitude) in men and women when they assessed their emotions in response to others which caused women to have higher empathy scores (Han, Fan, & Mao, 2008; Schulte-Ruther, Markowitsch, Shah, Fink & Piefke, 2008).

Third, the results of this study also found that students from the health sciences had the highest empathy compared to other science groups (social humanities and techniques), especially in affective empathy. Ouzoni & Nakakis (2012) clarifies empathy through 5 conceptualizations namely human nature, professional status, a process of communication, caring and special relationships. In particular, the health sciences emphasize that empathy is an essential component of a caring and important relationship in providing quality time. In a therapeutic relationship, empathy becomes a primary value that can build the understanding of health experts on the feelings of their patients, as if they were the patients (Hojat, Gonella, Nasca, Mangione, & Magee, 2002). In fact, teaching about empathy to medical students has become an important commitment in the S1 curriculum program (Diez-Goni & Rodrigues-Diez, 2017). Medical students are believed to be able to handle patients better and provide appropriate treatments if they have fundamental qualities called empathy (Cowley, 2016).

Meanwhile, the social sciences-humanities and engineering family does not emphasize the urgency of empathy for students as a basic ability that must be possessed. Therefore, the amount of commitment in instilling empathy for students in the health sciences can explain why their empathy is higher than other clusters of science.

Last, the BES validation shows its sufficient construct validity, which demonstrates a valid tool to measure empathy among college students in Jakarta, Indonesia. In the affective empathy dimension, there are five items valid with a factor loading value ranging from 0.46-0.63 and the estimated reliability (ER) value of 0.843. The dimensions of affective empathy also have good fit indicators, namely ($\chi^2 = 8.29$, $df = 4$, $p = 0.08161$, $RMSEA = 0.049$, $GFI = 0.99$). In the dimensions of cognitive empathy, there are seven items valid with a factor loading value ranging from 0.44-0.75 and the estimated reliability (ER) value of 0.905. The cognitive empathy

dimension also has a good indicator of fit, namely ($\chi^2 = 24.92$, $df = 13$, $p = 0.02367$, $RMSEA = 0.045$, $GFI = 0.99$). Overall, the test of the Basic Empathy Scale according to the Student version in Jakarta found 5 valid items from 11 items on the affective dimension and 7 valid items from 9 items that existed on the cognitive dimension.

This study implies that systematically efforts should be made to increase adolescents' empathy both affectively and cognitively. The results of this study can be considered for the development of curriculum at the university in providing direction for each faculty to insert empathy values in learning process. The findings, however, is a beginning to gain more comprehensive study about empathy. It should be taken into account that our data was still a beginning of this study. Furthermore, the next research will build the empathy scale based on Indonesian culture.

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***Humanistic Approach on Art Therapy in Attempts to Create Balance Self-Concept:
A Case Study***

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Abstract

This research, explores the connection between Self-Concept and developmental process of a person in attempt to understand better about how obscurity in Self-Concept Clarity (SCC) and Self-Concept Differentiation (SCD) can create incongruence that will affect one's function as a human. Holistic experience in each life event play major roles to clarify about own Self-Concept, be it positive or negative as mentioned in Erikson Stage of Development. This is important to create a stable Self-Concept so that it can be used as tool for coping mechanism in facing diverse social roles and demands in each life stage. Therefore, a better understanding about one's "self" will help a person create balance between expectation and reality. This can be achieved by increasing SCC and decreasing SCD to create more similarity rather than less, not to create incongruence. Initial assessment using Tennessee Self-Concept Scales II (TSCS-II) will give better explanation and understanding of the "self", while Humanistic Art-Therapy were used to create positive dialectical approach that will encourage a person to explore and evaluate themselves in search of incongruence in their Self-Concept. This research show a significant result that incomplete development stages create incongruence between SCC and SCD, resulting in Self-Concept differentiation that correlated positively with poor emotional adjustment, lower personal well-being, anxiety, depressive symptoms, neuroticism, and lower self-esteem. This research also showed that humanistic Art Therapy help a person to identify incongruence and bring enlightenment of own Self-Concept.

Keywords: Self-Concept, Self-Concept Clarity, Self-Concept Differentiation, Erikson Stage of Development, Humanistic Art-Therapy.

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Introduction

As a child, human born as a white sheets, plain and pure from misdeeds and corruption, but when they were born, each of them brings their genetic blueprints of their parent's that more or less inherited to them. This blueprint might or might not be followed as it is by the child, but rather, the child will choose what kind of person they want to be in the future, and the blue print will be their core milestone that set up the basic foundation for their development as the "Self". Campbell et.al. (1996), defined how an adult see themselves generally and how did they feel about themselves as self-concept. Rogers (in "Carl Rogers: Simply Psychology," 2004) divided self-concept into three aspects, they are ideal-self, real self, and self-esteem (self-worth).

When they was born, a person might not have much demand and responsibility, but as they get older, they will have more demand and responsibility towards their life, this demand will be varied whether they are acting as a friend, parent, child, worker, sibling, etc. (Diehl& Hay, 2011). Self-concept are used as a coping tools, and are expected to respond to situational demands, and the ability to do so is a sign of good psychological adjustment and mental health (Block; Rogers; in Diehl& Hay, 2011). Stable self-concept are needed to cope with diverse social role demands in life, or demands from each life stages (Campbell et al, 2003; Gergen, 1991; Harter and Monsour, 1998).

A person able to life their life positively and happily if they have coherent self-concept that gives them sense of identity, continuity, and meaningfulness in life over time (Brandstädter & Greve. 1994; Diehl& Hay, 2011; Rogers, 1959). Congruency between self-concept and their real self, too, playing an important role for one's mental health (Rogers, in Ismail, 2015). Therefore, we need to have more similarity between what they want to be and what they are capable of to be able to lead a fullest life. The more a person understand about themselves clearly on what they want, who they are, and what they wanted to be, they will have what know as Self-oncept Clarity, and in contrary when a person have unintegrated aspects of Self-concept they will create Self-Concept Differentiation (Diehl& Hay, 2011).

Rogers and Erikson (in Feist& Feist, 2008), said that each experiences a human has been experiencing, will contributes to shapes and enhance the self to become as it is now. To develop a positive and stable self-concept, a person need to face challenge and experiencing any negative/ positive experience to understand that they will face change as they grow, it might be challenging, painful, and sometimes frightening. But, all of this changes and adaptation to develop into a fully functioned person, and will enhance the way they see themselves, therefore creating a clear and strong Self-concept. An Incomplete experiences in life will created incongruence between ideal-self and self-esteem, resulting in self-concept differentiation rather than self-concept clarity (Diehl et.al. 2001; Diehl, Young Blade, Hay& Chuy, 2011; Diehl& Hay, 2011). Self-concept differentiation is associated with poor emotional adjustment and lower personal well-being anxiety, depressive symptoms, and neuroticism, and low self-esteem (Donahue; Bigler, Neymer& Brown; Diehl et al; in Diehl& Hay, 2011).

In attempt to bring balance between expectation and reality, by increasing self-concept clarity and decreasing self-concept differentiation, researcher will try to

design an intervention using Art therapy. It is believed to be an effective intervention to improve self-esteem by giving the opportunity to learn skills and change the cognitive process, and it believed to be able to reduce emotional disturbance by reframing negative emotions and thoughts (Argyle and Bolton; Franklin; in alavinezhad; Liebman, Mousavi, & Sohrabi, 2014). Art therapy itself rooting from psychoanalytic base but also applicable through humanistic approach, making this therapy safer and easier to be applied and understand, therefore reducing the risk of feeling rejected/ traumatized by psychotherapy (alavinezhad et al., 2014; Buchalter, 2004; Williams, 2018). Colours, shape, and textures are used to express, understand, and integrate emotional reaction (Hass-Cohen& Carr, in Williams, 2018). Using the dialectical approach from behavioural therapy techniques, encourage the client to reflect by themselves and in the end encourage emotional regulation, distress tolerance, and positive self-regard (Clark, in Williams, 2018). Using this approach, researcher hopes this will help the client to build more balance self-concept, because a fully functioned human will have more similarity than less (Carl Rogers, Simple Psychology, 2014).

Participant

The participant of this research is 30 years old female, named SV. SV was born from an introvert parents, both does not like to socialize and always in their comfort zone. SV said that her father led a simple life, with ordinary job, and low risk decision making, that makes her experiencing a flat moments in life. Her father was an honest and straight men, never risking his family to something that has unexpected result. Therefore they never had any downside might as well upside moments in life. Her mother too, are a simple woman, and rather conventional. SV is a very shy person that did not like to involve in any social activity, and it goes the same with her father. SV never had joined any competition, never had any additional lesson in anything (eg: music, martial arts, arts.), and was always discouraged by her parents to do something that are risky. SV also never join any organizational activity, and never had any position that requires her leadership skill.

As she grew, SV became more discourage by her friend's achievement. Most of her friends already has a settle job with a great income, meanwhile SV was still stuck in a standard company with low income. SV felt her intellectual capacity is decreasing, both of her friends are achieving a lot of new things each year, but in contrary, SV became more, less passionate about her life. SV also felt burdened by her capacity to keep up with her friend's conversation. SV did not read much, and less knowledgeable, therefore she was lacking in understanding the context of their conversation.

People tend to say that SV has a negative aura, or looking gloom, and it's sadden her. SV knew that she did not have the best. Every time she gathers with their friend, SV felt like an additional and unable to lead the conversation or become the centre of attention. SV lacks of achievement seeking needs are caused by her peaceful environment during childhood, she recalled not being challenged into anything. Therefore she did not have enough confidence to break through and be passionate about her life.

Methodology

Researcher is using Tennessee Self-Concept Scale II (TSCS-II), to obtain participant self-concept score, and art therapy based on Buchalter (2004) that were specially made, adjusted to participant's need to encourage participant making self-evaluation and lighten up participant Self-Concept Clarity (SCC). The TSCS-II were given as a paper and pencil questionnaire. The art therapy consisted of six session, and were given once per three days as a homework and was evaluated together after participant finished the task. Participant used drawing paper, drawing pen, pencil, and spidol as the art media. The art therapy session as follow:

Session	Task
1	Changing images (Negative)
2	Bowl of happiness
3	Circle of Honor
4	Warrior picture of self
5	Mandala (inner and outer)
6	Changing images (positive)

Table 1. Art therapy design from Buchalter (2004)

Results

From Self-Concept assessment using Tennessee Self-Concept Scale, the results are Physical aspect 67 (High), Moral and Ethics: 72 (Very high), Personal: 50 (Normal, bottom limit), Family: 62 (high), Social: 54 (normal). From the result, SV showing a very high score in moral and ethics aspect (70), meanwhile showing rather low in personal aspects (50). Therapist believed that this is the source of incongruence between self-image and ideal-self, leading to unbalance self-concept. On the physical aspect (67) SV scored rather high, which therapist found, SV has a contradictory wish. She wanted to looks good and be admired, but she was not really pleased by her physical appearance. Other contradiction is, she admit to have a good health, but said that she did not feel healthy. We can see that SV wanted to be physically good, but she felt she is not attractive enough, this too can lead to incongruence.

Results from the art therapy sessions are

Session 1: Changing images (Negative)- A5 paper



Pic 1. Changing images (negative)

SV said her biggest stressor came from her working place which she said was very much unprofessional. **The Red girl** never did any but gain much upon someone else works, she is a symbol of unfairness, favouritism, and unprofessionalism in office. **The yellow girl** is a new employee, but she has an opportunity to develop her career, she is the symbol of learning and opportunity. **The blue boy** has a lot of works to do, but he seemed to enjoy it, he is the symbol of passion and happiness. Meanwhile as we can see, **the monochrome girl** is herself, she has a lot to do, she works her best, but people never notice her. That is why she can't develop colours in her drawing and stayed in a shadow as a monochrome.

SV admitted that she has the tendency of being unnoticed, and it feels like she was not important. She said after working a long time at that office, she did not have any opportunity to develop her skill meanwhile everybody else in her office whom working poorly rise their career using their dirty trick. SV also has a negative feeling that she might be somewhat unlucky, because every time she applies for new job, it always turned out failed, meanwhile her other friends easily get new job and resigned from the office. Somehow from her drawing she realized that basically she was jealous of someone else's achievement but are not confident enough to achieve something by her own.

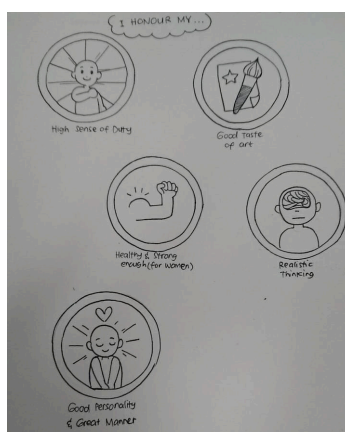
Session 2: Bowl of Happiness-A5 paper



Pic.2. Bowl of Happiness

SV explained that her happiness was not full, but it will last and she loves the colours. When asked why the colour was gloomy and not bright, she said that she just like the colours and did not think much of the bright colours. SV said her bowl was never really full, but maybe a little bit fuller than what it is now during her high school and college. She said that is because she met a lot of nice people and did not have much responsibility besides studying. For SV real happiness then is when she is able to get what she wants, but now, she said real happiness is when we can accept who we are and love ourselves unconditionally for our strength and weakness. Attitude can affect happiness if you are proud and enjoying your positive attitude that you have. Positive attitude are always welcome by other peoples. SV said by doing her hobby and take some time from daily routine and to rest is her habits/ rituals that can add her happiness. SV said she is still in progress to create her own happiness, starting from small things from doing her hobbies and meet up with her closest friends. Currently, SV is more focusing in embracing her weakness and strength and do a lot of self-reflects. Therapist realized that SV actually already figure out what is her problem, but need to be encouraged in her process of achieving stability between ideal and self-images. SV also need someone to push her to try get out from her shell and try new things to achieve higher.

Session 3: Circle of honor-A5 paper



Pic. 3. Circle of Honor

SV are proud of her

1. High sense of duty:

This build a high responsibility in her and always make sure she finish her job before dead line and always present the best result. She is very proud of this because it creates good work ethics in her.

2. Good taste of art

She is proud of her sense of colour and arts (Especially colours).Everybody that saw her arts always admires her colouring style and palette choice. She also had formal education, and it is her skill.

3. Healthy and strong

SV feel she is healthy and stronger than regular woman, she is courageous enough to try a lot of adventurous and dangerous things. She thought it was because of her high school life, that was full of confident and courageous woman. They shaped her to be independent and more confident.

4. Realistic thinking

Always be able to rationalize well using her logic, and able to avoid dangerous and impulsive things. SV realized although this are good, sometimes she can get too realistic and unable to dream high.

5. Good personality and Great manner

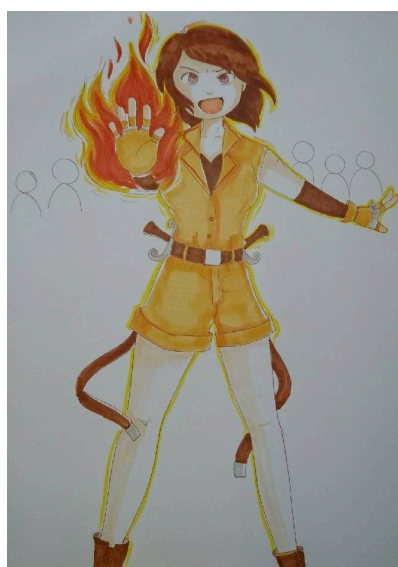
SV tried to always be polite and respects anybody from young to old, so she can communicate well to both. She also liked by her colleagues because of her nurturing and kind nature, and able to speak up if needed.

After the third assignment, Therapist realize that SV always draws in a small size paper (A4-A5), when asked the reason why, SV told therapist that she was not able to filled the paper every time she drew and that her drawing are usually small, so she thought it would be a waste of spaces. Therapist realize that SV source of energy is weak, that is the source of her lack of efforts. Therapist asked to see her other's drawing (from her sketch book), and saw that her picture are almost always small and without background, but full of colours. That is why in life, she was not really strive for the best and always done only enou gh (not trying more than she could). When Therapist asked her to draw in A3 paper for the next assignment, she looked reluctant and somehow showing the sign of unwillingness. After more persuasion, SV finally

agreed. From here, therapist felt that SV always afraid to get out from her comfort zone, and was not doing her best if she was faced with problems. SV admitted that her mood is easily disturbed if she face challenged.

Therapist also feel that SV actually wants approval from society and at the same times learning to accept herself for what she is. This leads to frustration and incongruence at the same time. Therapist also felt that SV need to grow stronger than what she is now if she really wants the approval of society, because SV show inconsistency in what she felt against what she wants. Therapist told SV to adapt to this change and continue what she is doing now, because she is starting to build up her confidence and it is a good things. Sometimes it might be frustrating, but in the end it will works well, and she will get used to it.

Session 4: Warrior picture of self-A3 pape



Pic. 4. Warrior Picture of Self

SV draw for the first time on A4 paper and she felt it was so hard. Several times she complained and showing difficulties in tracing the long lines and drawing the big images, but she kept motivating herself that she can do it. In the end the drawing is finish and she felt so proud to be finally able to do something she outside her comfort zone. Her picture told us about herself as a warrior. SV said that the warrior have a strong physical ability and well built, she is dependable and have a high responsibility. She is a good leader that never leaves her comrades behind, and always tries to solve a problem until it finished. Her weakness is that she is rather emotional from the outside, but actually have a soft heart inside. For her, action is more important rather than just emotional support or affection, and the hero are always able to provide it when it needed.

SV said this hero have an ability to control the fire, which is the strongest offensive elements from other elements. Although she has the strongest power, she did not abuse the power to dominate the world, in contrary she used it to help people in need and protect them from evil force. She also wanted to give warmth and lit the passion of people's heart using her fire, making the world a better place. SV reflected how she handle obstacles in life and she said she has tried her best to solve it by revising and

correcting what she did wrong to make it better. She will only ask for help if she are unable to solve it by herself anymore. She admit that her mood is one of the main problem that stopping herself in solving her problems. When things goes wrong, her mood will turn negative and she ended up doing nothing instead being irritated. She knew that this is a bad habit, but it is very hard to be corrected, but she is trying a little by little.

SV felt that instead of being a warrior, she is still took the passive role in her life, and she felt that in reality she was going far from the way she wanted as a warrior. She realized a warrior should be passionate, and have a great energy to help people, also have a high motivation on everything, but she is far from it. She hope after knowing her problems, and through this art therapy session, her self-esteem wil rise and hopefully become the real warrior she wanted to be.

Session 5: Mandala (inner and outer)-A3 paper



Pic. 5. Inner and Outer Mandala

For the fifth assignment, SV drew an inner and outer mandala who represent her current situation and future expectation. When she drew this, she said she need to put a lot of efforts because of the paper size and the detail she has to put into it. She felt exhausted after working on it, but at the same time proud. In the inner mandala she drew about her current routines that burn her out because of the workloads and the same type of jobs. She also mention that there is a lot of flatterer that climbing their way up through dirty tricks, and to make it worst, the bosses are unable to saw the real potential in their employee, that made her felt being disrespect and not appreciated.

She also stated that she has tried to apply for a new job in many job vacancy to no avail, and each rejection made her confidence decreasing. She cannot decide what kind of future she wanted to be. On the other side, the outer mandala are more colourful and full of futuristic dreams compared to the inner mandala that are in grayscale. In the future, SV said she wanted to have her own studio and not become a corporate slave anymore. She also wanted to work out and improve her physical ability, having a higher education, and find a husband to build a family. She also want to try to become less moody and developing her inner peace.

Session 6: Changing images (Positive)-A3 paper



Pic. 6. Changing Images (Positive)

In Session 6, therapist ask SV to change her first drawing that represented her negative feelings, into a positive feelings. Her previous drawing was using an A5 paper, so therapist ask her to move the same drawing using A3 paper. When she re-draw the picture, SV felt that it was not difficult to change the images into positive, because she actually aware and already know what she really wants in positive way. She really enjoys drawing it, because it was full of colours and are brighter than the first drawing.

To change the negative images, SV drew more stars and love into the pictures, representing meaningful and honourable job. She also added a lot of colours to show happiness, and make all the people behind her that she was jealous about become equally happy as her. During the making of new positive images, SV thought about what kind of ideal situation that fit her, that is why she put a lot of colours on herself. When she was going to change the people behind her, she realize that their ideal situation might be different than her and that they do have their own idealism, so in the end she drew them to be as equally happy as her, to respect and helping each other.

Conclusion

Incongruence between self-images and ideal-self are the main issues that are affecting participant self-concept. She turned out to have such images that she wanted to show to other people, but do not have much resource to appeal, this make a gap between what the participant want and what potential she have, resulting in jealousy and frustration, leading to low self-esteem. Participant at first feel that the drawing in A3 paper drained her energy and was a very hard task for her, but therapist push her to finish the task. Also, the participant push herself and determined to finish the task with maximum effort.

As the session goes on, therapist found that participant did not tried hard enough to improve her energy capacity or to give more efforts outside her comfort zone to achieve something. The participant admitted that in the real life, she often thinks too much, rising her insecurity, this, interrupting her determination to finish her task or overcome her challenge, and ended up doing nothing. Participant are easily

discouraged by small things that ruin her mood, and seems to not have passion about anything. Therapist told her to keep practicing to draw at A3 paper to help her increase her energy. Therapist still found it difficult for her to be passionate and increase her achievement needs, because participant always appear somehow lethargic and sighing a lot during the process of making an art.

After the therapy, the participant felt fulfilled that she is able to finish her task, especially the one using A3 paper. She felt proud of herself that she can do it even though it was hard. During the process, she understand that she will need to appreciate herself and dealing with her insecurities upon anything. The participant become more aware about herself and realize that surprisingly she can portray her future and her wish better than she thought. The participant realized that she has to do art improvement more often and working on it to get a better result. The most important thing is that she realize that she needs to do something soon enough if she want to make a change and achieve what she wanted to achieve in the future.

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