AL-'ABQARI JOURNAL VOL 6 2015: 79-100
ISSN: 2232-0431 / eISSN: 2504-8422
UNIVERSITI SAINS ISLAM MALAYSIA
PENERBIT USIM / USIM PRESS

WELLNESS FROM THE PERSPECTIVE OF MALAY MUSLIM ADULTS IN MALAYSIA

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Abstract

The purpose of this study was to explore Malay Muslim adults in Malaysia, their understanding on the concept of wellness. Using a qualitative design, data were collected through the use of semi-structured interviews with fourteen Malay Muslim adults between the ages of 21 to 60. Analysis of data from these interviews utilized the constant-comparative method. The findings showed that from the perspective of the participants as a whole, wellness is maintaining a good relationship with self, Allah and others. Aspects of wellness include physical, food and nutrition, psychological, financial, occupational, spiritual, social, environmental, and cultural domains. There was similarity in the view of the nature of wellness as multidimensional and encompassing the whole person. The findings highlight that the participants' conceptualization of wellness relates to the Malay Muslims' cultural background. This cultural uniqueness should be translated into a wellness-based counseling strategy for this specific ethnic group. This study also shows the importance of considering multicultural factors in understanding and dealing with a client. Recommendations and limitations are also discussed.

Keywords: wellness, concept, cross-cultural counseling, adults, Malaysia

Abstrak

Tujuan kajian ini adalah untuk meneroka perspektif orang Melayu Muslim dewasa di Malaysia tentang konsep kesejahteraan. Dengan menggunakan reka bentuk kualitatif, data dikumpulkan melalui

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penggunaan temubual separa berstruktur dengan empat belas orang dewasa Melayu Muslim yang berumur di antara 21 hingga 60 tahun. Analisis data daripada temubual ini telah menggunakan kaedah perbandingan konstan. Dapatan kajian menunjukkan secara amnya menurut peserta kajian, kesejahteraan ialah memastikan hubungan baik antara diri, Allah, dan persekitaran. Aspek-aspek kesejahteraan yang terlibat termasuk domain fizikal, pemakanan dan nutrisi, psikologikal, kewangan, pekerjaan, rohani, sosial, alam sekitar, dan budaya. Terdapat persamaan dalam pandangan sifat kesejahteraan iaitu ianya menyeluruh merangkumi pelbagai dimensi kehidupan. Penemuan menyerlahkan bahawa kesejahteraan bagi golongan Melayu Muslim adalah berkait dengan latar belakang budaya mereka. Keunikan budaya ini harus diterjemahkan kepada strategi kaunseling yang berasaskan kesejahteraan kumpulan etnik tertentu. Kajian ini juga menunjukkan betapa pentingnya mengambilkira faktor budaya apabila menjalankan sesi dengan klien. Cadangan dan batasan kajian juga dibincangkan.

Kata kunci: kesejahteraan, konsep, kaunseling silang budaya, dewasa, Malaysia

BACKGROUND

Wellness has been defined as "the process and state of a quest for maximum human functioning that involves the body, mind, and spirit" (Archer, Probert, & Gage, 1987, p. 311). The World Health Organization (WHO) in 1942 has defined 'health' as comprising the physical well-being, mental and social, rather than purely without disease (World Health Organization, 2006). Later, the definition has been added with "spiritual well-being" (Witmer & Sweeney, 1992). In Malaysia, the Government Transformation Plan has considered integrated wellness of the society by emphasizing on comprehensive development (Jabatan Perdana Menteri, 2010). In the plan, counseling profession has listed Key Performance Index (KPI) to be achieved to support the goals to fit the needs of diverse communities in Malaysia (Mohd. Pakarul Razy, 2012). The focus of helping interventions in counseling and development is holistic comprising of prevention as well as remediation, on wellness along with treatment of pathology. In fact, this focus is what makes counseling unique among other helping professions (Myers, 1991).

A concern often expressed by many authors is that counseling, originated from the West lacks the worldview or cultural beliefs of people from other parts of the world concerning mental health, thus was questioned on its suitability to be utilized in different context. They highlighted the need for adaptation based on the sociocultural aspect of certain societies (Gerstein & Egisdottir, 2007; Heppner, Leong & Chiao, 2008; Leung & Chen, 2009; Melati Sumari & Fauziah Hanim Jalal, 2008; Sue, Ivey & Pedersen, 2007). Multicultural counseling and cross-cultural psychology have emphasized the importance of understanding the cultural and historical factors that play a role in mental health problems and its impact on treatment (Gerstein & Egisdottir, 2007; Heppner, Leong & Chiao, 2008; Leung & Chen, 2009; Sue & Sue, 2008). It is well established in literature that differing worldviews of cultural groups impact their constructs of wellness, mental health, and illness (Sue & Sue, 2008). In addition, Myers & Sweeney (2008) suggested the need for more research to be done on wellness from the Third World countries as it may lead to new knowledge and models.

In the West, wellness developed as part of the transformation of the health definition from the bio-medical field. It refers to a more positive and comprehensive perspective, combining psycho-social aspects (Westgate, 1996). The World Health Organization in 1947 explained that wellness includes the physical, mental, and social aspects thus focus has shifted from a disease model to a more strength-based and holistic one (Moore & Keyes, 2003). On the other hand, wellness has been explained abundantly in the Al-Quran and As-Sunnah from the Islamic perspective. In the Al-Quran, general wellness refers to the characteristics of human development since they were born (Zakaria 2010). This was supported by Ibn Sina that wellness is holistic and continuous. Additionally, Al-Attas (1977:48) explained wellness as referring to one's beliefs of Allah's rights, practices that are based upon faith in one's heart that feels peace and knowledge that comprised of iman and justice. According to him, the meaning and experience of wellness in Islam involves three important elements in one's life which are the soul (*ruh*), physical and environment, all of which are interconnected (Al-Attas 1995). Besides that, wellness was also described as related to the present life and the hereafter (Harun Yahya 2004). In Malaysia, attempts to

define wellness has been proposed by some scholars. Hairunnaja (2002) for example, associate wellness with satisfaction and a sense of peace and security. Another explanation of wellness highlights the importance of balancing the mental, emotional, physical, spiritual, and social aspects that geared towards the enjoyment and satisfaction of individuals within the framework of life as a person who fear Allah (Amir Awang 1984; Abdul Halim Othman 2007).

While many reports and literatures on counseling and wellness of the Malay people are developed through wide consultation and collaboration with the Malays (Abdul Halim Othman, 1993; Haque, 2008; See, Abdul Halim Othman, Suradi Salim, & Md. Shuaib Che Din, 2009), the actual voices of those on the ground are typically unheard. Culture is a moving, living entity and changes over time. Changes due to the development and growth of the society gives effect to wellness of the individual (Abdul Halim Othman, 2007). Hence it is necessary to continue to explore and listen to the voices of the Malay people to further understand both their cultural beliefs and their lived experience concerning wellness and mental health issues (Abdul Halim Othman, 1993). The understanding on the beliefs and practices of Malay Muslim adults on wellness within the context that they live can lead to interventions, research, and policy that is culturally relevant and effective in improving the wellness of this group.

METHOD

The purpose of this study was to explore Malay Muslim adults in Malaysia, their understanding on the concept of wellness. Therefore, a qualitative design was chosen as the most appropriate method for this study based on the notion that naturalistic inquiry is most applicable for a discovery-oriented research into unstudied phenomena (Denzin & Lincoln, 2000). Using this design, data were collected through the use of face-to-face interviews, which were conducted with members of Malay Muslim groups living in Selangor, one of the fourteen states in Malaysia. Malaysia is a multi-ethnic country in Southeast Asia, with a population of 28.31 million, of which 50.4% are of Malay descent, 23.7% are of Chinese descent, 11% are of Bumiputra descent, 7.1% of Indian descent, and 7.8% are classified as Others (Malaysian Department of Statistics, 2009).

PARTICIPANTS

A total of fourteen individuals took part in this study. The participants' demographic characteristics are summarized in Table 1. Inclusion criteria for participation required that the participants be: (a) Malaysian Malay Muslims; (b) between the ages of 21 to 60; (c) have been a permanent resident in Selangor for at least five years. This specific ethnic group was chosen because it is one of the major ethnic groups in Malaysia. Further, the age range was chosen based on the definition of 'adult' provided in the Malaysian Age of Majority Act 1971 (Amendment 2006) (Commissioner of Law Revision Malaysia, 2006). The sample was also heterogenous to check for variation on important dimensions of the emerging categories. All participants were recruited from Selangor, one of the states in West Malaysia. The names and other identifying information of the participants have been changed.

Table 1: Socio-demographic characteristics of participants

Characteristics	Number of participants (n = 14)
Age (years)	
21-40	8
41-60	6
Gender	
Male	6
Female	8
Marital status	
Single	11
Married	3
Educational level	
First Degree	4
Masters and above	10
Total	**14**

MEASURES

Participants were given a consent form to be completed prior to data collection. The consent form consisted of consent for recording, information on confidentiality, and an explanation of the proposed study. For the interview, a semi-structured interview protocol was developed comprising of general questions about participant's views on wellness. Finally, a brief questionnaire on demographic characteristics (e.g. gender, age, educational level) was also completed by the participants.

PROCEDURE

Participants were recruited after ethical approval was gained. Data were collected from January 2013 to January 2014. Data collection procedures involved face-to-face interviews, conducted in the Malay language. Interviews lasted for 60 to 120 minutes and were recorded and transcribed verbatim. Participants were provided with the analysis of their verbatim transcription from the interviews and were asked to check the accuracy and parts that they may not feel comfortable with. A self-reflective journal was also utilized throughout the research process to document and process biases and reactions to the data and analysis process. Data gathered from the interviews and self-reflective journal were analyzed. Common emerging themes were identified in the course of analysis. Once themes were identified from participants' responses, initial categories were classified. Additionally, questions were formulated to narrow the focus of the study. Initial findings were confirmed and new or additional information were probed.

ANALYSIS OF DATA

The constant-comparative method was chosen to gain knowledge about participants' understanding of wellness. This method organized data into units of meaning, categories, and themes (Charmaz, 2006). During the process of selecting a new unit of meaning for analysis, the new meaning was compared to all other units of meaning and eventually grouped (categorized) with similar units of meaning. The emergent design helped the researchers to identify important leads in the early phases of data analysis which were then pursued through

asking additional questions (Charmaz, 2006). Relationships and patterns were then analyzed across the prepositional statements and identified salient themes related to the aim of the study.

RESULTS

The purpose of this study was to explore Malay Muslim adults in Malaysia, their understanding on the concept of wellness. After exhaustive analysis of the transcripts from all of the participants, a holistic and interlocking diagram of wellness was constructed based on the participants' statements. Figure 1 shows the emerging categories from the participants' definitions of wellness.

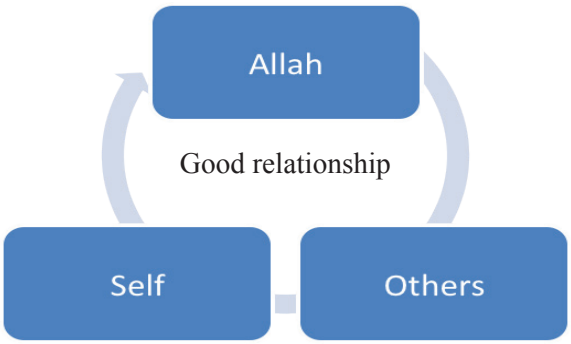

Figure 1: Emergent categories on definition of wellness for Malay Muslim adults

The understanding that emerged from the responses of the participants as a whole was that 'wellness is maintaining a good relationship with self, Allah, and others'. All participants described dimensions of wellness that encompassed of (1) relationship with self which comprised of five aspects - the physical, food and nutritional, psychological, financial, and occupational aspects; (2) relationship with Allah which is related to the spiritual aspect; and (3) relationship with others which includes the social, environmental, and cultural aspects.

RELATIONSHIP WITH SELF

Relationship with self includes five aspects, namely the physical, food and nutrition, psychological, financial, and occupational aspects. Explanation for each of aspects are detailed further with inclusion of example of quotations from the participants.

a. Physical aspect

This aspect consisted of two major responses, one was related to the body and its functioning. Participants mentioned the importance of not being sick, not needing to go to a doctor, and taking part in physical activities that promote health such as doing exercises, going to the gym and involving in sports. Another response was related to whole body wellness which not only emphasized on the physical body but also influences other aspects of the person such as the psychological, financial, and social aspects. Examples can be found in statements by Participant 10 and Participant 13:

> "Physically, our body must be okay. It can function in a normal way and no disablement of any sort." (P10:8:16)

> "Physically must be healthy because we eat good food and it's rare for a healthy body to get diseases." (P13:14:13).

Based on the statements from the participants, it appears that physical wellness is important to participants in relation to them being able to function well in their daily life routine. It involves the physical body which is said to be connected to other aspects of a person.

b. Food and nutritional aspect

In relation to the physical aspect, participants also talked about food and nutrition aspect. Statements ranged from "choosing food that is good for your health" to "taking multivitamins".

There were also participants that highlighted how food and nutrition is related to religion and cultural traditions for example from Participant 14:

> "In terms of physical, we take care of our food intake. It must be food that are not only (halal) but also good or nutritious (thoiyyibah). These are two different things that we need to take into consideration." (P14:13:13)

> "Culturally, the eating patterns have been set as 'you should eat well'. And then if you follow the traditional way of eating, it's already nutritional because that is how you should eat, based on certain ways of eating." (P6:68:97)

According to the participants, the aspect of food and nutritional intake is very important to determine their state of wellness. Furthermore, culture and religion seems to be inter-related with the decision on choosing food and its nutritious content.

c. Psychological aspect

Psychological domain comprised of both emotion and cognition. Emotion was referred to by the participants as regulation of feelings through management of emotions involving the sharing of a certain issue or problem. Participant 3 for example, stated the importance of emotional intelligence in her life:

> "When we have knowledge, we have emotional intelligence, we can take care of our emotions. If others are harsh, we can handle, if others are angry, we can handle, we can discuss and negotiate". (P3:28:76)

Participants also mentioned about cognition which relates to having the ability to control the mind by having positive thinking and attitude towards life, the ability to solve problems, and the ability to make rational decisions. Some quotes that illustrate these can be seen from Participant 2 and Participant 9:

> "Always thinking positively of others. We must not have feelings of envy, jealousy, nor hatred. A person who is well must consistently have a pure heart". (P2:22:36)

> "Wellness is a term that we use when we are stable, both in our emotion and behavior, not in the state of stress, no negative thoughts... Wellness is when we can think positively and rationally." (P9:15:25)

Closely related with participants' discussion about emotion and cognition was the notion of having peace of mind and its important role in achieving wellness. Some participants stated some practices that they believed were helpful in protecting and maintaining their psyshological health.

d. Financial aspect

Financial aspect refers to the existence of adequate financial resources as affecting wellness. For example, Participant 3 (P3:16:31) mentioned about having enough money for fulfilling the basic needs of life such as having food, shelter, clothes, and transportation. This was supported by other participants who added the importance of not only fulfilling one's basic needs but also their duty towards their family. For example, Participant 5 and Participant 7 mentioned about how having enough financial resources allows them to take care of the family:

> "Somehow link with money, having enough money for myself and part of it also given to my parents." (P5:20:58)

> "When a person is already rich, have lots of money, they can take care of their family better." (P7:32:70)

According to the participants adequate financial resources was also associated with having some sort of employment or career as a source of earning money by participants. Therefore, from the findings, it can be concluded that participants emphasized the importanceof having enough money to fulfill material needs in life.While it was not stated explicitly in this extract, it was the perception of the authors that better education leads to better job which in the end leads to greater financial security.

e. Occupational aspect

In association with the need for adequate financial resources, the meaning of wellness also covers occupational aspect. Being unemployed and having no source of income could jeopardize one's sense of well-being. For the participants in this study, occupational aspect relates to meaningful careers which involves comfortable working environment and having a good relationship at the workplace. Good relationship in the workplace involves employer-employee relationship and the relationship between colleagues. The relationship should be realistic, taking into account humanitarian aspects. Harmonious relationships and good working conditions enable a person to feel satisfied with their career besides having a meaningful life. Examples can be seen from Participant 3 and Participant 4. This can be illustrated in the following quotes from the participants:

> "Being comfortable with our staffs, colleagues, and bosses. Everything around is easy for us to socialize, perform, and people can accept us and we are comfortable with others. That to me is being well at the workplace." (P3:7:13)

> "The relationship in workplace whether it is between the employer and the employee or between colleagues must be realistic." (P4:83:115)

From the above quotes, participants indicated that occupational wellness is essential for wellness and it consists of comfortable working environment and having a good relationship at the workplace to form meaningful careers.

RELATIONSHIP WITH ALLAH

Relationship with Allah is related to only one aspect which is the spiritual aspect. For all of participants they talked about how spirituality posed as central to their lifestyle and well-being as illustrated by the following discussion:

a. Spiritual aspect

In the interviews, participants emphasized on the importance of spirituality and religion. In this aspect, belief in Allah, having meaning or purpose to life, and religious community activities were according to them related to wellness. Performing prayer (*solat* and *doa*), reciting the al-Quran, and remembering Allah through the practices of *zikr* were viewed as activities that contributed to them staying well. Many also mentioned the importance of having an overarching sense of gratitude (*syukur*) and acceptance (*redha*) for life. Examples can be seen from statements by Participant 1 and Participant 2:

> "To achieve wellness, we have to foster internal strength. As Muslims, internal strength can be nurtured by having a good relationship with Allah, our Creator. If we are unable to take care of our relationship with Allah, how can we take care of our relationship with other human beings and the environment." (P1:38:68)

> "If our relationship with God is good, Insya Allah, our relationship with others will also be good." (P2:21:76)

The discussion of the contribution of spirituality and religion to wellness mentioned above are comprised of faith in Allah, having meaning or purpose to life, and religious activities as practiced by the participants.

RELATIONSHIP WITH OTHERS

Relationship with others includes three aspects, namely social, environmental, and cultural aspects. These aspects was perceived by the participants to be intricately related to their wellness experience.

a. Social aspect

The social aspect for all participants involved the giving and receiving of family, friends, and community support. Participants stated that relationship and interaction with others are important. This includes *"getting along with other people"*, *"being comfortable"*, *"willing to express one's feelings, needs, and opinions"*, *"supportive,*

fulfilling relationships and intimacy", and *"the contribution to one's community"*. A few statements from Participant 1 and Participant 4 that can be shown as examples are:

> "I think the element for wellness is also from people around us. When people around us, for example, our family, relationship with husband, children, siblings, are okay, indirectly wellness is achieved. When things around us are positive, we will be well. Not only close family but also relationship with other people – at work, neighbors…" (P1:18:81)

> "Because we live in a community, we need to take care of our relationship with others. We have to accept others… how to handle yourself and the community around you... having the ability adapt to the environment." (P4:27:15)

In summary, the importance of having good social support from family members, friends, and the community was illustrated here by participants to be influencing their wellness. According to the data, it highlights the significance of interpersonal relationship and interactions for enhancement of participants' overall life conditions.

b. Environmental aspect

Participants described the environmental aspect as the individual's relationship with nature and community resources, such as *"the involvement in recycling activities"*, *"planting trees"*, *"being aware of pollution"*. Besides nature, participants also mentioned about safe and comfortable condition in the surroundings such as workplace and at home and the importance of freedom from violence in the society. With the advent of space environment and facilities, well-being and quality of life are more secure. Statements from Particpants 4 and 7 examplified this:

> "Wellness is derived from the positiveness of our surroundings in addition to our inner self." (P4:19:46)

> "Comfortable environment includes adequate facilities provided, good neighbours, and clean atmosphere." (P7:64:184)

The importance of living environment to participants' wellness appeared to be connected with activities they are involved with in relation to the environment. This was confirmed by the participants expressing their interest and participation in nature and safe living conditions which includes the house participants lived in, the people they live with, their neighbourhood area, as well as the country.

c. Cultural aspect

The cultural aspect stated by the participants seems to be closely related to the spiritual and tradition. Most of the participants focused on values and virtues that relates to the participants' cultural identity. This also includes the principles or ethics that they hold on to live by which are mainly derived from religion or tradition, and the importance of preservation of those principles or values by exposure to the younger generation whether through formal or informal education. Example of participants' quotes from Participant 9 and Participant 10:

> "Among the Malays, it is important for us to be thankful (syukur), respecting the elders… more less relate also with our interaction with Allah. Our culture actually is derived from our religious practices and these cultural practices can help in increasing individual wellness." (9:49:103)

> "The Malays are rich in Malay phrases or idioms that we hold on to as guide for our life." (10:26:46)

In summary, cultural aspect comprised of values, virtues, and principles whether from their religion or tradition seemed to affect participants' wellness significantly.

INTERCONNECTEDNESS OF THE THREE DIMENSIONS

The participants described that the multiple aspects in the three dimensions are interconnected. In addition, they also mentioned that wellness is a dynamic life-long process and some participant described it as something desired by all to achieve wellness in the present life and the Hereafter. An example can be found in a statement by Participant 10:

> "In my opinion, wellness or well-being encompasses all aspects of an individual, including physical, mental, emotional, and spiritual. I think everybody's objective is the same - wanting to be well in this life and the Hereafter." (P10:1:7)

This was also true for Participant 9 and Participant 7:

> "For me wellness includes our whole life - our own lives, our family, the workplace. And it may change from time to time depending on the setting and perhaps the level of maturity of a person." (P9:124:65)

> "When we talk about 'in good condition', meaning that there are many elements that might influence a person's wellness or well-being. We may not achieve the level of wellness that we desire at the moment but after taking appropriate action, maybe one day, that level of wellness can be achieved." (P7:16:16)

A few participants added their perspectives on wellness in negative terms where poor character or 'disease of the heart' is associated with un-wellness. Some illustrations from Participant 1 and Participant 4 are described as follows:

> "Problems such as being envious, spiteful, jealousy are still there (in the Malay community)." (P1:30:120)

> "In terms of the Malaysian Malays, maybe they do not like to take risks. Our avoidance is very high. This means that we are not willing to accept challenges or risks." (P4:38:68)

DISCUSSION

This study, in line with Myers & Sweeney's (2008) recommendations for more research on wellness from the Third World countries, sets out to discover in more depth how the adult Malay Muslims in Malaysia conceptualized wellness.

Based on the data, in can be concluded that wellness is multifaceted based on the Malay Muslim adults' understanding. All participants mentioned about good relationship between the three major dimensions in wellness which are relationship with self, relationship with Allah, and relationship with others. The dimension of self is comprised of physical, food and nutrition, psychological, financial, and occupational. Relationship with Allah is related to only one aspect which is the spiritual aspect while relationship with others includes three aspects, namely social, environmental, and cultural aspects. This is similar to the view that wellness is holistic (Myers, 1991, 1992) and comprised of various aspects (Witmer & Sweeney, 1992). It also supports previous literature on Islamic perspective that wellness is comprised of all-inclusive and complete elements (Al-Attas 1995). The emphasis on relationship with Allah and relationship with others can probably be explained by the Malays' cultural background. For most Malays, their religion Islam is a very important guide to all their decisions throughout their life (Ismail & Muhammad, 2000). The Malays also are referred to as a collectivistic society (Pope, Musa, Singagavelu, Bringaze, & Russell, 1999), therefore, relationships with others are also important.

Participants also mentioned that the three dimensions are interconnected. If one is not well, then others are not well too (Amir Awang, 1984; Abdul Halim Othman, 2007). The findings show that the participants viewed wellness as a dynamic, life-long process and some describes it as something desired by all to achieve wellness in the present life and the hereafter supported the notion by Harun Yahya (2004).

All participants in this study agreed that spirituality and religion is the strength that the Malay Muslim group has as the basis for achieving wellness. This may be related to the fact that they were all Muslims. Since there was no non-Muslim interviewed, it would

be interesting to see if there are any differences. The Malays are usually perceived as synonymous to Muslim. This may be due to the definition of 'Malay' in Article 160 of the Federal Constitution (i.e. is a person who professes the religion of Islam). The Muslims believe that spirituality leads to wellness and religion is something they refer to in their life, be it in times of problems or in time of happiness (Weatherhead & Daiches, 2010).

The influence of cultural background can also be found from the importance of relationship with family and friends as the major ethnic community resources of support to maintain and increase wellness. This explains why this population will only seek for professional help when the problem becomes serious. Feelings or personal issues are rarely discussed with outsiders (Scorzelli 1987). In the Malay community, decision-making depends on the influence of family (Pope et al. 1999). Besides that, the existence of the community's shame and stigma attached to the accessing of mental health services contributed (Haque, 2008; Mohamed Mansor Abdullah, 1993; Weatherhead & Daiches, 2010). Social activities such as neighborhood relationship, helping each other, and working together (*gotong-royong*), are also part of the Malay's collectivistic tradition that profoundly influences their relationship with others thus enhance their wellbeing (Abdul Halim Othman & Md. Shuaib Che Din, 1993; Wan Rafaei Abdul Rahman, 1993). In addition, data from the findings also mentioned about values and virtues utilized by the Malays. Most of the values and virtues are derived from religious principles or Malay traditional phrases or idioms. This may be because of the Malay Muslim's belief that the main force that could help them is Allah (Weatherhead & Daiches, 2010).

Ethnic specific unwellness issues mentioned by the participants such as jealousy and bad relationships between people were associated with poor character or 'disease of the heart' which in turn may cause mental illnesses. This supported the findings that underlines how psychological problems or mental illnesses are influenced by spiritual and cultural beliefs (Haque 2008, Mat Saad Baki 1993). Inability to take risks, having no foresight, and negative mind-setting are also unwellness issues specific to this group according to the participants. They see this as causing the group to remain at moderate

level and limiting the group's wellness. This can be associated with the Malay's historical background and the impact of colonial history where those who lived in Malaya had been divided by the colonial power (A. Aziz Deraman, 2005). This may also be influenced by the Malay's nature of being moderate in life (Abdul Halim Othman & Md. Shuaib Che Din, 1993).

CONCLUSION

The key outcome of this study is the identification of how the Malay Muslims define, describe, and understand wellness. This information is beneficial to inform counseling practices in a multicultural country such as Malaysia. Without an in-depth understanding of the Malay Muslims wellness issues from their perspectives, many counseling services may continue to be delivered from a Western framework. What is required as a consequence of the social and cultural changes experienced by the Malays is an expansion of counseling models to encompass sociocultural and spiritual aspects from the cultural group (See et al, 2009). The role of spirituality in the Malay Muslims well-being is a critical determinant in the development of wellness-based projects and this was evidenced in this study.

There is a need to acknowledge the wellness frameworks that exist within the Malay Muslims communities. Increased knowledge may help to overcome stigma attached to unwellness issues or mental health problems and hence increase earlier access to counseling services. Implication to counseling services includes utilization of the cultural elements, especially spirituality/religion and social, by increasing preventive measures rather than treatment-based models and developing an integrative framework by forming networks of healthcare provider. Even though some of these has already being employed in counseling, it is probably not executed in a proper way. Barriers to implementation of wellness-based counseling strategies may include awareness, training, and application (Myers, 1991).

Data shows that variables other than ethnic group such as gender, age, place of living and other possible factors may also influence the way wellness is defined and experienced. There remains a need for other voices to be heard in order to explore and gain greater

knowledge on their conceptualization of wellness and to consider these in relation to counseling practices. It is also important to note that the Malays do not constitute one homogenous cultural group and furthermore, differences in cultural beliefs may vary according to place of living for example, those living in urban areas may have been influenced by Western conceptualizations resulting in hybridization of cultural beliefs and understandings about wellness. The impact of globalization such as the technology and media may also play a role in shaping such understanding.

Limitation of the study is that only the Malays Muslim ethnic group from the adult population were studied. Future research might separate the adult population into specific age group (young adult, middle adult, older adult) as there might be effects of historical cohort differences on age. Research can also be expanded to study wellness to other types of population in Malaysia based on age, ethnicity, or setting using not only qualitative but also quantitative or mixed-method design.

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