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PUSPAGA Counselors' Emotional Experiences in Narrative Counseling Training: A Qualitative Phenomenological Study

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Abstract: This study explores the emotional experiences of PUSPAGA counselors in developing narrative counseling competence for supporting families experiencing disruption in Malang City, Indonesia. Family disruption, encompassing divorce, persistent marital conflict, unsafe caregiving, domestic violence, and emotional neglect, presents complex psychosocial challenges. A preliminary needs assessment with Dinas Sosial P3AP2KB Kota Malang identified counselors' difficulties in managing emotionally sensitive cases while maintaining empathy, professional boundaries, and cultural responsiveness. Using a qualitative phenomenological design, the study analyzed a transcript of a narrative counseling competency development discussion involving three facilitators and three PUSPAGA counselors. Analysis involved repeated reading, identification of significant statements, formulation of meaning units, and construction of experiential themes. Six themes emerged: emotional involvement in family counseling; boundaries between empathy and sympathy; emotional transfer and countertransference; nondirective support for client decision-making; narrative listening and meaning reconstruction; and emotional recovery and session boundaries. Findings suggest that narrative counseling competence extends beyond questioning, summarizing, and reframing to include sustained empathic presence without emotional overidentification with clients' distress. Counselors described the importance of recognizing emotional responses, supporting clients' autonomy, and establishing boundaries to maintain professional effectiveness. The study underscores the need for structured PUSPAGA training addressing empathy regulation, awareness of emotional transfer, responses to emotionally intense situations, session boundaries, and counselor self-care. It contributes to community-based family counseling by foregrounding emotional and reflective dimensions of professional competence. Further research should examine counseling practice and supervision and explore culturally grounded media, including *Topeng Malangan*, as resources for reconstructing meaning, identity, and hope among affected families.
***Keywords**:* disrupted families; emotional experience; family counseling; narrative counseling; PUSPAGA counselors

Abstrakt: Penelitian ini mengeksplorasi pengalaman emosional konselor PUSPAGA dalam mengembangkan kompetensi konseling naratif untuk mendampingi keluarga yang mengalami masa disrupsi di Kota Malang, Indonesia. Disrupsi keluarga, seperti perceraian, konflik perkawinan berkepanjangan, pengasuhan tidak aman, kekerasan dalam rumah tangga, dan pengabaian emosional, menimbulkan persoalan psikososial yang kompleks. Asesmen kebutuhan awal bersama Dinas Sosial P3AP2KB Kota Malang menunjukkan tantangan konselor dalam menangani kasus sensitif secara emosional agar tetap empati, memiliki batas profesional, dan kepekaan budaya. Penelitian ini menggunakan pendekatan kualitatif fenomenologis dengan menganalisis transkrip diskusi pengembangan kompetensi konseling naratif yang melibatkan tiga fasilitator dan tiga konselor PUSPAGA. Analisis dilakukan melalui pembacaan berulang, identifikasi pernyataan penting, perumusan unit makna, dan

penyusunan tema pengalaman. Ditemukan enam tema: keterlibatan emosional dalam konseling keluarga; batas antara empati dan simpati; transferensi dan kontratransferensi emosional; dukungan nondirektif dalam pengambilan keputusan klien; mendengarkan secara naratif dan rekonstruksi makna; serta pemulihan emosional dan batas sesi. Temuan menunjukkan bahwa kompetensi konseling naratif tidak hanya mencakup teknik bertanya, merangkum, dan membingkai ulang, tetapi juga kemampuan mempertahankan empati tanpa larut dalam tekanan emosional klien. Konselor menekankan pentingnya mengenali respons emosional, menghormati otonomi konseli, dan menjaga batas profesional. Penelitian ini menegaskan perlunya pelatihan terstruktur terkait regulasi empati, kesadaran transferensi, penanganan situasi emosional intens, batas sesi, dan perawatan diri konselor. Temuan ini memperkaya konseling keluarga berbasis komunitas dengan menonjolkan dimensi emosional dan reflektif kompetensi konselor. Penelitian lanjutan perlu mengkaji praktik konseling, supervisi, serta potensi penggunaan media berbasis budaya, seperti *Topeng Malangan*, untuk membantu anak dan keluarga membangun kembali makna, identitas, dan harapan.
Kata Kunci: disrupsi keluarga; pengalaman emosional; konseling keluarga; konseling naratif; Konselor PUSPAGA

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Introduction

Family disruption, including parental separation, divorce, prolonged marital conflict, and unstable caregiving, is a serious psychosocial issue because it affects children's emotional security, identity development, and relational adjustment. Although children respond differently to parental separation, evidence shows that family disruption may increase vulnerability to internalizing problems, social fear, depression, suicidal ideation, and self-injurious thoughts when protective relational resources are limited (Obeid et al., 2021; F. Wang et al., 2021). Its impact, however, is shaped by the quality of parent-child relationships, communication, resilience, and social support (Kleinschlömer & Krapf, 2023; van der Wal et al., 2024). Post-divorce adjustment is also influenced by interparental conflict, parenting quality, and co-parenting patterns (van Dijk et al., 2020). Family functioning is closely associated with adolescents' internalizing problems, positive youth development, and meaning in life (Shek et al., 2025; Q. Wang et al., 2021). These findings indicate that family disruption is not merely a structural change in family composition, but also a meaning-related experience that shapes how children interpret themselves, their parents, and their future.

The local context of Malang City reinforces the urgency of this study. Preliminary needs assessment with Dinas Sosial P3AP2KB Kota Malang indicated that divorce cases in Malang City have remained relatively high, reaching approximately 2,200–2,450 cases per year over the last three years. However, family disruption cannot be understood only as formal divorce. Many children may live in administratively intact but functionally fragile families marked by neglected caregiving, chronic conflict, violence, impulsive control, and the absence of emotional safety. Preliminary field data also highlighted children's vulnerability to physical, psychological, verbal, sexual, and neglect-related harm. National survey data cited in the service mapping reported that four out of ten girls and three out of ten boys aged 13–17 years had experienced violence during their lifetime. Reports of violence against children through Simfoni PPA also increased by an average of 28.75% from 2021 to 2024, with East Java identified

as one of the provinces with a high number of child victims. These conditions show that PUSPAGA counselors in Malang City work with family cases that are emotionally sensitive, urgent, and multidimensional.

In Indonesia, PUSPAGA, or *Pusat Pembelajaran Keluarga*, functions as a community-level family learning and counseling service. PUSPAGA counselors provide preventive and promotive assistance through consultation, psychoeducation, counseling, and referral support. In practice, however, community-based family counseling often involves emotionally intense narratives related to unresolved divorce, domestic violence, child vulnerability, family conflict, and legal uncertainty. Preliminary service mapping with Dinas Sosial P3AP2KB Kota Malang identified several challenges in family assistance, including case complexity, the need for fast and safe responses for children, limited intensive training, and the absence of standardized intervention tools rooted in local culture. Existing assistance has also not always focused systematically on reconstructing children's meaning in life. These issues create a strong rationale for strengthening narrative counseling competence among PUSPAGA counselors and raise an important research gap: little is known about how counselors emotionally experience this competence development process when reflecting on real family counseling dilemmas.

Narrative counseling is relevant because disrupted families often live with dominant problem-saturated stories, such as failure, abandonment, blame, helplessness, and shame. Narrative therapy views individuals as experts in their own lives and emphasizes externalizing problems, reconstructing meaning, and developing preferred stories aligned with clients' values and hopes (Jagatdeb et al., 2024). In the Indonesian counseling context, culturally grounded narrative counseling training has been developed to improve counselor competence. Hidayah et al. (2024), for example, developed a hybrid training package of narrative counseling based on *Parebhasan* culture, showing that local cultural values can be systematically integrated into counselor competency development. Systematic evidence also suggests that narrative therapy can reduce depressive symptoms through storytelling, reframing, externalization, deconstruction, and the search for alternative outcomes (Hu et al., 2024). When applied to children and families, narrative practices may provide a less pathologizing space for expressing difficult experiences and reorganizing stories toward agency and resilience (Jørgensen et al., 2024).

The cultural context of Malang City also opens space for culturally grounded narrative counseling. Preliminary service mapping identified *Topeng Malangan* as a symbolic-cultural medium that may help children externalize problems, explore values, and construct stories of hope. In this framework, *Topeng Malangan* is not positioned as a cultural ornament, but as a potential symbolic tool for helping children separate themselves from problems, recognize personal strengths, and reconstruct more adaptive meanings. Because children may express difficult experiences more safely through visual, symbolic, and story-based forms than through direct verbal explanation, such media may support future narrative counseling programs (Anggraeni Yuniantika & Hidayah, 2026) . However, because the present study focuses primarily on counselors' emotional experiences during competence development, the integration of *Topeng Malangan* is positioned as a future direction rather than as the main object of analysis.

Strengthening narrative counseling competence for PUSPAGA counselors cannot be reduced to technical mastery of questioning, summarizing, or reframing. Counselors who assist disrupted families are exposed to strong emotional expressions, including crying, anger, confusion, fear, and prolonged uncertainty. This exposure may create tension between empathy and excessive emotional involvement. Counselor development research shows that emotional intelligence, stress management, and empathy are important in preparing counselors to respond effectively to clients' emotional needs (Adade et al., 2024). Training using role-play, experiential learning, and reflective practice can also strengthen self-efficacy and emotional regulation among helping professionals (Widyadhari & Nurwianti, 2025). Thus, counselor competence must include the ability to regulate emotional responses during demanding counseling interactions.

Although previous studies have examined family disruption, adolescent adjustment, and narrative therapy, limited attention has been given to the lived emotional experiences of community-based family

counselors who directly assist disrupted families. Prior studies emphasize preventive programs for divorced or separated families, including psychoeducation and attachment-based interventions for parents and adolescents (Klein Velderman et al., 2024; Tay-Karapas et al., 2024). Other intervention studies and reviews show that high-conflict divorce and separation require careful professional support because children's well-being may be affected by prolonged parental conflict and unstable family relationships (Rautio et al., 2025). However, these studies tend to focus on clients, parents, or intervention outcomes, while counselors' emotional experiences remain underexplored, especially in community-based services such as PUSPAGA.

However, limited attention has been given to emotional regulation as an integral dimension of professional competence among community-based family counselors, particularly within PUSPAGA services. The tension between maintaining empathy, managing emotional involvement, and respecting client autonomy remains insufficiently explored in narrative counseling training. Furthermore, little is known about how reflective training discussions address these emotional and ethical challenges beyond technical counseling skills. To address this gap, the present study examines PUSPAGA counselors' reported experiences and facilitators' professional reflections to identify emotional and reflective dimensions relevant to narrative counseling competency development.

Based on this background, this study aims to explore the dynamics of PUSPAGA counselors' emotional experiences in strengthening narrative counseling competence for supporting disrupted families in Malang City. Using a phenomenological approach, this study focuses on how counselors experience emotional involvement, interpret the boundary between empathy and sympathy, manage emotional transfer, provide non-directive support, and understand narrative counseling as a way of helping clients reconstruct life stories. The study is expected to contribute to community-based family counseling by highlighting the emotional and reflective dimensions of counselor competence in PUSPAGA services.

Methodology

This study employed a qualitative phenomenological design to explore the emotional experiences of PUSPAGA counselors in developing narrative counseling competence for supporting disrupted families in Malang City. Phenomenology was selected because it allows researchers to understand how individuals experience, interpret, and give meaning to a particular phenomenon in their professional and social life worlds (Neubauer et al., 2019). In this study, the phenomenon under investigation was the emotional dynamics experienced by PUSPAGA counselors when reflecting on family counseling practices, including empathy, sympathy, emotional transfer, role boundaries, and self-regulation. The study was positioned within a descriptive phenomenological orientation because it aimed to describe the essence of participants' shared experiences rather than to test an intervention or measure counseling outcomes. Descriptive phenomenology is appropriate for identifying the essential structure of lived experience through significant statements, meaning units, and thematic descriptions (Sundler et al., 2019).

The research was situated in a narrative counseling competency development activity involving PUSPAGA counselors and counseling facilitators in Malang City. The discussion focused on practical issues in assisting families experiencing marital conflict, divorce processes, domestic violence, children's vulnerability, and emotional disclosure. This context was relevant because PUSPAGA counselors often work with complex and emotionally sensitive family cases. The transcript showed that the discussion addressed key counseling issues, including empathy and sympathy, emotional transfer and countertransference, active listening, rapport building, summarizing, client decision-making, session boundaries, and emotional recovery after counseling.

The participants consisted of six person involved in the narrative counseling training discussion: three facilitators and three PUSPAGA counselors. The facilitators guided the discussion and provided counseling-related explanations, while the PUSPAGA counselors shared field experiences and reflected

on their counseling practices as community-level family service providers. Participant information was derived from the training transcript; therefore, only role, gender, and institutional context were reported. The participant characteristics are presented in Table 1.

Table 1. Participant Demographics (n=6)

Participant Group	Number of Participants	Gender	Role in the Discussion	Institutional Context
Facilitators	3	Male	Guided the narrative counseling training discussion and provided counseling-related explanations	Higher education/counseling context
PUSPAGA counselors	3	Female	Shared field experiences and participated in the narrative counseling competency development discussion	Community-level PUSPAGA family service

The primary data source was a transcript derived from an audio recording of a narrative counseling training discussion. The discussion lasted approximately 52 minutes and involved three facilitators and three PUSPAGA counselors. The transcript documented reflective exchanges about counseling practice, emotional involvement, and the challenges of assisting families with complex problems. The audio recording was transcribed into a readable non-verbatim transcript while maintaining the core meaning of participants' statements. Transcript-based data were considered appropriate because qualitative research commonly uses textual data to understand participants' experiences, perceptions, and meaning-making processes (Tenny et al., 2022). In this study, the transcript was treated as a reflective group discussion document that captured participants' professional experiences and emotional responses during the training process.

The research procedure was conducted through several stages. First, the central phenomenon was identified, namely the emotional experiences of PUSPAGA counselors in developing narrative counseling competence for supporting disrupted families. Second, the training recording was transcribed into a readable transcript and checked to ensure that the discussion flow, speaker roles, and core meanings were retained.

Third, the researcher repeatedly read the transcript to gain an overall understanding of the discussion context, participant interaction, and recurring emotional issues. Repeated reading was used to build familiarity with the data before coding and theme development (Byrne, 2022). Fourth, the researcher conducted bracketing by writing reflective notes about prior assumptions related to PUSPAGA counseling, family counseling, emotional involvement, and narrative counseling. This step helped maintain analytical openness and reduce premature interpretation.

Fifth, significant statements related to emotional involvement, empathy, sympathy, emotional transfer, countertransference, role boundaries, active listening, client decision-making, and counselor fatigue were identified. These statements were then grouped into meaning units, such as fear of excessive intervention, difficulty handling crying clients, emotional contagion, avoidance of directive advice, and maintenance of professional boundaries. Then, the meaning units were clustered into broader experiential themes representing the structure of counselors' emotional experiences. Theme development was conducted inductively and reflexively, following the principle that themes are constructed through careful engagement with data rather than simply extracted from it (Braun & Clarke, 2022; Byrne, 2022). The research flow is presented in Figure 1.

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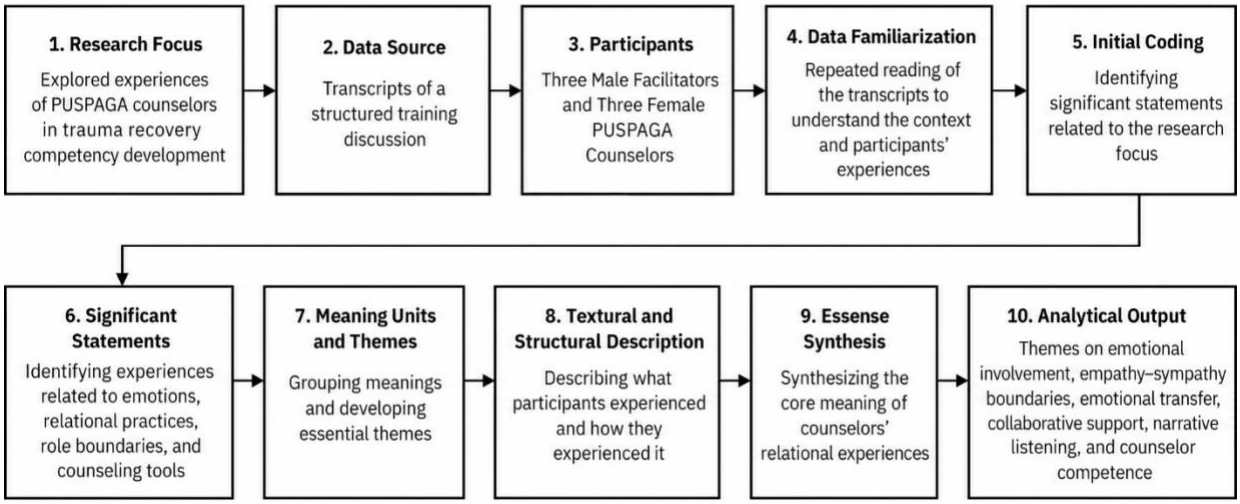


Figure 1 Phenomenological Research Procedure

Data were analyzed using phenomenological thematic analysis. The analysis followed the descriptive phenomenological orientation proposed by Sundler et al. (2019), which emphasizes openness, reflective analysis, and meaning-based theme development. It was also informed by contemporary thematic analysis principles, particularly repeated engagement with data, reflexive coding, and careful theme construction (Braun & Clarke, 2022; Byrne, 2022).

The analysis involved seven steps: repeated reading of the full transcript, identification of significant statements, coding of statement meanings, grouping of related codes into meaning units, organization of meaning units into experiential themes, development of textural and structural descriptions, and synthesis of the essence of participants' experiences. Textural descriptions explained what participants experienced, while structural descriptions explained how these experiences were shaped by the context of PUSPAGA family assistance and narrative counseling training.

To ensure analytical clarity, the interpretation of the training discussion differentiated between counselors' firsthand accounts and facilitators' instructional contributions. Statements in which PUSPAGA counselors described their own emotional responses, professional dilemmas, or coping strategies were treated as direct accounts of their experiences. In contrast, facilitators' explanations, conceptual interpretations, and recommended counseling practices were treated as reflective and instructional contributions within the training context. Each supporting excerpt was identified according to the speaker's role, and the interpretation of each theme was limited to the type of evidence available. Themes predominantly supported by facilitators' statements were therefore understood as topics of professional reflection and learning rather than as direct evidence of counselors' lived experiences or demonstrated counseling competencies. This distinction provided a basis for interpreting the training discussion without conflating participants' experiences with facilitators' professional guidance.

Trustworthiness was addressed through credibility, transferability, dependability, and confirmability (Stahl & King, 2020). Credibility was supported through repeated reading of the transcript and careful selection of significant statements that reflected participants' actual expressions. Transferability was strengthened by providing a clear description of the research context, participants, data source, and analytical procedure. Dependability was maintained by documenting the analytical process from data familiarization to theme development. Confirmability was supported through bracketing and reflective memo writing, which helped the researcher monitor personal assumptions during interpretation. Reflexivity was applied throughout the analysis because qualitative researchers actively shape the analytical process through theoretical sensitivity, prior experience, and interpretive decisions (Olmos-Vega et al., 2023). Analytical memos were used to document key decisions and ensure that the findings remained grounded in the transcript.

This study used transcript-based data from a narrative counseling competency development activity. Permission to use the transcript for research purposes was obtained from the relevant institutional context, and participants were informed that the discussion data would be analyzed for academic purposes. Participant confidentiality was protected by using role-based labels, namely Facilitator 1, Facilitator 2, Facilitator 3, PUSPAGA Counselor 1, PUSPAGA Counselor 2, and PUSPAGA Counselor 3. Personal names, identifiable client details, and sensitive information were omitted or generalized.

Because the discussion included references to family conflict, divorce, domestic violence, and emotional distress, the presentation of findings avoids exposing identifiable client information. The transcript and related research data were stored securely by the research team and were accessible only to authorized researchers for analysis and manuscript preparation. The study also maintained sensitivity toward PUSPAGA representatives' professional experiences by presenting their reflections as part of competency development rather than as personal shortcomings.

Results

The analysis of the narrative counseling training discussion identified six interrelated themes concerning emotional involvement, empathy, professional boundaries, client autonomy, narrative counseling practices, and emotional recovery. Importantly, these themes were informed by two distinct forms of participant contribution: firsthand reflections from PUSPAGA counselors and conceptual or instructional explanations provided by facilitators. Counselors' accounts illustrated specific professional experiences, including uncertainty about excessive involvement in a client's family decisions, emotional responses to child-related cases, and personal strategies for recovery after counseling. Facilitators, meanwhile, contributed conceptual interpretations and practice-oriented guidance concerning empathy regulation, countertransference, non-directive decision-making, narrative listening, and session boundaries. Accordingly, the findings are presented as themes arising from a structured professional training discussion rather than as a comprehensive representation of the lived emotional experiences of all PUSPAGA counselors. Table 2 distinguishes the sources of evidence and clarifies the interpretive scope of each theme.

Table 2. Themes, Participant Accounts, Facilitator Contributions, and Interpretive Scope

Theme	Counselor-Reported Experience	Facilitator Contribution	Interpretive Scope
Emotional involvement in family counseling	PUSPAGA Counselor 1 expressed uncertainty about excessive involvement in a client's family situation: "I still wondered whether I was wrong for getting involved too deeply."	Facilitator 1 distinguished supporting an existing client decision from making the decision on the client's behalf.	A firsthand account of professional uncertainty, interpreted through facilitator-guided discussion of role boundaries.
Boundaries between empathy and sympathy	No direct first-person counselor excerpt is presented for this theme.	Facilitator 1 explained that counselors should understand clients' sadness without becoming emotionally absorbed in it.	A facilitator-led conceptual discussion of empathy and emotional boundaries, rather than demonstrated emotional regulation by counselors.
Emotional transfer and countertransference	PUSPAGA Counselor 2 stated: "When it involves children, sometimes we also get carried away."	Facilitator 2 interpreted such emotional identification through the concept of countertransference and	A counselor-reported emotional response accompanied by a facilitator's conceptual interpretation;

Theme	Counselor-Reported Experience	Facilitator Contribution	Interpretive Scope
		family-role identification.	countertransference was not independently established.
Non-directive support in client decision-making	The professional dilemma reported by Counselor 1 in Theme 1 provided relevant contextual evidence, but no separate account of applying non-directive techniques is presented.	Facilitator 1 emphasized that counselors should clarify options and consequences without determining clients' major life decisions.	An instructional principle discussed during training, not evidence of independently demonstrated counseling skills.
Narrative listening and meaning reconstruction	No direct first-person counselor excerpt demonstrating narrative listening or meaning reconstruction is presented.	Facilitators 1 and 3 explained narrative re-authoring, attentive listening, and summarizing as counseling practices.	Training-related conceptual and procedural guidance rather than demonstrated acquisition of narrative counseling competence.
Emotional recovery and session boundaries	PUSPAGA Counselor 1 described sleep as a personal recovery strategy: “For me, I sleep.”	Facilitators discussed counseling-related fatigue, time for emotional recovery, session duration, and appropriate session closure.	A limited counselor-reported coping experience complemented by broader facilitator reflections on self-care and session management.

Note. Counselor-reported experiences refer to statements describing counselors' own professional experiences or emotional responses. Facilitator contributions refer to instructional explanations, conceptual interpretations, and recommended counseling practices. The absence of a direct counselor excerpt in a theme does not establish that counselors lacked the corresponding experience; rather, it limits the claims that can be supported by the excerpts presented. Accordingly, the themes represent different forms of reflection emerging within the training discussion and should not all be interpreted as independently documented lived experiences of PUSPAGA counselors.

Emotional Involvement in Family Counseling

The first theme reflects the emotional and professional uncertainty experienced by a PUSPAGA counselor when assisting clients with complex family problems. The discussion revealed how providing support in prolonged marital conflict and divorce-related cases could raise questions about the appropriate extent of counselor involvement.

PUSPAGA Counselor 1 described her experience assisting a woman whose divorce process had remained unresolved for several years. After attempting to clarify the situation by communicating with the husband's family, the counselor questioned whether her involvement had exceeded appropriate professional boundaries:

“*I still wondered whether I was wrong for getting involved too deeply*.” (PUSPAGA Counselor 1)

This statement illustrates the counselor's firsthand experience of professional uncertainty. Her concern was not simply related to the client's emotional distress but also to the possibility that her intervention could be interpreted as interference in a major family decision. The account suggests that assisting families experiencing prolonged conflict may involve negotiating the boundaries between professional responsibility and excessive involvement.

In response, Facilitator 1 offered a professional interpretation of the situation:

“*What should be avoided is asking someone to take a major decision in life. In that case, the decision had actually been made; the process was just not clear*.”

(Facilitator 1)

The facilitator distinguished between supporting a decision already made by the client and directing the client toward a particular decision. Importantly, this explanation represents the facilitator's interpretation rather than an additional experience reported by the counselor.

Together, these statements demonstrate how a counselor's professional dilemma became the basis for reflective discussion concerning responsibility, intervention boundaries, and respect for client autonomy. The finding is therefore grounded in a specific counselor-reported experience and its subsequent interpretation during training.

Boundaries Between Empathy and Sympathy

The second theme concerns the distinction between empathy and sympathy as discussed during narrative counseling training. Unlike the first theme, the available supporting statements were primarily provided by facilitators rather than through firsthand accounts from PUSPAGA counselors. Facilitator 1 emphasized the importance of understanding clients' emotional conditions without becoming absorbed in their distress:

> "*Empathy means we understand the condition they experience. They are sad, and we understand their sadness. But we do not become sad with them*." (Facilitator 1)

This statement reflects a professional explanation of empathy as an ability to recognize and understand clients' emotions while maintaining appropriate emotional boundaries. The facilitator distinguished empathic understanding from excessive emotional identification that could interfere with professional judgment.

The facilitator further acknowledged that emotional involvement may occur temporarily when professionals listen to particularly complex cases:

> "*When hearing complex cases, sometimes we are carried away for one or two minutes. The important thing is that we realize it and stop ourselves*." (Facilitator 1)

This explanation highlights emotional awareness and self-regulation as important considerations in counseling practice. However, because both statements originated from the facilitator, they cannot independently establish how the participating PUSPAGA counselors personally experienced or managed the distinction between empathy and sympathy. Accordingly, this theme is interpreted as a facilitator-led professional reflection on emotional boundaries. It identifies a competency area emphasized during training rather than providing direct evidence that counselors had already developed or demonstrated emotional regulation skills.

Emotional Transfer and Countertransference

The third theme concerns emotional responses arising during counseling interactions, particularly when cases involve children or family relationships. In contrast to the previous theme, the discussion included a firsthand statement from a PUSPAGA counselor describing her emotional involvement. PUSPAGA Counselor 2 acknowledged that child-related cases could influence her emotional responses:

> "*When it involves children, sometimes we also get carried away*." (PUSPAGA Counselor 2)

This statement provides direct evidence of the counselor's perceived emotional involvement when assisting clients in situations concerning children. The experience suggests that certain family counseling cases may be particularly emotionally demanding, although the statement does not establish the frequency, intensity, or consequences of these responses. Facilitator 2 subsequently interpreted this experience using the concept of countertransference:

> "*The counselor may see the client as if the client were their own child. Finally, the sadness is*

carried over, and the counseling process does not run as expected." (Facilitator 2)

The facilitator's explanation introduced the possibility that a counselor's personal identification with a client could influence emotional responses and professional judgment. However, this interpretation should be distinguished from the counselor's own description. The counselor reported feeling emotionally affected, whereas the facilitator supplied a conceptual framework for understanding that response. The available account does not independently establish the occurrence of countertransference as a clinical process. The discussion also addressed practical responses to clients expressing intense emotions. Facilitator 1 suggested:

"*When the client cries, give tissue and drinking water. After that, remain silent and` listen*." (Facilitator 1)

This statement reflects instructional guidance about maintaining an attentive and supportive presence during emotionally intense counseling interactions. Thus, the theme incorporates two different forms of evidence: a counselor's firsthand acknowledgment of emotional involvement and facilitators' explanations concerning potential emotional processes and appropriate counseling responses. The findings support the relevance of emotional awareness as a topic for professional reflection without demonstrating that participating counselors had acquired specific emotional regulation competencies.

Non-Directive Support in Client Decision-Making

The fourth theme emerged predominantly from facilitators' reflections on the ethical responsibility of counselors when assisting clients facing major family decisions. The discussion addressed circumstances involving divorce, reconciliation, separation, and other consequential decisions affecting family relationships. Facilitator 1 emphasized that counselors should avoid determining clients' major life decisions:

"*Major life decisions should not be spoken first by us. If the client has already said it first, then we may strengthen and support the process*." (Facilitator 1)

This statement articulates a professional principle concerning client autonomy. The facilitator emphasized that counseling should support clients in examining and clarifying their decisions rather than positioning counselors as decision-makers. The facilitator further illustrated how counselors might respond when clients explicitly request advice:

"*If I am asked what to do, I usually say: you have choices A, B, C, or D. If you choose A, the consequence is this; if B, the consequence is that*." (Facilitator 1)

This example represents the facilitator's description of a non-directive counseling response. Rather than prescribing a specific action, the counselor presents alternatives and encourages consideration of their possible consequences. The discussion was contextually connected to the professional uncertainty previously expressed by PUSPAGA Counselor 1 regarding her involvement in a client's unresolved divorce process. Nevertheless, the supporting statements in this theme primarily originated from the facilitator and do not independently document the participating counselors' application of non-directive counseling skills. Therefore, this theme illustrates an ethical and practical principle emphasized during the training discussion. It should be understood as a component of professional learning rather than as evidence of demonstrated improvement in counselors' decision-support competencies.

Narrative Listening and Meaning Reconstruction

The fifth theme reflects the conceptual and practical dimensions of narrative counseling discussed during the competency development activity. Facilitators emphasized listening, summarizing, and

helping clients reconsider their experiences through alternative narratives. Facilitator 1 described narrative counseling through the metaphor of reconstructing a personal story:

> "*In narrative counseling, it is like writing a story. The old story is given a new point of view. Then the client begins to write a new story for the future*." (Facilitator 1)

This explanation presents narrative counseling as a process through which clients may reconsider dominant interpretations of their experiences and explore alternative meanings. The statement reflects the facilitator's conceptual understanding of narrative reconstruction rather than a direct account of a counselor's application of the technique. The importance of attentive listening was further emphasized by Facilitator 3:

> "*The first helping skill is listening. There is nothing else to do at first; just listen*." (Facilitator 3)

This statement positions listening as a fundamental counseling practice. Rather than immediately offering solutions, counselors were encouraged to provide space for clients to communicate their experiences. Facilitator 1 also explained the function of summarizing in organizing emotionally complex narratives:

> "*We can retell the client's story in a shorter version. This helps the client breathe and helps us organize our understanding*." (Facilitator 1)

The facilitator described summarizing as a means of clarifying the client's story while maintaining the structure of the counseling conversation. In the context of family disruption, such practices were presented as useful for addressing narratives involving multiple relational and emotional concerns. However, all three supporting excerpts originated from facilitators. Consequently, the available evidence demonstrates the narrative counseling principles discussed during training but does not independently establish that PUSPAGA counselors implemented these practices or improved their narrative counseling competencies. This theme is therefore interpreted as a facilitator-led discussion of narrative counseling processes, particularly attentive listening, summarizing, and meaning reconstruction, rather than an observed account of counselors' practical performance.

Emotional Recovery and Session Boundaries

The sixth theme concerns emotional recovery and the management of professional boundaries following emotionally demanding counseling encounters. Unlike themes supported exclusively by facilitators, this discussion included a firsthand account from a PUSPAGA counselor concerning her personal recovery strategy. When participants discussed ways of responding to emotional demands after counseling, PUSPAGA Counselor 1 stated:

> "*For me, I sleep*." (PUSPAGA Counselor 1)

Although brief, this statement provides a direct account of the counselor's reported recovery practice. It indicates that rest was personally relevant to her management of emotional demands. However, the statement alone does not establish the extent of her emotional fatigue or whether the same strategy was used by other counselors. Facilitator 3 contributed a separate reflection based on his own experience:

> "*I usually tell my wife that I have just finished counseling. If I become quiet, please do not think negatively*. I just need time alone." (Facilitator 3)

Unlike the counselor's account, this statement describes the facilitator's personal strategy for managing emotional demands following counseling. It illustrates how a helping professional may communicate the need for emotional recovery to family members. The discussion also addressed the potential demands of prolonged counseling sessions. Facilitator 2 explained:

"*One full hour of counseling can already be very tiring, especially when the case is heavy*." (Facilitator 2)

This statement reflects the facilitator's perspective on counseling-related fatigue and the importance of considering session duration. Regarding appropriate session closure, Facilitator 1 suggested:

"*We can say, let us stop here first, not because we want to cut it off, but so that we can schedule another meeting and discuss it more carefully*." (Facilitator 1)

This recommendation emphasizes the importance of managing session boundaries while communicating continued professional support. Taken together, these statements illustrate how emotional recovery and session management were discussed from different participant positions. The PUSPAGA counselor provided a limited firsthand account of her personal coping practice, whereas facilitators contributed personal reflections and practical recommendations. Accordingly, this theme highlights emotional recovery and session boundaries as areas of professional concern within the training discussion, without assuming that all participating counselors experienced identical emotional demands or adopted the same recovery strategies.

Across the six themes, the findings reveal two interconnected dimensions of the narrative counseling competency development discussion. First, counselors' firsthand accounts highlighted specific professional experiences, including uncertainty about excessive involvement in family decisions, emotional responses to child-related cases, and personal recovery strategies. Second, facilitators' contributions provided conceptual explanations, professional interpretations, and practical recommendations addressing empathy, countertransference, client autonomy, narrative listening, and session boundaries.

The overarching interpretive pattern emerging from these interactions concerns the negotiation between professional care and appropriate boundaries. Counselors' reported experiences provided concrete examples of the emotional and ethical dilemmas encountered in family assistance, while facilitators' reflections positioned these dilemmas within broader counseling principles.

Importantly, this interpretive pattern represents the reflective content of a specific training discussion rather than an independently established description of the overall emotional experiences of PUSPAGA counselors. The findings therefore contribute to understanding how emotional awareness, ethical boundaries, and narrative counseling principles were discussed within community-based counselor development, while avoiding claims of demonstrated competency improvement or generalization beyond the available data.

Discussion

This study explored PUSPAGA counselors' emotional experiences in strengthening narrative counseling competence for supporting disrupted families in Malang City. The findings show that counselors' emotional experiences are not merely secondary effects of counseling practice, but part of professional competence itself. The six themes indicate that narrative counseling competence requires technical skill, emotional literacy, reflective self-regulation, ethical boundaries, and respect for client autonomy.

The first key finding concerns the emotional intensity experienced by PUSPAGA counselors when assisting families with complex problems. Family disruption often involves relational loss, parental conflict, uncertainty, and emotional distress. Previous studies show that social support, resilience, self-compassion, and positive parent-child relationships are important protective factors in family adjustment after divorce (Bonner et al., 2024; Lan et al., 2019). In this study, counselors encountered similar complexity through cases of prolonged divorce, domestic violence, child vulnerability, and unresolved marital conflict. This confirms that PUSPAGA counselors do not merely provide administrative assistance; they are also exposed to clients' relational and existential struggles.

The participants' concern about "getting involved too deeply" reflects a central dilemma in community-based counseling. Counseling requires empathy, warmth, and alliance, and previous evidence shows that therapist empathy and therapeutic alliance are associated with better helping outcomes (Elliott et al., 2018; Flückiger et al., 2018). However, the findings show that relational closeness must be balanced with professional boundaries, especially when clients face major family decisions such as divorce, reconciliation, or separation from a harmful relationship. Thus, PUSPAGA counseling requires emotional presence without directive control.

The distinction between empathy and sympathy emerged as one of the strongest findings. Empathy allows counselors to understand clients' suffering while maintaining reflective distance, whereas excessive sympathy may pull counselors into the same emotional turbulence as the client. Studies on therapeutic relationships emphasize that positive regard, genuineness, goal consensus, and collaboration strengthen counseling when expressed within a clear professional frame (Farber et al., 2018; Kolden et al., 2018; Tryon et al., 2018). In this study, facilitators repeatedly clarified that counselors may understand clients' sadness, but should not become trapped in it. This finding suggests that empathy in PUSPAGA counseling should be trained as a regulated professional skill, not treated merely as spontaneous emotional concern.

The theme of emotional transfer and countertransference further explains why emotional boundaries are essential. Countertransference may blur professional judgment when counselors respond to clients through their own emotional histories or unresolved relational meanings (Michaud et al., 2023). Recent transtheoretical work also conceptualizes countertransference as a complex experiential process that needs to be recognized, reflected upon, and managed rather than denied (Barreto & Matos, 2024). The counselors in this study reported being more affected when cases involved children or resembled family roles. This indicates that PUSPAGA counselors need explicit training to identify emotional triggers, especially in cases involving children, violence, abandonment, or parental figures.

The discussion about crying clients illustrates how emotional regulation appears in practical counseling responses. Instead of immediately giving advice, touching the client, or offering quick reassurance, facilitators suggested giving tissue and water, remaining silent, and allowing the client to complete the emotional release. This aligns with the idea that therapist responsiveness should be adjusted to the client's condition, needs, and readiness (Norcross & Wampold, 2018). In this context, silence is not neglect, but a disciplined response that protects the client's catharsis and helps the counselor remain emotionally regulated.

Another important finding concerns non-directive support in client decision-making. The facilitators emphasized that counselors should provide alternatives rather than determine whether clients should divorce, reconcile, return to a spouse, or leave a family situation. Narrative and family therapy similarly position clients and families as meaning-making agents, with counselors facilitating re-authoring rather than imposing solutions (Dane et al., 2025; MacLeod et al., 2021). This non-directive stance is especially important in disrupted families because decisions often involve competing loyalties, children's needs, legal processes, social stigma, and safety concerns. Structured divorce-related support can help adults navigate post-divorce adjustment when it combines psychoeducation, emotional regulation, and meaning-oriented strategies (Sander et al., 2024). In PUSPAGA practice, this means that counselors should clarify choices and consequences while preserving clients' ownership of major life decisions.

The fifth theme demonstrates the strongest connection between the findings and narrative counseling. Narrative therapy assumes that people may become trapped in dominant problem-saturated stories and that counseling can help them develop alternative meanings and preferred identities. Systematic reviews show that narrative therapy has been applied across diverse populations and is associated with improvements in psychological symptoms, self-understanding, and meaning reconstruction (Ekinci & Tokkaş, 2024; Ghavibazou et al., 2022). In this study, facilitators described narrative counseling as giving an old story a new point of view and helping clients write a new story for

the future. This interpretation is consistent with the re-authoring logic of narrative counseling.

Narrative listening in this study was not passive listening. Counselors were encouraged to use attending, summarizing, reflecting, and organizing clients' stories. Scoping reviews on narrative and family therapy show that narrative work can support adaptation to adverse circumstances by helping clients and families externalize problems, reframe meanings, and build more coherent stories (Dane et al., 2025; Ferrer-Duch, 2025). The finding that summarizing helps clients "breathe" and helps counselors organize understanding suggests that summarizing functions as both a communication technique and a narrative structuring tool. For disrupted family cases, this is crucial because one case may involve marital conflict, child vulnerability, violence, legal uncertainty, economic pressure, and extended family dynamics. Young people's post-separation experiences are shaped by relational quality, shared care arrangements, and perceived adult support (Merson et al., 2023), while resilience and supportive relationships are important in recovery from adverse childhood experiences (Leung et al., 2022). Therefore, narrative counseling should help clients identify the most urgent problem and gradually reorganize fragmented stories rather than forcing complete resolution in one session.

The finding on emotional recovery and session boundaries highlights the emotional labor of PUSPAGA counseling. Counselors reported fatigue after listening to intense cases, and facilitators described the need for rest, time alone, communication with family members, and limited session scheduling. Mental health practitioner self-care has been identified as an ethical and practical requirement for sustaining professional functioning (Posluns & Gall, 2020), and recent literature shows that self-care can help reduce or prevent burnout among counseling professionals (Turner et al., 2025). Unclear boundaries and continuous emotional demands may increase burnout risk among helping professionals (Rokach & Boulazreg, 2022), while qualitative work on therapist self-care shows that practitioners may carry hidden harm when caring for others is not balanced by caring for the self (Baker & Gabriel, 2021). Thus, setting session limits, scheduling follow-up meetings, and closing sessions carefully should be viewed as part of counseling competence, not merely administrative procedure.

These findings also suggest the need for supervision and reflective spaces in PUSPAGA services. Countertransference and emotional over-involvement are not individual weaknesses, but relational experiences that require awareness, supervision, and professional processing (Barreto & Matos, 2024; Michaud et al., 2023). Reflective supervision can help counselors examine why certain cases affect them, when empathy becomes sympathy, and how personal family roles may influence counseling responses. This is consistent with Ramli et al. (2023), who emphasized that counseling competence involves not only observable techniques, but also counselors' internal cognitive and reflective processes during counseling encounters.

The study contributes to narrative counseling competency development in several ways. First, it shows that narrative competence includes the ability to listen to clients' stories without becoming emotionally absorbed in them. Second, it demonstrates that counselors need to support meaning reconstruction while preserving client autonomy. Third, it highlights that emotional boundaries do not weaken empathy; they protect the quality of empathic engagement. Fourth, it shows that counselor self-care and session management are essential in community-based family counseling. These findings suggest that PUSPAGA training should strengthen empathy regulation, countertransference awareness, non-directive questioning, narrative summarizing, ethical session closure, and counselor self-care. Narrative therapy has been discussed as a useful approach for helping children and families navigate divorce-related difficulties (Bonner et al., 2024). Therefore, PUSPAGA training should include case simulations involving children from disrupted families so that counselors can practice transforming problem-saturated stories into alternative narratives without imposing decisions.

This study also has implications for culturally grounded narrative counseling. Although the present transcript focused more strongly on emotional experience and counseling competence than on cultural media, narrative approaches are compatible with culturally situated meaning-making because they allow clients to reinterpret identity, relationships, and values within their own social context. Narrative and systemic approaches can be adapted across counseling contexts when they support client agency and

family adaptation (Ferrer-Duch, 2025; MacLeod et al., 2021). In the Indonesian counseling context, this culturally grounded orientation is supported by studies showing that local and religious values can be integrated into counseling to strengthen meaning reconstruction. Hanafi et al. (2025) found that culturally integrated counseling can develop students' meaning in life through the blending of local and religious values, while Mahfud et al. (2025) showed that symbolic-narrative cultural intervention can support well-being recovery through contextual assessment, meaning reinterpretation, and reflective exploration. Therefore, future PUSPAGA programs may integrate local cultural media, such as *Topeng Malangan*, as symbolic tools for helping children and families reconstruct identity and meaning.

Despite these contributions, this study has limitations. The data were derived from a training transcript rather than individual in-depth interviews. Therefore, the findings should be understood as an analysis of reflected experiences in a training context, not as a complete account of each participant's private emotional world. Future studies should include individual interviews, field observations, reflective journals, and follow-up supervision sessions to deepen understanding of how PUSPAGA counselors apply narrative counseling competence in actual family assistance. Another limitation concerns the limited demographic information available in the transcript. The analysis identified participants as three facilitators and three PUSPAGA counselors, but it could not include age, years of service, educational background, or professional certification. Future research may examine how professional background influences emotional regulation, boundary awareness, and narrative counseling practice, as well as whether narrative counseling training improves counselors' confidence, perceived competence, and emotional resilience over time.

Overall, this study indicates that strengthening narrative counseling competence for PUSPAGA counselors requires the integration of technical, emotional, and reflective competencies. The essence of participants' experience lies in negotiating care and boundary. Counselors must remain emotionally present while maintaining enough distance to protect client autonomy and their own well-being. In this sense, narrative counseling competency development is not only about helping clients rewrite their stories, but also about helping counselors understand their own emotional position within the helping relationship.

Conclusion

This study concludes that PUSPAGA counselors' emotional experiences are central to the development of narrative counseling competence for supporting disrupted families in Malang City. The findings reveal six experiential themes: emotional involvement in family counseling, boundaries between empathy and sympathy, emotional transfer and countertransference, non-directive support in client decision-making, narrative listening and meaning reconstruction, and emotional recovery and session boundaries. These themes show that narrative counseling competence requires not only technical counseling skills, but also emotional awareness, reflective self-regulation, ethical boundaries, and respect for client autonomy. For PUSPAGA services, the findings highlight the need for structured training in empathy regulation, emotional transfer awareness, non-directive questioning, narrative summarizing, ethical session closure, and counselor self-care. Although this study is limited to a training transcript, it offers practical insight into the emotional and reflective dimensions of community-based family counseling. Future research should examine actual counseling practices through interviews, observations, reflective journals, and supervision-based studies, while also exploring culturally grounded media such as *Topeng Malangan* as symbolic tools for helping children and families reconstruct meaning, identity, and hope.

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