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- Implications of practicing counselling in urban Karnataka with Western counselling methods.

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Abstract

This study presents how Indian counsellors in urban India work with Western counselling methods with Indian clients. The study is categorised as part of the cross-cultural counselling research field where a major assumption is that counselling methods are part universal, part contextual. This study explores how counsellors in Bangalore culturally adapt Western methods. The method used is qualitative semi-structured interviews with seven counsellors at Parivarthan Counselling, Training and Research Centre in Bangalore. The theoretical framework in this study is based on New Institutional Theory, with constructs such as Glocalisation, Translation, and finally Cultural Preparedness to understand the context of the counselling profession in Bangalore. Results show that the Bangalore counsellors meet clients that are culturally prepared for short-term and advice-oriented counselling. The clients are part of a context where family and spirituality are of great importance. The counsellors use Western counselling methods only but adapt their approach and language with indigenous elements and emphasise the individuality of each client. They use a person-centred and an integrative approach, in which they are informed by several Western counselling methods, but do not use them dogmatically. The individuals' needs and the relationship between counsellor and client is emphasised. Parivarthan Counselling, Training and Research Centre is part of a complex organisational field with influences from India, the East as well as from the West.

Key words: cross-cultural counselling, counselling methods in India, mental health in India, Western counselling methods in India, cross-cultural psychology.

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1 Introduction

The connection between counselling methods and culture has been widely studied. Several scholars have directed focus to the Western bias that exists in science, and emphasised the need for cultural adaptation of methods and approaches in psychology and counselling. Professor Uwe P. Gielen in Laungani, (2009) writes that psychology, at its birth in 1879 was a two-sided enterprise. Wilhelm Wundt, known as the creator of psychology, made a division between “physiological-experimental psychology and *völkerpsychologie* (psychology of people)” (p. x). He claims that the latter, the one that focused on cultural influence, was forgotten. Gielen writes that psychology has emerged as a stand alone science, but that it is biased and many times mistaken as universal. Gielen continues:

(O)ur developmental, personality, social, clinical, and counselling psychologies, for instance, are suffused with individualistic assumptions and values that feel natural and right to most liberal Americans and Western Europeans but that would be experienced as odd, off-centre, and even immoral to the more collectivistic inhabitants of traditional sub-Saharan African villages (ibid., p. xi).

Sub-Sahara is given as an example by Gielen, illustrative of collectivistic inhabitants, which are also found in India¹. What happens when methods, that are either posed as universal or simply produced in a Western context (not necessarily posed as universal) are used in non-Western countries? This question lies at the core of my essay.

I have chosen to explore cross-cultural counselling in India. Once a British colony with strong Western influences, India is a country with a rich indigenous culture and has a diversity of subcultures (Ranye & Cinarbas, 2005, p 155). In India there are over 400 different languages spoken. The country is a federation, with communist Kerala in the South and Tibetan influenced Dharamsala in the North, and within each state or region exists a multitude of expressions derived from these diverse influences. How are these cultural needs met in counselling with Western based methods?

Due to the lack of accreditation of counsellors in India and the lack of a governing body for the profession, counselling in one Indian region can suggest one thing and something else in another; practice and accessibility to counselling varies immensely.

I have chosen to do my field study in the state of Karnataka. Bangalore, it's capital, is one of India's biggest cities. It is known as a technological hub with a booming IT industry and a

¹ See section *previous research* and Laungani's theoretical model of East and West.

city under tremendous transition and modernization. Traditional Indian values meet with modernization and Western influences in a growing urban setting. More about why I chose this city can be found under the section *Selection*.

1.1 Definition

Counselling training in India can last from a two-week basic communication skills course, to a two-year Masters in clinical psychology, yet both of these educational backgrounds would qualify to practice under the title counsellor (Arulmani, 2009, p. 252). Therefore, *one single* established definition of what counselling is in Indian practice does not exist. On that note, one single definition of what counselling is, in an international context, does not exist either (Gerstein et al, 2009, pp. 5-6; 252). In Swedish social work, the term counselling has been introduced but is not widely known (Larsson & Trygged, 2010, p. 14). A broad definition of counselling is:

A focus on using a broad array of psychological strategies and activities aimed at the process of helping others to reach individual, group, organisational and system goals.” (Gerstein et al., 2009, p. 5)

In my essay I will focus on individual, couple and group counselling, with focus on psychosocial problems. The latter excludes themes such as medication, psychiatric help, diagnosis and severe mental illness. I have chosen this limitation partly because the scope of my Minor Field Study did not allow for more material. Partly because my interest in Western methods used in talking counselling is similar to the work that social workers do in Sweden. I therefore exclude the realm of psychologists that work with diagnosis and medication.

The centre in Bangalore that I have chosen to study does not offer help beyond counselling but they offer referrals to psychiatrists, programs for drug abuse, shelters, safe houses and so on. The counsellors do not diagnose, prescribe medication, they do not offer shelter at their centre. They are a stand alone non-governmental organisation (NGO) that offers an array of talk-based counselling. My empirical material therefore is focused on the type of counselling that is offered for psychosocial and emotional problems. A final definition is needed that includes the dimension of culture, I have chosen to use the term cross-cultural counselling:

The pursuit and application of universal and indigenous theories, strategies (e.g., direct service, consultation, training, education, prevention), and research paradigms of counselling and mental health help seeking grounded and in-depth examination, understanding, and appreciation of the cultural and epistemological underpinnings of countries located worldwide. (Gerstein et al., 2009, p. 6)

When I write *cross-cultural counselling* the reader is referred to the definition above. How cross-cultural counselling is practiced specifically in Bangalore will be presented under the section *Results*. In conclusion, I am interested in how counsellors in the urban setting of Bangalore reason about the context for counselling and how they reason about their use of Western methods and approaches in the Indian context. I will from now on use the term *counselling* as description of talk-based counselling aimed at helping people with psychosocial mental health problems.

1.2 Problem

Within India there are several University level programs that offer degrees in counselling; the content made up of research and methods from U.S.A, Europe and India, though the Western methods dominate the field (Gerstein et al., 2009, p. 252). That research and methods are created in the West and put into use in a non-western countries is problematized by previous research. Scholars emphasise the need for *cultural sensitization*, meaning a practice that includes a cultural adaptation of counselling methods (Laungani, 2009; Gerstein et al. 2009). Further the lack of a governing body hinders a unified profession and therefore a range of diverse practices exists. Scholars claim that counselling methods should be culturally adapted and that the counsellor must be culturally sensitive in their practice. Lack of cultural sensitization risk ineffective methods. At worst it can cause psychological damage to individuals, and/or impose post-colonialism at a structural level.

1.3 Purpose

The purpose of my essay is to explore the use of Western mental health counselling methods through the perspective of counsellors at an Non-Governmental Organisation (NGO) in Bangalore. The focus lies on understanding the indigenous context for counselling at the chosen centre and analyse how the Western counselling methods are culturally sensitized.

1.4 Research questions

1. How is the context for the counselling profession at Parivarthan Counselling, Training and Research Centre in Bangalore described by the counsellors?
2. What methods or approaches do the counsellors use in their counselling?
3. How can the methods be understood in terms of cultural sensitization?

1.5 Outline

In the section *Background* the reader is introduced to the field of counselling in India and Bangalore. After that, in the section about *Method* follows a description of how the study was conducted from start to finish. I start of with describing the conceptualization process, followed by how I made my selection of the counselling centre in Bangalore. I then introduced the counselling centre to the reader. After that I present my intended plan and the actual outcome of the interviews; how I handle the interviews; alternatives to validity and reliability and finally my method of analysis. That is followed by *Ethical Considerations* in the study. The next section is a summary of the *Previous Research* within the field of cross-cultural counselling where I present Laungani's theoretical model of East and West; summarize three major research fields: cross-cultural counselling, cultural counselling and indigenous counselling. I also summarize several empirical studies about India and counselling/mental health. The section after that describes my *Theoretical Framework*; New Institutionalism, Glocalisation, Translation and finally Arulmani's construct of Cultural Preparedness. Finally I present my *Results, Analysis* and a *Summary and Discussion* of my conclusions.

2 Background

The section below offers the reader a short introduction to the meta-categories East and West. It is followed by a description about India and mental health services and about Bangalore and counselling services.

2.1 The East and the West

Reading about grand constructs such as the East and the West, inevitably lead to categorizations, which of course are based on generalizations. I have repeatedly come across labels such as the individualistic West and the collectivistic or communal East in previous research (Laungani, 2009, pp. 4-5). Of course there is something very problematic about generalizing entire continents in this manner, ignoring the heterogeneous world we live in. At this point in the essay I will use these categories to refer to methods that are produced within a Western culture, and how they are applied to ethnic minorities in the West or by counsellors in an Eastern country, like India. In the section *Previous Research* I present Laungani's theoretical model for these constructs. I find it necessary to categorise and do not necessarily

find the categorisation- as such, to be dangerous (mindlessly reproducing colonial discourse) what is dangerous is not discussing what a category means. With the help of Laungani's model I will discuss the categories East and West.

2.2 Brief history

India was a British colony from the year 1859 to 1947. The effects of colonization has influenced many areas in India. The British built mental hospitals during the colonial years, though primarily to treat Europeans residing in India. After India gained its independence in 1947 mental health services were expanded. Psychiatric services were instead incorporated into general hospitals rather than organized as stand alone mental institutions. This re-organisation led to somewhat of a decreased stigma for mental health patients. Around this time the government also formulated policies important for the advancement of the field, among them subsidized health care (Raney & Cinarbas, 2005, p. 154).

“In India, there are only 37 governmentally run mental hospitals, 3,500 psychiatrists, 1,000 psychiatric social workers, and 1,000 clinical psychologists to serve a population of more than one billion.” (ibid., p. 154) There is great need for an expansion of mental health services. The lack of licensing and accreditation for professionals within the mental health field causes several problems, among them the lack of statistical information and the possibility of informed choices for patients and their families. Even though the services mentioned above are targeted at groups with severe mental illness, the mental health field affects the counselling profession and the stigma surrounding mental health problems.

Indigenous models of healing such as Ayurveda, Astrology, Yoga, Gurus, Priests and Shamans are prevalent in India and there is a development towards incorporating indigenous methods into counselling such as breathing exercises or holistic body-mind approaches from Yoga (Raney & Cinarbas, 2005, p. 157). Although to a large degree, the traditional methods mentioned above are separated from Western based counselling methods.

2.3 Bangalore and counselling services

In the urban city Bangalore, there are many different counselling services offered: career counselling within the corporate world, government funded counselling and non-governmental counselling centres (NGOs); secular and non-secular. There are counselling services offered as stand alone services or part of holistic interventions, such as combinations of long-term stay at institutions with rehabilitating programs (for example Medico-Pastoral

Association). Besides counselling, variations of training in psychotherapy, psychology and coaching are offered in short and long-term courses. Further various other methods such as hypnotherapy or Yoga Therapy exist. The problem of what is what, relates back to previous statement that titles are not accredited or protected and therefore a wide range of services are offered with various practices.

3 Method

In all research, empirical data is connected to ideas or concepts. “Measurement links the data to the concepts, yet the measurement process differs depending on whether our data and research approach are primarily quantitative or qualitative.” (Neuman, 2011, p. 200) I have chosen to gather my empirical material through a minor field study in Bangalore, India. I have used semi-structured interviews, a qualitative method. Below follows a description of my methodological process.

3.1 Operationalization and Conceptualization

Qualitative studies are commonly approached through an inductive process, “where we are measuring and creating new concepts simultaneously with the process of gathering data” (Neuman, 2011, p. 200). Measuring can be done through quantitative and qualitative methods. While quantitative studies are commonly known for measurement in numbers and qualitative studies can do that also, the latter often includes measuring other units than numbers, such as words, observations, body language, tone in “non-standard shapes, sizes and forms” (ibid, p. 200). According to Neuman the measuring process includes two steps: operationalization and conceptualization. As mentioned above this process will look different depending on if it is a qualitative or quantitative study.

“Operationalization describes how we gather specific observations or data and how we struggle to understand the data as the data evolves into abstract constructs.” (Neuman, 2011, p. 206) The operationalization of my study is made simultaneously with the gathering of data. Once I made the first interviews, I narrowed down the amount of questions I had in my initial interview guide. I also understood what topics I needed to ask in-depth and repeating questions about, to gain a fuller understanding of a certain topic. Through this process I found important concepts that further on were connected to theoretical constructs. As part of my operationalization I include a description of my intended plan for the interviews and the outcome, as well as my method of analysis.

I have chosen to gather my empirical material through qualitative interviews because they allow for open questions and instant follow-up questions. It has resulted in the type of in-depth empirical data that I intended to gather. This could also have been handled in a quantitative questionnaire with open questions, but I would lose the opportunity to ask spontaneously for clarifying answers and conduct in-depth interviews.

In my study I want to explore the counsellors' subjective experience of cultural sensitivity. Previous research states that cultural sensitivity is needed. I do not want to prove to what *extent* it is practiced at Parivarthan. This study is based on a small number of practitioners, instead the focus is on understanding *how* the counsellors reason about cultural sensitivity.

In order to reach my goal I started off with abstract constructs such as counselling and culture. Through the help of previous research I came in contact with theoretical terminologies such as cultural sensitivity and various constructs concerning the relationship between counselling and culture such as: cross-cultural counselling; multicultural counselling; transnational counselling; indigenous counselling and so on. By reading about these research fields, visiting India, visiting the chosen centre and conducting interviews I have developed an understanding of the different constructs in an on-going process of finding boundaries. "In qualitative research, we also reflect on concepts before gathering data. However, many of the concepts we use are developed and refined during or after the process of data collection." (ibid., p. 200) This has influenced my choice of what to *finally* include in the sections: previous research, theory and results. By large the areas within previous research shaped my interview guide (see appendix 1 & 2).

As mentioned above in qualitative studies, measurement and conceptualization is produced parallel with collecting data. Through my stay in India and my recorded interviews I have gone through a process of placing further boundaries to the purpose, scope and core themes of my study (Neuman, 2011, pp. 202- 203). They are as follows: the unit that I study is a group: counsellors that work at Parivarthan. By studying the premise for the profession in India I have come to learn that the title counsellor means various things from organisation to organisation. I have therefore chosen the unit *one* organisation, and explore cultural sensitivity in counselling amongst counsellors within that organisation. All the interviewed counsellors are trained and work at the same centre. Some of them have also trained in the West, all of them have come in contact with counsellors or psychologists that are trained in Western countries by working together at Parivarthan. The respondents all have access to supervision, have gone to private counselling and abide by the same ethical guidelines.

3.2 Selection

Initially I wanted to establish contact with a counselling centre before arrival in India. I was open to visit one or several centres in any city in India. My criteria for the centre was that they conducted counselling face to face with clients, that they had several employed counsellors so that I could conduct several interviews, that they were trained counsellors² and that they used counselling methods (rather than pure therapy or coaching). I have therefore used purposive sampling (Neuman, 2011, pp. 267-268). My aim was not to find one case that would represent counselling in Bangalore. The practice of counselling, as stated previously, is different from case to case and finding cases that are representative would create demands beyond the scope of this essay.

Since I have no contact in the country I searched for counselling centres online. This limited my search a lot. I could only contact centres that first, have a website and second, that were in English. I googled the search words: counselling+ therapy+ social work+ mental health+ centre+ clinic+ organisation+ India in various combinations.

I found clinics and centres all over India and initially e-mailed them in short about my essay and asked if they would be interested in participating with interviews. I received few serious answers. Many answered that I could call them once I arrived, but I needed a contact that I could engage with before arrival. The counselling centre Parivarthan in Bangalore gave me a serious response, asked for my intentions, purpose and study plan and they matched my criteria.

3.2.1 Parivarthan Counselling, Training and Research Centre in Bangalore

All the counsellors that work at Parivarthan have gone through the preparatory course “Life Skills Training - Module I”. After this course, counsellors can apply for the one year long “Training Program, Basic Skills in Counselling” which they all have completed to be able to work as counsellors at Parivarthan. They are taught several counselling methods and theories. Such as:

Theories of Counselling/ Psychotherapy:

- Humanistic Approaches: Person-Centred Counselling, Gestalt Counselling
- Transactional Analysis
- Cognitive Behavioural Therapy
- Psychodynamic Approaches

² Since there is no national governing Board supervising counselling I initially included centres that stated in their website that they have trained counsellors and asked for more details about the duration of training once someone from that centre answered my e-mail.

- Developmental theories under-pinning above approaches

Counselling Skills:

An integrative framework of training in micro skills of Counselling drawing from:

- G. Egan – 3 Stage Model of Helping Skills
- R. Carkhuff – Interpersonal skills
- A.E. & M.B. Ivey – Intentional Interviewing (Parivarthan, Training program) (www.parivarthan.org)

They also discuss a range of topics in the training such as ethics or spirituality. They work with children, adolescents, couples, families and individuals. The problems that the clients need help with vary immensely. The counsellors evaluate, from case to case, what the client needs. If the counsellors regard a problem as a serious mental health issue, they refer the client to a doctor or psychiatrist for evaluation. Thus, the counsellors that I have focused on do not work with medication or severe mental illnesses as previously mentioned.

3.2.2 Gatekeeper

Parivarthan's director is the one that answered my initial e-mail and kept contact with me before, during and after my stay. She answered several of my e-mails before arrival, she was clear about what was expected of me and helped me with practical things such as suggestions for housing.

She was also clear about the organisations ethical policy and that I was not allowed to interview clients or take part in counselling sessions. She made all my appointments for interviews with the counsellors and introduced me to NGOs' that work within the field of mental health. She was my so called "gate keeper" into the research field and made the circumstances for my empirical gathering very effective (Neuman, 2011, s. 429-430).

3.2.3 The respondents

One important aspect of the counsellors experience at Parivarthan is that some of them have educational experience from abroad (Germany, Netherlands, U.S.A) and that the clinic has had employees from the U.S.A. and the U.K., or they have offered work-shops with counsellors from a Western context. The counsellors have worked for several years in India, they are all born and raised in India. Some of the counsellors have not trained abroad and are schooled entirely in India. These experiences make the comparison between East and West, based on more than premonitions and speculations, which raises the validity of the study. Further the counsellors work part time at the centre and therefore also have other counselling jobs that contribute to the range of experiences. All the counsellors at the centre are female,

therefore no men are part of the study. This is a variable that will not be part of my analysis. Not because it is not important, on the contrary there could be a lot of interesting research done on how that affects the counselling. It is a boundary I have made due to the scope of the essay, I do not find - considering my purpose, research questions, and time in India, that it was possible for me to gather enough valid material to draw conclusions about gender as well.

All the counsellors have a Certificate in Counselling (BSIC), four counsellors have a Certificate in Couple and Family Counselling, five have a Certificate in Child and Adolescent Counselling, five also work as trainers at Parivarthan, one is in charge of out-reach work. One has training in Sand Therapy, two have studied NLP, one has a Masters in Integrative Psychotherapy, one is a Drama Therapist. I intentionally present the information about the respondents like this to maintain their anonymity. Since I am not examining the correlation between a counsellor's individual experiences with cultural sensitivity, I will not present the counsellors further. They will be presented as R1, R2 and so on in the section *Results* and each counsellor has been informed of what number substitutes their name.

3.2.4 Other respondents

I attended a work-shop at Parivarthan and through that came in contact with one more respondent that has started a counselling service at a school for children in Chennai. I also found a private counselling clinic in Bangalore through Google and conducted one interview with the founder of that counselling organisation. I have used the latter two as informative interviews, to better understand the context. As I found that I would need a lot more interviews from their specific background to be able to include them without a selection bias I have not used them in my analysis (Neuman, 2011, p. 294).

Since these respondents all work in urban settings I also looked for respondents that work with clients in a rural setting. I applied to visit an organisation in rural Karnataka but was declined with the motivation that I knew too little about the cultural context and that a bachelor essay would not contribute to their work.

Through my tutor I came in contact with an organisation in Trivandrum, Kerala. I conducted two interviews there with counsellors. Because of language barriers and perhaps my lack of knowledge about their specific context, I felt that my questions were not answered. I decided not to use these interviews. If I had had more time and came in contact with more counsellors in a similar context, and used translators the interviews could have been used as a comparison with the NGO in Bangalore. I did not find more counsellors in that setting and before mostly at that time in my field study I felt limited by time.

Hence, I base my analysis on seven interviews and four follow-up interviews as well as complementary e-mail questions with the seven counsellors at the centre in Bangalore.

3.3.1 Interviews and observations – intended plan

I intended to ask each counsellor the same 15 questions and left room for individual follow-up questions. The interviews were planned to last about 45- 60 minutes and I was open to conduct follow- up interviews if necessary. I also planned to make interviews with NGOs' that work with mental health and counsellors from other clinics to widen the perspective. Before I travelled to India I asked the centre if I would also be able to interview clients. I was not able to interview them because of the centre's ethical policy.

Early on I also had a suggestion to leave a questionnaire for the clients to fill in anonymously but that suggestion was also declined due to ethical reasons. The reasons mentioned above are partly the explanation to why I have focused on the practitioners. Another important reason is that I wanted to extract conscious reflection about the use of Western methods in India and the use of Eastern methods in India. Practitioners have naturally access to a deeper understanding of this by putting their education into practice in relation to several clients.

3.2.2 Interviews – outcome

First I conducted an informative interview with the Director of the centre to learn more about how the centre works. I was then appointed interviews at the clinic with seven employed counsellors depending on when they had a slot open for me.

After the first two interviews (out of seven) I narrowed down my interview guide from fifteen to eight questions. I did not have enough time to ask all fifteen questions and also ask follow-up questions, also it became clear that some of the questions transcended each other and one question did not work in the context. With the eight questions I noticed that I still received the information I needed to achieve my purpose. The selected eight questions have been asked to all respondents (see appendix 1).

I intentionally left room for spontaneous follow-up questions as the counsellors have different specialties and interests.

The duration of the interviews vary from 49 minutes to 160 minutes. I chose to conduct four follow-up interviews. Two of them I interviewed first and needed to meet again with the selected eight questions, and two of them I chose because I needed further information about certain topics that were unclear to me.

A final selection was made in the analysis process where I choose to narrow down my empirical material further, and exclude questions about accessibility and obstacles (question 7 & 8 in the interview guide, as well as questions 1 & 5 in the follow-up interviews). Some of the answers from these questions transcend others. And other answers turned out to stretch beyond the purpose of the essay in the thematisation process.

3.3 Transcriptions

I recorded all of the interviews and transcribed them. Certain parts that I found irrelevant for my essay were deleted. Sounds like “ah”; “ehm” are deleted, as well as laughter or coughs. I have changed some words in the transcription to make it easier to read, such as missing verbs or repetitions. No changes have been made to alter the content of the interviews.

In total I had about 100 pages of transcriptions. I sent the transcription of each interview to the corresponding counsellor by e-mail to confirm that I could proceed and use the material. In these e-mails I asked the five follow-up questions mentioned above (See appendix 2). The purpose of these questions were to cross-check previous answers that I thought were unclear, and to ask more direct questions about the consequences of using Western counselling methods in Bangalore. The decision to include further material was done last, after the decision of not including other respondents from other counselling institutions.

Six out of seven counsellors answered the additional five questions, one counsellor was not able to answer them, nor confirm the transcription. I decided to use the interview anyway since she had signed the letter of consent and I was informed by the director that it should be alright.

3.4 Method of analysis

I have organized the transcriptions into themes. I did this by organizing the interviews in accordance to the interview guide. I created a file for each question and copied all the answers to the same question in each file. Secondly I organized the rest of the material (based on spontaneous follow-up questions) by opening a new document in Word for each new subject that arose and started an open coding, which is “the first coding of qualitative data that examines the data to condense them into preliminary analytic categories or codes” (Neuman, 2011, p. 510). When the entire material had been processed in this manner, I went over the content in my new themes. This was a first process of selecting of what I should continue to break down into themes, and select that which did not belong according to the purpose of the

essay. I repeated this process a few times: copying and pasting so that similar content would not end up in different themes. Some themes overlap, in these cases I have chosen the “home” of the theme by identifying a hierarchy in what is being said. For example a respondent might be asked about the urban context and says something about urbanization but is really describing a family system. In that case the content was sorted under the theme family. This second stage of coding is called axial coding. “...during which the researcher organizes the codes, links them, and discovers key analytical categories.” (ibid., p. 512)

When I had a clear overview of the titles of the themes, I read each one in detail and made an overview of each “theme within the theme” which helped me make the final adjustments or selecting my analytical themes, called “selective coding” (ibid., p. 514). This process has resulted in the central themes: Profession in context; Context and family; Advice and Premature Endings; Eastern and Westerns Methods and Approaches.

3.5 Alternatives to validity and reliability

Some scholars suggest that qualitative studies should be valued by other criteria than validity and reliability. Qualitative studies do not arrive at *one* objective conclusion about the world and therefore it is difficult to generalise the findings to other contexts (external validity). It is also difficult to generalise the results to other cases because the empirical material is often based on a in-depth perspective rather than on quantity. One advantage of qualitative studies is that scholars are often present in the research environment for a long time and therefore strengthen the process of reaching conclusiveness between observations and theoretical selection (internal validity). Good reliability is measured by the possibility of replicating the study. Since qualitative studies are conducted in dynamic and social environments that are difficult to isolate, the setting of the study will inevitably have changed and parts in the attempt of a replication will be lost (external reliability) (Bryman, 2009, pp. 257-258). When members in a research team decide over which data should turn into categories and why, it is important that this process is made in a similar way (internal reliability).

In order to measure the value of a qualitative study despite some of the problems mentioned above, Bryman introduces scholars Lincoln’s & Guba’s model of alternative criterias. They are: *Credibility* instead of internal validity; *transferability* instead of external reliability, *dependability* instead of reliability and *confirmation* instead of objectivity (Neuman, 2009, p. 258).

3.5.1 Credibility

Credibility is attained by making sure that the results are credible. I have used the method of *respondent validation* meaning I have conducted follow-up interviews, I have transcribed my interviews and send them to each respondent for validation. I have asked follow-up questions after the transcriptions and received confirmation from six out of seven respondents.

3.5.2 Transferability

Transferability accounts for the possibility of transferring the empirical data and results to another context. Since qualitative studies are conducted in a dynamic context a transferring process can be difficult. What is suggested is “to produce what Gertz (1973a) calls ‘thick descriptions, meaning rich accounts of the details that constitute a culture’” (Bryman, 2009, p. 260, my translation). This provides other scholars with the possibility of analysing the context in which the study was conducted and determine which aspects are transferrable. I have written a thorough presentation of the Indian context and chosen to include a comprising part of my empirical data under the section results. Also I have clearly separated the results from analysis so the reader can easily separate my interpretations from the counsellors’ words (ibid., p. 206).

3.5.3 Dependability

Dependability of the study is made by accounting for each step in the research process and if possible receive continuous feed-back from external perspectives, for example from a colleague or tutor. I have described my process from construct to operationalization to reach dependability and also received some feed-back from my tutor during the process of writing this essay.

3.5.4 Confirmation

Confirmation means that the researcher conducts the study without intentionally steering it to a theoretical bias or personal conviction. I conclude that I have done my outermost to be open to this study, to the centre I visited and the perspectives of my respondents by continuously being close to the empirical material and cross-checking my assumptions with what has been said. This has proven to be more important and difficult than when I wrote a Bachelor Essay in Sweden, my home country. I have tried to achieve confirmation by respondent validity, to make sure that my assumptions about India, counselling in India and ways of working there

have not clouded my ability to take in what is really been said rather than what I think is being said. For a cross-cultural study like this, I would in the future, have tried to stay much longer in the vicinity of the centre and in the urban Indian context. I would also have wanted to conduct a first set of interviews, transcribed them, asked for respondent validity and first then conducted follow-up interviews with all the respondents to cross-check my interpretations and the respondent's answers and world view. I found during the interviews that many things were difficult for me to understand, as I was not culturally prepared even though I had read about the context before hand. Inevitably descriptions of what I saw, experienced and valued as characteristics for the context are based on my individual choices of what is relevant to present in this essay.

I could never have described the entire setting and all dimensions involved, not even in Sweden. But as I state repeatedly, culture is contextual and culture prepares us for certain ways of communicating. Therefore a big part that shapes this essay is the fact that I am a Swedish woman entering an Indian context that is new to me. I would not have felt as assertive of my results had I skipped the follow-up interviews or the respondent validity. These were necessary steps to make sure I understood the counsellors as well as I could under the circumstances.

4 Ethical considerations

I have followed the ethical guidelines posed by the Swedish Board of Ethics, *Vetenskapsrådet*, (2002) and adhered to the *four ethical principals*. According to the *principle of consent*, I have given each respondent a letter of consent stating that their participation is optional and that they can withdraw their contribution after seeing the transcription of their interview (See appendix 3).

Second, is the *principle of information* which is partly fulfilled by the letter of consent. The purpose of the essay and how it will be spread is described in the letter of consent. Each respondent has been given the opportunity to read the essay before publication.

Third, the *principle of confidentiality* is fulfilled by making each respondent anonymous. Fourth principle is the *use of the material*, in the letter of consent I have stated that I will record all interviews, not spread them to anyone else and after the essay is done all recordings will be erased.

4.1 Risks

Participants who feel that they regret their contribution can withdraw after seeing the transcription of the interview but not after that. To minimize the risk of regret or uncertainty over the respondent's contribution I have sent the transcription of each interview to the respective respondent and offered them several weeks to consider any changes before confirming their participation. I have also, as mentioned, sent the essay to each respondent before digital publication.

I have written the name of the organisation in the essay and a background to the organisation to give a context to the interviews. There is a risk that the respondents at the clinic will recognize their colleagues due to this, also certain aspects of their life such as educational background is an important variable to the essay and might reveal the persons identity. I have informed them about this and they have given their consent despite this risk.

4.2 Contributions

I hope to contribute to the understanding of the use of Western methods in an urban, Indian context and therefore also to the understanding of the use of cross-cultural counselling. I think this essay will be of interest both in India and in Sweden and perhaps inspire further research.

4.3 Handling of the interviews

I have recorded all interviews and transcribed them personally. I have kept the recorded interviews in a safe manner and not spread them to others, once I was done with the final thematisation and written my results I deleted the recordings. I have offered my e-mail address to the respondents so they could contact me if they had any questions.

5 Previous research

I agree with many scholars that an understanding of the cultural context in which counselling methods are used is imperative (Langugani 2005; Arulmani 2009; Gerstein et al 2009). This is a general statement within the research field of counselling and culture. When I first started reviewing previous research I was overwhelmed. I had to deal with several problems. One is the inconsistency in terms, some definitions of cross-cultural counselling would not fit my study while others would.

I found a table of terminology in Gerstein et al. (2009) confirming that these terminological inconsistencies exist. After more reading I decided to use their definition of cross-cultural counselling and aim at include research that was in line with that content.

Another problem is that psychology and counselling as subjects are interlinked on some levels yet on others not at all. The same methods can be found in both disciplines, some voices do not make clear distinctions between the professions and others do. Therefore I have used literature about cross-cultural counselling and cross-cultural psychology.

A third problem was the sheer amount of articles found in Academic Search premier, Google Scholar, PsychInfo, Libris and DIVA. I initially made a table of my search words, hits and selection by abstract and by reading the articles with the search words: mental health counselling in India + cross-cultural counselling + multicultural counselling + transcultural counselling + internalization + cultural psychology to narrow down the relevance of the studies but still ended up with studies that had a very wide range. I found it very hard to make a consistent summary of my findings. Many of the articles were theoretical and not empirical; many were based on analysing counselling methods on ethnic minorities in the West, rather than how Indian counsellors use Western methods or hybrids of Western and Eastern methods. I therefore finally decided to fore mostly identify research fields rather than specific findings to capture the essence of existing perspectives on counselling and culture.

I have identified three re-occurring research fields that I think are relevant for my study: cross-cultural counselling; multicultural counselling; indigenous counselling. They are presented below. Further I wanted to include empirical studies from India and chose a study about indigenous methods in India; a study about evidence-based practice in rural India; and a study about shifting values from collectivistic to individualistic behaviour in India.

I have also included *Laungani's theoretical model or East and West*. One of many aspects that affects the transaction of methods and approaches³ between countries or continents are culture; norms; values. By culture I mean not only the aesthetics in a society but the deeply rooted structures of everyday living, culture in the sense of expectations, norms for behaviour and discourse. Laungani (2009) has made several studies that lay the foundation of his theoretical model of East and West, and it is meant to introduce the reader to what values and discourses are prevalent in shaping the counselling context. Languani's model is pivotal in my essay because it enables me to generalize about grand constructs such as The East and The West.

³ Not all ways of working in counselling are methods. The counsellors describe both methods, like Cognitive behavioural therapy (CBT) and approaches, such as a person-centred approach.

I also present research about the importance of the *alliance* between counsellor in relation to the importance of *methods* in counselling.

5.1 Culture and counselling: research fields

Applying cultural sensitivity to counselling methods can be traced back as far as the 1960's where Gilbert Wrenn (1962) "...raised concerns about counsellors' cross-cultural insensitivities" (Gerstein et al, 2009, p. 57). Still today scholars identify *ethnocentrism* as an obstacle to the internalization of the profession (ibid., p. 58). For example Arnett (2008) analysed the content in six *American Psychology Association* journals and found that they mainly focused on Americans, and Gerstein and AEGisdottir (2007) found the same results concerning research about *counselling* (ibid., p. 58).

Despite this, research about cross-cultural and multicultural counselling (and psychology) has had an international expansion helped by national and international organisations (ibid p. 54). The counselling profession is evolving in non-western countries but at various paces. They offer a diversity of services. Therefore defining counselling as an international phenomenon is difficult. "The definitions for counselling, counsellor and counselling psychologist are not consistent throughout the world. Neither is there consistency in current uses of these terms nor the required credentials to use one of these professional titles." (ibid., p. 59)

The handbook by Gerstein et. al "International handbook of cross-cultural counselling. Assumptions and Practices worldwide" (2009) is a thorough account of how internalization and globalisation has made its mark on the counselling profession in a global perspective and what demands the profession therefore is facing.

Collaborations across borders are part of our global world and lead to exchange of important knowledge. The same collaboration also puts great responsibilities on counsellors to culturally sensitize the use of Western counselling methods on ethnic minorities in the West or the use of them in non-western countries. "...we are faced with the sobering reality that Western, and particularly U.S., corporations, governments and even organized counselling and psychology exert tremendous influence and power globally." (Gerstein et. Al, 2009, p. 69) Research within the field of Western counselling methods used in Eastern countries is disparate. The terminology within the relevant research field is inconsistent. Key terms that are re-occurring are cross-cultural counselling, multicultural counselling,

indigenous counselling, transnational counselling, transnational psychology, internalization and cultural psychology (Gerstein et al., 2009, pp. 5-6).

What is consistent is that the research and production of methods used in counselling today are mainly produced in the U.S.A. Therefore most studies analyse counselling IN Western countries and study ethnic minorities IN Western countries but not all. There is a need for research to be conducted outside the West.

In the literature within this field, the term multicultural counselling has grown from analysing how specifically ethnic minorities have underused mental health services - to include how other categories of diversity in human beings such as age, gender, class, sexuality and so on is connected to the use of mental health services. Criticism towards traditional counselling include the following points: 1) it is too individualistic. 2) it is based on a language that can be excluding to those who do not master that language or the beliefs that the language is build on; the discourse can be excluding. 3) socio-political analysis of the counsellors context has not been addressed enough. They, as everybody else, are not immune to bias (Choudhuri, Santaigo-Rivera & Garrett, 2012, p. 10).

Indigenous counselling is a third field that is not as established as cross-cultural or multicultural counselling but equally relevant. Gerstein et al. (2009) define it as “Psychological knowledge that is native, not transported from another location, and constructed for its people (Kim 1990) by scholars from the culture in consideration (Adamopoulos & Lonner, 2011)” (p. 6). What is considered psychological knowledge is debatable. If astrology is used to help people’s mental health problems is it psychological knowledge? Hwang (2007) writes that indigenous psychology comes from the resistance towards western psychology and western paradigms and solutions. Research about indigenous psychology is therefore a reaction towards the Western hegemony and a solution towards finding contextual methods or adaptations (pp. 577-578). Indian psychology is on the rise. “It is suggested that Indian Psychology offers a counterpoint on consciousness, self, mind-control and self-realization to that of the Western psychology.” (Paranjpe, 2011, pg. 1) Although the subject is not part of the curriculums in Indian Universities and it is often, mistakenly, labelled as Indian philosophy and a theoretical enterprise rather than practical. (ibid. pg. 13)

Contrary to the common misunderstanding, Indian Psychology is not simply an aspect of philosophy and idle speculation, but a matter of practice in real life. It is recognized that traditional methods of healing and counselling, often manifest in the relationship between guru and chela, are effective forms of psychotherapy (Kakar, 1982; Neki, 1973). Moreover, the great variety of spiritual practices in Hindu, Buddhist, Jain and other traditions involve therapeutic elements along with rigorous methods of meditation and self-discipline leading

to the highest forms of personal transformation and edification. (Ibid., pg. 13)

I use the term cross-cultural counselling in my essay, it is the term that I have found most relevant as I explore western counselling methods in an Indian context.

5.2 Studies made in India

Below follows examples of empirical studies made in India that identify key aspects of mechanisms that effect the counselling context.

5.2.1 Incorporating indigenous methods

Raney & Çinarbaş, (2005) question the universality of Western counselling methods and state that is imperative to assess if they are transferable to non-western cultures. They question if theories, approaches and strategies can be assessed without a cultural contextualization; if human beings psychological needs are similar regardless of culture. They explore these statements by analysing the situation for mental health counselling in India and Turkey, two developing countries that are influenced by Western phenomenon and where counselling is still a young service.

Mental health services in India are not accessible to everyone. The profession of counselling is young, a governing body does not exist and the ratio between educated counsellors and people in need of mental health services is strongly unbalanced (Raney & Çinarbaş, 2005, p. 154). The authors argue that it is therefore crucial that counsellors also use indigenous models of healing to increase accessibility. Examples of these are the medical system of Ayurveda⁴, astrologists, shamans and gurus (ibid., p. 154).

Raney & Çinarbaş describe India as a society with many subcultures. They stress that diversity needs to be considered in counselling approaches, and further that this diversity results in different needs in different regions. Cultural sensitivity involves not only an analysis of the country India, but also of its' regions or its' communities. "Cultural sensitivity requires the mental health counsellor to be aware of clients' worldview and to use clients' perspective in interpreting the world." (ibid., p. 155)

⁴ "Ayurveda is divided into eight different specialties, one being Bhuta Vidya, which deals with psychiatry (Das, 1987; Rajkumar, 1991; Sethi, Gupta, & Lal, 1977). The importance of mental health can be seen in the classification of Ayurveda into three categories: exogenous, endogenous, and psychic. Traditional systems of medicine such as Ayurveda make up 70% of overall health care as compared to that which is provided by physicians and general practitioners (Taylor, 1976). These traditional systems existed before, during, and after the British rule." (ibid p. 154)

Stigmatization of mental health problems is a factor that decreases the use of mental health services. In addition, the authors add that some mental health counsellors express an apathy towards long term involvement with individuals that suffer from severe mental illness, which leads to underuse of counselling services (ibid., p. 155).

Raney & Cinarba refer to Chowdhury et al (2001) study in West Bengal, India, about mental illness and found that most of the respondents made little distinction between emotional distress and severe mental illness. Suffering from anything on this scale led to teasing and categorization of being pagal or pagla i.e. mad. Raney & Çinarba, s discuss Chowdhurys study as an example of the importance of cultural understanding of perceptions of mental illness (ibid., pp. 155- 156). Shamans and alternative medicine are examples of alternative treatment, and out casting as results of individuals being untreated or illnesses unresolved. The authors indirectly state that the indigenous treatment is not enough and suggest that practitioners should be involved in the primary care, raise awareness about cultural sensitivity, involve the community and various stakeholders, and establish preventive measures through various networks (Raney& Çinarba, s p. 156). Accessibility will increase by integration of mental health services to primary care and including indigenous components in the counselling so that it will not only be available to a wealthy population.

5.2.2 Evidence-based psychological treatment

Patel, Chowdhary, Rahman & Verdeli (2011) explore two, out of many, challenges in implementing evidence-based psychological treatment (PT) in developing countries. One is the lack of skilled practitioners and two "...the cultural acceptability and appropriateness of PTs (all of which have been developed in high-income countries (HIC) in different cultural contexts)" (Ibid, unnumbered).

The study is based on randomized controlled trails in India, Pakistan and Uganda. Results show that in all three cases the practitioners lack long-term training and had no mental health background but "...with relatively short training and continuing supervision (they) could deliver the PT effectively." (ibid.) The authors suggest that anyone from the local community can be involved in improving access to PT. In terms of the methods used and their applicability the results show that they were mostly cross-culturally applicable but with modifications such as changing jargon, using pictures, avoiding psychiatric labels, using religious idioms and involving family members.

This and other similar studies contextualises the obstacles that counsellors are facing today in reaching out to more clients. The authors indicate that there is some amount of universality

in what cross-cultural counselling must address in order to be effective. Other notable barriers were detected such as:

...the low acceptability of PTs in contexts where local communities were unfamiliar with the use of 'talking' treatments for health problems; the stigma associated with accessing health care for 'mental' health problems; the competing work pressures and low motivation for health care workers; and the low adherence often due to the opportunity costs due to time taken to attend sessions and the direct costs of transport to health facilities. (ibid, unnumbered)

5.2.3 From collectivistic to both collectivistic and individualistic

Although the Indian culture traditionally has been considered collectivistic, research has indicated that the Indian society is rapidly transforming into a coexistence of both collectivism and individualism (Sinha, Sinha, & Sinha, 2001). Each one of the many cultural groups in India may differ significantly on a number of areas that range from acceptance of mental illness to help-seeking behaviours.

The authors discuss a range of possible behaviour patterns depending on whether the individual has collectivist intentions and or behaviour, individualistic intentions and or behaviour and a combination of both. Which one is evoked is context sensitive (Sinha, Sinha & Sinha, 2001, pp. 134- 135). In the urban context they propose the following: "People in a relatively large urban place, compared to a smaller urban place, will be more individualistic in their behaviour and intentions" (ibid., p.136).

Reasons for this could be, that urban places have greater economic wealth and better infrastructure which in turn lessens the need for collectivist behaviour such as interdependence and sharing of limited resources. Instead, the urban setting encourages individualism and leaves more room for anonymity (ibid., p. 135). The authors test this proposition, amongst other, on a sample of three locations in Eastern India, mostly on males, but with a variety of rural and urban backgrounds. The results show that Indians consider "...desh (place), kaal (time) and paatra (person) in deciding on how to respond" (ibid., p. 143). They further state that the appraisal of the situation at hand is more complex than Westerners' "context-free" norms. Which I find confusing, I find the term context absolute, one can not be without context, instead perhaps the Western context has norms that appear as free, but it is still a context that affects the individual's behaviour. Nonetheless, one of the interesting results in this study shows that Indians predominantly have a familial self, meaning the collective interests of the family come first, but that compelling individual possibilities, such as a new job, can combine collective with individual actions. Mind that

individual behaviour can still have collective intentions; a pattern that dominated the results in the study.

5.3 Laungani's theoretical model of East and West

“...not all events one experiences in another culture is unique and therefore difficult to interpret correctly.” (Laungani, 2009, p. 55) A primary postulation in my essay is that even though certain human characteristics are universal, the expression of that behaviour is in some cases culturally specific. Certain behaviour in a foreign country might seem strange to a tourist but make perfect sense to people that reside within that cultural context. Such assumptions, of what is culturally-specific, must be handled with care to avoid reproducing prejudice, discrimination and shallow ethnic attributes. Laungani's model provides me with a conceptualization of the categories East and West.

He presents a theoretical model “...which attempts to explain similarities and differences between Eastern cultures and Western cultures in terms of their major value systems, which guide and influence their behaviours” (ibid., p. 56). He stresses that this is a model and not a fact, and that the set of constructs that he thinks relates to East or West should be interpreted as extending a long a continuum. They should not be interpreted as either/or categories, they are dimensional with several other norms and values attached to them and they are not “...orthogonal. They are correlated” (ibid., pp. 57-58). He uses Britain and India as specific examples as they are both multicultural countries and can be representative of the East and the West. The proposed core values are:

West	East
Individualism	Communalism
Cognitivism	Emotionalism
Free Will	Determinism
Materialism	Spiritualism

The theoretical model is quite extensive, below follows a summary of the aspects that he has found can be connected to the concepts above.

5.3.1 Individualism – Communalism

Laungani writes that he prefers the term Communalism over Collectivism as the latter does not include a communal way of life. He writes that individualism is a core value in Western society. He discusses several scholar's definition of what individualism is, one that I find useful is: "...individualism is concerned with giving priority to one's personal goals over the goals of one's in-group, or of one's family members" (ibid., p. 59). By prioritizing in this manner, self-achievement becomes important as does personal responsibility. Family life is hence organised on a horizontal level. The family unit is often confined to a nuclear family and is not necessarily involved in all stages of an individual's life. Many families also live in one-parent households. While in the East, family life is organized in a hierarchical way and each member in that family has a role that is subordinated to the family as an entity. They often live and communicate in extended family networks. One has collective responsibility for the family, for example money can often be shared and given away to those most in need in the family (ibid., pp. 61-63).

Identity in the West is often understood as something one grows into through developmental stages while in the East, identity is ascribed. Therefore in the West anxiety can be connected to achieving the expected identity. In the East, anxiety may be related to family-achievement - whether one pulls one's own weight and does not create an imposition.

Social behaviours in the West are class-related while Laungani means that they are fore mostly caste-related in India. The caste system is a hierarchical order in four categories: The Brahmins (learned, the priests); the Kshatriyas (warriors); the Vaishyas: businessmen and farmers and the Sudras (they serve the needs of the three other castes). One is born into a caste and can not climb up the hierarchical ladder but if one is unclean or polluted: touched by a lower caste, or marries a person from another caste: one breaks the principle of endogamy, of separating the castes (ibid., p. 64). Laungani writes that the caste system is still prevalent within the minds of many Hindus, although it is questioned, it has not escaped the discourse of hierarchies and norms (ibid., p. 68).

5.3.2 Cognitivism - Emotionalism

Rationality, logic and control are dominant in the West because it is organized as a *work-and-activity-centred society*. Part of this extends to public display of emotions, which thus are also controlled in public places (Ibid., p. 70). In a *relationship-centred society* like India, emotions are expressed more openly. Families live together with little privacy, sharing everyday life with the family can take its toll. Outbursts are common and serve as a release.

Yet Laungani points out that there is restraint in relation to the hierarchy in the family, or in knowing ones place and role: the young rarely display negative emotions towards the elder.

Relationships are earned and worked on in *work-and-activity-based* societies while in *relationship-centred* societies they are forced through family, arranged marriages in India, separation of castes.

Finally perceptions and attitudes towards time differ, in Western societies much time is spend on work and schedules can be quite rigid. While in Eastern societies relationships are given more time than work, and attitudes towards time are flexible (ibid., pp. 70 – 72).

5.3.3 Free Will - Determinism

Concepts of free will - if one chooses the things that occur in life or whether it is determined, exist in both the East and the West but in various degrees. Laungani points out that they are logical paradoxes, both can exist at the same time or tilt more to one conviction than the other. Historically, the West dominated by Christian theology thought that man had free will yet that God knew the future of humans and therefore their lives were determined. A contradiction in terms. Science has been occupied with these matters for a long time but have not solved the contradiction. On the one hand we reason in terms of causality, a is an effect of b. While in other areas the same person that believes in a deterministic framework within psychology, medicine or biology believes in free choices concerning individual actions (ibid., pp. 73-74). Freud for example was a strong advocate of *psychic determinism*: even our unconscious associations are determined by what has previously occurred in our lives.

The same contradictions exist in Eastern cultures, Hindus and Buddhist believe in the law of karma and Muslims in the determining will of Allah.

There are several differences between determinism and karma. One is that karma applies to moral consequences and that those consequences can be results of actions conducted in previous lives. Consequences of actions can not be avoided, hence it is seen as a just system that effects everyone, with either good consequences/good karma or bad consequences/bad karma (ibid, p. 75). The logic of karma allows for acceptance of for example the caste system, unfavourable positions are (sometimes passively) accepted as part of the cycle. Karma does not rule out free will, quite the opposite it is believed that one has the freedom of (moral) choice and responsibility. With the law of karma follows a belief of life after death. The spiritual cycle helps Hindus in accepting their caste position, tragedies and other negative experiences as there is a comfort in reincarnation and the possibility of a better life.

5.3.4 Materialism - Spiritualism

During the history of Western philosophy the idea that there is an external reality than can be understood and “touched” has always been present (Laungani, 2009, p. 78). This leads to the belief in a solid world that can be measured and understood in an objective way, in itself. Of course there are problems with this, as non-material explanations to phenomenon are regarded with scepticism. The few, within Western science that explore the non-material are questioned. “Non-material explanations fall within the purview of the pre-scientific communities, or in other words, superstitious and backward societies, to be found mainly in underdeveloped countries and, by implication, in collectivist societies.” (Laungani, 2009, p. 78)

Yogis in India have claimed for over 2000 years that they can alter their state of consciousness “...thereby bringing their autonomic nervous system under voluntary control” (ibid., p. 79). For a long time this was disregarded by Western scientists as unsubstantiated claims until a Western scientist⁵ proved that this could be done on rats. Soon the subject of Yoga was introduced in American universities but Laungani claims it has been done without consideration to the philosophical, spiritual, teleological aspect of it. “Commercialism has replaced spiritualism.” (ibid., p. 79)

Hindus believe that the world is in constant change, and therefore studying it is not useful, the world is illusory. What should be studied is what lies within a person. Therefore the study of self, beyond the material, is emphasised. The goal is to attain spiritual awareness and break the cycle of birth and re-birth (samsara), finally reaching moksha⁶. “The main object of Indian philosophy is to bring about a radical change in human nature, a change that eventually leads to human perfection, a divine God-like state. This... tends to make Indians more *inward* looking and Westerners more *outward* looking.” (ibid., p. 80)

There are several rituals performed in Hindu life where the secular and the sacred are connected such as washing ones hand or offering food to others, many rituals concerning purity and pollution are connected to Hinduism and caste rather than only hygiene. While the distinction between secular and religious behaviour is more clear in Western society (ibid., p. 65).

⁵ Neal Miller (1969) trained rats to lower and raise their blood-pressure, he also trained his students to control over their autonomic responses.

⁶ Moksha is the final liberation of the birth/rebirth cycle.

5.4 The alliance between counsellor and client

There is a lot of research within psychology, and psychotherapy and some in counselling about the importance of the relationship or alliance between counsellor and client (Larsson & Tryggved, 2010, p. 253). The authors write that within the research field of evidence based practice, the field of psychotherapy is relevant, as there are many similarities between counselling and psychotherapy. One of the issues that have been studied is whether the counselling methods or the client-counsellor relationship make the counselling or therapy the most successful.

An important result has emerged in psychotherapy research and that is that the therapists ability to create a working alliance with the client so that the meeting is merged in empathy, warmth and support is of decisive importance to the treatment outcome... This means that counselling, that emphasises the importance of empathetic communication and active listening to the client becomes particularly relevant to bring attention to, concerning social workers in treatment-settings with clients. (ibid., p. 254, my translation)

At the same time research shows that some methods are better than others, for example when treating depression, psychotherapy is better than non-psychotherapeutical treatments (ibid., p. 254). Also there are examples of how certain treatment methods even harm the clients. Mullen, Shuluk & Soydan (2011) write that there is support for the claim that methods help in various ways and that it is not only the alliance that should be considered. Bringing attention to implications of methods is important in terms of avoiding potential damage (ibid., p.12). If merely the alliance was of importance it would be of no use to develop and implement new methods or interventions (ibid., p. 24). A combination is the most effective.

6 Theoretical framework

Social constructionism lays the foundation for the section about theories. Social constructionism is an ontology based on the stipulation that knowledge, constructs and practices are created contextually in relation to its surroundings. Constructs are products of social processes (Larsson, Lilja & Mannheimer, 2005, p. 314). Take the word depression as an example. When doctors use the word, they refer to a serious mental condition, while in every day discourse - the same word can mean a simple change in mood. The context defines the construct *depression* (ibid.) Social constructions are not exclusive or absolute, they co-exist with other constructs, for example with mentally ill or crazy, and because they are the products of its context, and context changes: certain knowledge changes. But social constructions are shaped by dominant discourse, by paradigms: such as Western counselling

dominates the research field of counselling and therefore shapes constructs of for example what is considered successful or unsuccessful counselling (ibid., p.16).

The main point with this theoretical framework is that counselling- in the widest sense of word including practice (how it is used and manifested) is contextual. When counselling knowledge is produced in one context, and is transported, imported or moved to another context, it changes. To understand the process of how information travels and changes in context I will use the theoretical constructs of *Translation* and *Glocalisation*. I will contextualize the organisational framework of Parivarthan through theories derived from *New Institutionalism* with constructs such as *institutional organisation*, *decoupling*, *rationalised myth* and *organisational field*. I use Arulmani's construct *cultural preparedness* to analyse the cultural context in India.

6.1 New Institutionalism

Larsson, S., Lilja, J., Mannheimer, K (2005) writes that social work most often is structured and practiced in organisations, therefore the study of organisations is vital to understanding the profession. Since organisations are dynamical they can be studied from several perspectives. Research about organisations have changed a lot during the last decades. A traditional analysis has been that organisations act like rational entities run by goals, therefore it has been assumed that organisations were structured in a intentional way. A theoretical shift has occurred (Lindqvist, 2000, p. 82). The rationality of a organisation is questioned. Instead focus has moved to the importance of the organisations surrounding to understand its' functionality. There are many different kinds of organisations. I will focus on the *institutional organisation* that is steered by "...social constructionist patterns that exist in its surroundings" (Larsson, Lilja & Mannheimer, 2005, p. 326, my translation).

To become successful, an institutional organisation has to meet the demands of its surroundings. The demands are not made up of specific demands like they could be on a product, in market oriented organisations. In a institutional organisations surroundings, discourses place demands on the establishment. (ibid. p. 326, my translation)

Hence, for an institutional organisation to be successful it needs to adapt to the demands of its context, such as to laws, norms, the structure of similar organisations, demands and influences from research (ibid., p. 327). Since the demands are created contextually they do not always have a clear transmitter and these demands or norms, can be conflicting with the goals of the organisation. One way to solve this is to separate "...the formal structure from the practical

work” (ibid., p. 328). This is called *decoupling* (Lindqvist, 2000, p. 84). A social worker is for example guided and restrained by laws, guidelines of how social service should be run, but in the meeting with the client there is freedom for the social worker to steer how that meeting could go about. This is an example of decoupling as a strategy to steer away from institutionalism: separating the formal structure from the practical (Larsson, Lilja & Mannheimer, 2005, p. 328).

Further, an organisation can be in congruence or competition with its surrounding (Lindqvist, 2000, p. 82).

Therefore one can also say that the surroundings creates- rather than effects- organisations. The provisions, work principles and game rules that apply to organisations thus become to a higher degree, decided. When one observes organisations in this manner – as part of a institutional field – one can say that even the ‘surroundings’ act according to determined approaches, behavioural patterns and cultural interpretive models. (ibid., p. 83, my translation)

Simply because an organisation adapts to the norms of its surroundings more than another organisation, does not mean that it is effective or better qualified. Instead the adaptation to norms creates a sense of legitimacy and the organisation gains control over more resources as a result of this. This is called *rationalised myths*, “...meaning the notion that certain activities are simply better suited to be conducted by a certain organisation in a certain way” (Lindqvist, 2000, p. 83).

I am not comparing several, specific organisations in my empirical material and therefore I will not be analysing institutionalising processes. I am looking at one organisation and to understand it I will include institutional surroundings as the respondents describe it. Institutional surroundings have to be understood in multiples, there is not one that can be generalised, there are several “alternative institutional environments” that may be in competition or in conflict (Lindqvist, 2000, p. 85).

The construct *organisational field* is used to describe “...organisations that, within a field of service or business, have similar tasks and therefore can be subject to the same process of change” (Lindqvist, 2000, p. 87, my translation). For example counselling belongs to an organisational field of mental health support and will be effected by similar institutional organisations within that field.

Within an organisational field there can be several *domains*. A domain is “...the claim an organisation has on delivering products and services to people” (Lindqvist, 2000, p. 88). Domains can be in harmony or in competition with each other. Either organisations agree on which organisation belongs to which domain or not. If there is *domain consensus* the

organisations work in agreement of who does what and co-operation works well, or they disagree and are in conflict of *domain claims* (ibid., pp. 88-89).

When several organisations evolve that belong to the same branch, a process of standardisation occurs. The strongest actors in this standardisation process is the government and the professions connected to that line of work (ibid., pg. 87).

(This)... lessen(s) the diversity of the field which reduces the possibility to take subjective initiatives for change. When organisations thus have to consider each other in this conforming way, they are forced to what DiMaggio & Powell call *institutional isomorphism*” (ibid., pp. 87).

Meaning if several counselling organisations are standardized it is of interest to analyse how organisations react to these forces.

6.2 Glocalisation and translation

Giddens explains how ideas, objects and acts behave when they change context. He introduces the constructs *disembedding* and *embedding* (in Czarniawska, 2005, p. 112). Ideas and practices are embedded in a context with its own set of values and understandings. Once an idea is moved to another context, “...it can be as short as the distance between the office and the factory” the idea has changed (ibid., p.112, my translation). It is pulled, *disembedded* from its context, which means that ideas that move are never the same. They embed into something new, into a local translation. Czarniawska explains how this behaviour is connected to institutional organisations: “When an idea is transformed into an act and that act is repeated till it has a normative explanation (“that’s how it should be done”), an institution is created” (ibid., p. 112).

Another prevalent word in this theoretical framework is *Translation*. When ideas move and change context they must be translated, adapted to the new context to survive. Similar to being embedded. In order to avoid analysing the shift of ideas as pure relocation and imitation, the receivers of ideas can be seen as active agents and both movers and transformers. The term translation was introduced by Bruno Latour to capture the active component in this transmission (Johansson, 2002, p. 145). Central to this construct is that ideas do not simply move from one place to another and are imitated by the receiver. For ideas to survive the change of context, they must land in the hands of active agents. The degree of engagement is affected by several variables. If the idea is moved from an organisational field to another that resemble each other, the institutional norms might be

strong, with clear norms of implementation, content and use. If not, there is more room for the receivers of the idea to adapt it to the local context (ibid., p.146). By viewing transportation as translation, this construct is focused on the process of change and focus amongst other things, on how the receivers interpret the idea and how they work with it (ibid., p. 146).

With globalisation and modern technology ideas can move fast over the Internet and into several directions across the world, at the same time.

The local and the global co-exist in a cause and effect spiral, one constantly affecting the other. Czarniawska explains that *globalisation* means that one practice travels from one part of the world to another or that a concrete act transforms into an abstract idea and can be spread. *Localisation* means that a local identity is created, that when an abstract construct becomes an act/practice- it becomes concrete in a local setting. This process between local and global ideas is called *glocalisation* (ibid., p.113).). Glocalisation captures how one idea moves into several different locations at the same time, rather than how one idea moves from one place to another (Czarniawska, 2005, p. 112- 113).

6.3 Cultural preparedness

The fundamental assumption in this theoretical construct is that the success of a counselling method or approach depends on if “...creators and consumers of the counselling service have been culturally prepared in a similar way” (Arulmani, 2009, p.254). This means that certain phenomenon within a culture prepares its inhabitants to think, feel, behave in certain culturally bound ways, share similar vocabulary, life orientation, values and so on. If counselling methods are produced outside the context in which they will be used, cultural preparedness must be considered.

Therefore, for counselling services to be effective in a global context, they can not be categorised as a Western specialty. “If these critiques are to be addressed, it would be necessary to examine subjective versus objective epistemologies with a view to building bridges that would allow counsellors from different persuasions to function in tandem.” (ibid., p. 254) This allows for elements in Western methods to be directly incorporated in Indian counselling as long as they adhere to an objective epistemology, meaning that they should contain elements that are universal or objective. Parts of these methods should then be adapted to what its inhabitants are culturally prepared for. This theoretical construct will be used in the analysis to understand if a distinction between universal and contextual methods or elements in the methods are made by the counsellors and if so how.

Arulmani lists three key characteristics that Indians are culturally prepared for: 1) to Abide Contradiction; 2) Individualism and Collectivism; 3) The Centrality of Religion and Spirituality (ibid., pp.254- 256).

1) India's has a history of serving as home for different populations. For 2000 years people have travelled there for trade, migration and invasions. This has resulted in a population that consists of diverse groups. What is striking is that these groups have learnt to "coexist rather than merge" which in turn has resulted in an cultural context that invites relationships to be shaped despite disagreements and an atmosphere filled with contradictions (ibid., pp. 254-255).

2) Indian culture is identified as collectivistic. A theme already raised in previous research. Though studies (Sinah & Tripathi 2001; Arulmani & Nag, 2006) have shown that Indians are collectivistic *and* individualistic. "The primacy of the family and caste and kinship bonds could be examples of collectivistic orientations. Beyond this, individualism seems to dominate." (Arulmani, 2009, pp. 255)

3) 80 % of Indians are practicing Hindus and India is a religiously diverse country. Each religion has it own set of beliefs, celebrations and norms and therefore effects "common cultural practice". Arulmani stresses that this theme is not about understanding the boundary between religion and counselling but to "...derive principles that could be integrated into a counselling approach..." (ibid., pp. 255).

Further Arulmani gives example of how a *Holistic Conception of Life* is founded in traditional healing methods such as Ayurveda that connects body and mind, individual health with one's social interactions. Hence disconnecting body and mind or the individual from his/her family in counselling "...will most likely fail to address the felt need" (of the client) (Arulmani, 2009, pp. 260).

A counselling approach that is empirical and individualistic in its orientation, for example, may not find resonance amongst Indians, whose culture has prepared them over the ages to approach their existence in an intuitive, experiential, and community-oriented manner (Gerstein et al. 2009, pp. 254).

What Arlumani's construct adds, in comparison to Laungani's theoretical model of East and West (in previous research) is the *demand* of identifying what clients are culturally prepared for. Laungani's model is rather a categorization tool, based on several studies, to be able to operationalize the meta-constructs East and West.

7 Results

I have structured the presentation of my results by the central themes: *Profession in context; Context and family; Advice and Premature Endings; Eastern and Westerns Methods and Approaches*. Each central theme has sub-themes, together they form a unit which is analysed before the next unit is presented. These units are further summarized in the section: *Summary and Discussions*.

7.1 Profession in context

In this section I present the counsellors reflections about how they define counselling, how they reason about the conditions for counselling in terms of inconsistent training demands and the lack of a regulatory body for the counselling profession. The counsellors emphasise the client- counsellor alliance as a core value in their work. I end the section with an analysis using theoretical constructs from New Institutional Theory and drawing connections to previous research about alliance.

I asked all the counsellors to define what counselling is to them. None of them included descriptions of methods initially in their definition. One referred to theoretical frameworks. This does not mean that they do not use methods, but it gives an indication that methods are secondary to other elements at first hand. Rather they emphasised what counselling is for the client, a: "safe space; sacred place; reflective space; a process" and they return to the importance of the relationship between the counsellor and the client. "...it is through the relationship through which the counsellors work, and it is a process of change which is facilitated by the counsellors but the client plays equally, or as an important role in it." (R4) R7 describes the counsellor- client relationship as circular, that she learns as much from them as they from her. She continues that counselling is more than a profession, it is a way of life to embody empathy, non-judgment and authenticity. Also all counsellors emphasise the importance of following the client's will and wishes.

...it is a journey that I travel with the other person. Always mindful never to allow them to, never allow myself to become them... to achieve results they might want... So for me it is a journey, journey with somebody, I need to have expertise, skill and understanding but a lot of me is involved. (R3)

As mentioned previously the demands on training for counsellors is very varied in India, one counsellor compares the situation in India with the West. She says it has become very specialised in the West and that demands for evidence based practice is increasing.

...to me it seems that therapist's who work in a more humanistic way, in a free flowing way find it very difficult to give evidence based thing so, I do not know how helpful it is. My hope is that it does not come to that point (In India)... I mean to know that there is a certain expertise with a title, I can only do so much. Knowing your limitations is helpful but also to not be to confined, like you say in rural areas you are not as trained but you are willing to help. You have the basics, and I think that all evidence shows, that it is the relationship that finally matters the most between counsellors. The techniques of it is really, you know, important, but not the main thing. (R7)

Several of the counsellors stress that it is the relational aspect that is the most important. To evolve a rapport, trust and relate to the client is central. To apply a specific training is not the most important, even if the latter is relevant. The quote above is an expression of association with specialisation, training and evidence-based practice and a fear that it would confine the counsellor. A combination of training and good rapport would be preferable.

... it is a treatment in itself to be able to relate to the person and have that connection. If you have a person who can do that, then they perhaps can help a lot more than a person who has many qualifications but that aspect is not there. So I think personally at this point, that we will get there and I hope by then it will be a lot more understanding of the best way we can get there, we need a combination. (R7)

R7 thinks that the relationship is a treatment in itself, and that a trained person without the ability to evolve that rapport can not help as much. The counsellors at Parivarthan highly value the rapport and reason that it effects their work a lot.

7.1.1 The conditions of the profession

One theme that arose in the interviews early on was about the lack of unified training for counsellors and the lack of a national regulatory body. In India counselling is not systematised. I asked about how this affects the counselling situation and how the profession can be understood in comparison to the West.

I think if the training is standardised and the institutes are recognized, then diplomas will be more widely accepted as professional qualifications. There could be a formal award of license to practice. This would promote excellence of counselling in India and counsellors would welcome it. It would also positively affect the perception of counselling among the population. I think it is inevitable that this will happen. (R6)

R4 also talks about the importance of a regulatory body providing guidelines for counselling. She thinks that a counsellor should have access to supervision, go to counselling themselves and abide to ethical guidelines. These requirements, and services do not exist today on a national level as a demand within the profession, but are practiced at Parivarthan.

R1 further adds to the diverse practice of counselling and says that a division of specialties between clinical psychologists and counsellors exists, but that they do similar work. “There is not much difference between psychotherapy and counselling.” Further the title is not important, instead it is about knowing your limitations and competence:

...this is a message which I would like to send to anyone that trains that it is not what we call the trade, but to know that when I am working with a client, to know that there is a point where I need to stop and ask myself, am I the best person to offer this to the person? ...depends on the place if I was in a small rural set-up, you know maybe I would make it my business to read a little bit more about psychopharmacology knowing that it would be hard for people to go to the city but in a set up like this, there is someone else who can do that, then why should I take it on? So to know the limits of my competence is very important. (R1)

R1 explains that the title is not of great importance and that professions within the field can resemble each other so what is important is self-reflection about one’s own competence and knowing when it is not enough.

R3 says that boundaries and regulations help keep people accountable. It also puts the counsellor in a straight jacket. She says that conscientious people are needed “...for it to be working for everybody otherwise systems comes into place, it can become robotic eventually. But that is what a governing body constantly has to endeavour.” R3 places the responsibility on a structural level and says that it is the governing body’s responsibility and that it is a challenge to balance systematisation and professional freedom.

In Bangalore, the National Institution of Mental Health and Neurosciences (NIMHANS) is an important organisation within the field. Several counsellors talk about it as a great influence to reduce stigma and raise awareness about mental health problems and counselling. R5 continues and describes NIMHANS as an “amazing institute” though it is associated with a mental hospital.

They do a lot of research, very robust model, very research-based, medical-model based...but they are what we used to call a mental hospital. So a lot of people are very resistant to go there unless it is a very severe problem that you have to go there for. (R5)

She says that the government is trying, and takes an example of how a principal was accused of inappropriate sexual behaviour and NIMHANS decided support was needed and outsourced counsellors.

...the government got involved, the ministry for the welfare of children got involved and they actually insisted that psychological assistance be provided in the school for the children and the staff both to assess the extent of what had happened and also to provide a space for some kind of healing and closure to take place. Now this was a directive from the government. Which, made me very surprised but happily so, so there is a group of us involved with going to the school...There

has been some part from the government to try to demystify and de-stigmatize mental health, you know, some small effort but I do not think that that has been particularly successful. (R5)

7.1.2 Analysis: the profession in context

I started all the interviews by asking for a definition of counselling. The counsellors emphasise the importance of the relationship to the client. There is an international discussion concerning: to what extent evidence-based practice is, and should be, part of social work and to what extent it is, or should be experience-based. As mentioned in previous research, the alliance between client and counsellor is very important and lays a foundation for successful treatment. Although training and conscientious decisions in choosing working methods are emphasised as variables that will affect how successful treatment is. (Mullen, Shuluk, & Soydan, 2011). The counsellors emphasise the importance of both the alliance (or in their words the relationship) as well as the use of methods, although the relationship is rated slightly higher than a method in itself.

An external institution that would impose limitations to *who* can practice *what*, such as a national body controlling licensing to counsellors does not exist in India. The counsellors have different views on this. They are not necessarily conflicting, but they engage in different perspectives. The responsibility of not working outside of one's competence is the individual counsellor's responsibility say some of the counsellors, while others emphasise that it should be the role of a governing body. There is a clear opinion that systematisation can reduce the freedom within the profession, examples are taken from the West where containment is a possible consequence. Parivarthan offers supervision and the counsellors engage in personal counselling as part of their work. It is through the client and the supervision that they evaluate their work.

This can be understood in terms of *translation*: the methods are not followed by rigorous set models of implementation, they are translated into the context in which they are practiced. They counsellors are rather free to implement them as they see fit as the norms for the profession are not nationally standardized (Johansson, 2002, p. 146).

Parivarthan is part of a complex *organisational field*. Lindqvist (2000) writes that it is the government and the profession that affects the organisation field the most (ibid., p. 87). An example of when the government is involved, through NIMHANS, is described as a nice surprise. Although NIMHANS is an important organisation and part of the progress of making the profession acknowledged. The other aspect that affects the organisation according to Lindqvist, is the profession (ibid.). Previous research indicates that a counsellor in India can be a person who attends a three-day workshop or a two-year program (Arulmani, 2009, p.

252). At Parivarthan the counsellors have a minimum of one year training and several of them more than that.

The counsellors relate to the West in what they do not want to become as well as how they are inspired by the West and use Western methods. The Western practice hence seems to be part of the surroundings that shape the *organisational field* of counselling, together with the Eastern and indigenous surroundings.

7.2 Contexts and family

In part two I describe how family and communal life play a big role in support systems and how it shapes ways of communication. I start with comparing the rural and urban setting. Even though Parivarthan is in Bangalore, I have chosen to include the rural setting to shed light on how the cultural values change in the urban context. I then present results on how conversations with family members can fill a similar function as counselling does. Finally I present the counsellors reflection about the role of the family in counselling.

7.2.1 Urban and rural

The counsellors say that the use of Western counselling methods work in different ways depending on the context, not only the culture. R5 has experience from working in a rural setting, she discusses the element of boundaries and what adaptations she had to make to reach out in a village she worked in for a month:

I did work with an NGO in a rural area, I was living there for a period of a time. So everybody in the village knew where I lived. And in time when they learned what I was offering they would kind of pop in whenever they felt like it to chat. So what I did say is that - let's see if we can have kind of pop in times and times where you can not pop in. And then my office did not become my room, not my bedroom where I was staying. But rather it became under a tree and under a particular tree, that was next to a generator- which they wanted because then it is loud. Other people can not hear them. So that was my room and I did these groups... We would all meet together and I did the group work and then I'd say if you feel that you need a chat, this is the time where I will be at the tree and you can come and you can see if somebody else is sitting with me under the tree, then walk away and then you can come back. We would never do that in a Western counselling context, you will never be out on a field, under a tree where people randomly are walking in. But it was a context that demanded that... (R5)

She discusses different boundaries in the counselling situation; room; time; space. In the rural setting it would be inappropriate to have a counselling session with a stranger behind a closed door she says and she had to change the setting of her methods according to these aspects. She says that it would not happen in the West. Or maybe not even in an urban setting.

She continues about more differences, one being language. In the local language Tamil, she says the word for emotional and physical pain is the same. “So then you have to kind of explore that more. ..is it the pain like when you fall down and hurt your leg or is it a pain like, ehm, inside?” She also used metaphors from Indian epics like the Mahabharata⁷ from which she used words and characters.

So one of the things that we used a lot were metaphors and stories and characters from the Mahabharata. There was sort of a question of a big trail, and the characters that symbolize the trail almost like archetypical characters, you know it is very Jungian. More Jungian way of working. So I would maybe use more of that than I would in an urban context. Definitely use more physical play, because there was less physical inhibition. (R5)

R5 makes an interesting connection between archetypical characters from an Indian epic and Jungian archetypes. But she adds that she does not work with Jungian terms in her counselling, it is not something that she personally likes to utilize. Metaphors are also used by the other counsellors in the urban context but none of them refer to physical play or counselling in open spaces. They offer counselling in private rooms at the centre in Bangalore.

Another difference between rural and urban contexts, is the role of the family. In the rural setting it is common to live together with members from one’s extended family. In the urban setting many have left their family behind or moved with their partner and children. They move and find themselves in a context without many relatives close by. R3 says that a client can think in terms like:

I do not have uncle and aunts and grandmothers and grandfathers who I can go to so I find someone who is impartial. Sometimes I find someone who is impartial because my values are very different than my family’s values. I do not want to get married, I want to work and I want to be independent. I want a relationship and my family will never understand that, so I can’t go and talk to them about it.

And she adds:

So there is a cultural change and the city is where counselling works really well. It does not work as well in rural settings...people want anonymity, they want to be more individualistic (in the city). (R3)

The quotes indicate different value systems, “a cultural change” between the rural and the urban context. She says that individuals seek out someone impartial, for example a counsellor where room for individuality is present.

⁷ The Mahabharata is a Sanskrit epic from ancient India.

7.2.2 Conversations and counselling

The counsellors describe the communal way of life in India. People talk openly about many issues and do not perhaps wait for a certain time and place. "...they might just step out of their house and say hi, hello and exchange something and say - How are things, oh so your daughter is eligible? You know, they pre-empt conversations..." (R1) It might be considered rude by Westerners. But it is the nature of talking in India. "...these boundaries of how much you talk, what you talk, when you talk, where you talk are not so strict" (R1). Also big family systems allow for availability, there is always someone to talk to. "...the family is a big support system, maybe the one at home, the elderly person, whoever, is available. Now this is shrinking, that is why there is a need in another place." (R1) Also many go and talk to a doctor, an expert.

So culture plays a huge role, hierarchy plays a huge role, authority is respected. So someone, a doctor says this is the right way, is something that will be far more easy for someone to accept than say what do you think, what is it that you want to do? (R3)

R2 says that people might not be looking for counselling because talking is available within the community or family. "It may not be replacing, they might not really be looking for counselling...the people are easily available for talk, and share and be." R5 on the other hand say that there is an exotification of life in the village, concerning the availability to talk. Mental health problems are many times marginalized and hidden, and many times these people live on the fringes of society.

...for many decades definitely for the last hundred years, mental health in India, whether it has been urban or rural – is something that has been out. That has been pushed away to the margins. And you are not supposed to have emotional problems...And there really were not mechanisms that addressed this, now yes, when it came to grief or loss, yeah we had a very codified system of how to deal with grief... (R5)

R5 explains that when it comes to normal life transitions, there are traditional rituals and support mechanisms that help. Emotional and psychological problems do not fall into that category. She thinks there are more types of mechanisms needed.

I am not saying that it has to be a Western one-to-one counselling or psychotherapy, I think psychotherapy in its purest form would be quite useless. Because I think it is cumbersome, it is heavy. And I think that it takes too long. And I think that there is a certain sense of collectiveness about community and society that we lose when we do one-to-one psychotherapy but having said that I think that there are methods and things that we can do today for emotional well-being and mental health. I think that we need to do that. So it might look different, it should look different.

Several counsellors return to the fact that despite the Western influence on counselling, there is a context, a structure, that Western counselling methods enter into. There is a long history of doctors working with mental health and it helps the clients to think of the counsellors as doctors.

If we go down to the historical roots, you know we do not think of it as Western influence the fact that people used to go to a medical person. In our country we have, you know, the ancient system of medicine, the doctor was called the Vaid or in other languages he would be called a Hakim they would dispense medicine or they would give something by which people could be treated so that tradition has been there. ... they have been trained in that medical system so this could be the Ayurveda medicine, it could be the Unani medicine... for a long time it was the medical people who went into psychiatry, and of course there were the psychologists also, there were doctors interested in psychology. I think that so called Western influence actually came into something that was already in our country. We have people who come for counselling and call us doctor. So it helps them to think that they are going to somebody who, in some way, knows about mental health. (R1)

7.2.3 Family

Since life in India, urban and rural, is described as communal, family inevitably becomes a big part of the Indian life. Whether it is wanted or not, family ties play an important role in terms of responsibility towards family members and needing them as a support system. Respect and acceptance or roles within the family hierarchy affect many choices in Indian life. It also effects counselling. “Ehm, family even if you work with an individual the individual is part of the system. It is a family system.” (R2) She also says that she ultimately asks what the client wants in terms of family involvement. Sometimes they work with only the individual but she points out that family origin is of great importance.

R1 says that in-laws, also have an important role in the family system. If a young couple marry and want to live alone it is still important to involve the in-laws and hold on to the family bond. “At the end you do not want the son to be alienated from the mother, in England I may not say this in such a big way, but now I am not in England...” In a counselling situation like that, where the couple struggle, she says she could be a bit more directive and help the couple release some burden, but at the same time she would aim at helping them endure the situation. Endurance is a part of the Eastern way she says. In the mentioned scenario she would also use system theory to help them understand.

...because we are a very relational people, collective society and I think it is an important aspect of human beings, I think that the West is opening up ...I am not a bound entity, I am part of a society, I am because I want to relate with peoples values. In how we relate to people, and how much we interact with our families, is perhaps a little bit different here and a little bit different there. But human beings are relational. (R1)

R1 points out that the expression of family life can differ from culture to culture, but the fundament is that human beings are relational, regardless of culture. R7 agrees that the family is important. As a counsellor she says, to ask the client to make decisions in isolation and only work on an individual level, does not work. What is OK with parents, grandparents and in-laws has to be considered. They are not physically involved unless the client wants it, but they are part of the framework for which the client relates to and lives within.

7.2.4 Analysis: Contexts and family

“One can discuss to what degree the relationship between the professional and the client is determined by its surroundings. If the relationship is determined by factors outside the conversation then the relationship is even more steered by surrounding factors.” (Larsson & Tryggved, 2010, p. 251) R5 changed the counselling framework when she worked in a rural setting. She offered counselling under a tree, visible to others, next to a generator to drown the sound of their voices to others. The rural context demanded changes in *how* she practiced counselling but not *what* she practiced. The surrounding changed and she adapted to it. In Giddens terms this *move* can be understood as *disembedding* the counselling construct from an urban context and *embedding* it into the rural context. (Czarniawska, 2005, p. 112) Or as *translation*. R5 understood that her new clients were *culturally prepared* for certain forms of counselling (Arulmani in Gerstein et al, 2009, p. 253). For example sitting under a tree rather than in a closed room, as well as norms about time limits and space. Patel, Chowdhary, Rahman & Verdeli (2011) write that other elements can be effective to change such as terminology or involving family members. The counsellor had to explore the meaning of pain as the same word describes both physical and psychological pain. Further the community is involved in the presence of a counsellor, the need for closed doors was not there.

Some of the counsellors believe that the need for anonymity and individuality is more present in the urban context. Clients are separated from their extended family and seek out an impartial person to talk to because of shifts in value systems. Individualistic and communal values exist side by side in India (ibid., p. 255). Sinha, Sinha & Sinha (2009) stress that it is the context that bring out either more collectivist or individualistic orientation. Yet the urban setting encourages for individualism because it has better infrastructure and better economic possibilities which lessens interdependence (ibid. p. 135) although the community orientation is still present, and many times it serves as a therapeutic outlet.

The counsellors explicitly say that the urban context is better suited for counselling. The counselling methods are more or less the same, but anonymity, a closed door, a private space is more needed to reflect the needs of the urban, Bangalore client. This does not mean that they are saying that counselling is better than other methods, but that it appeals to urban clients more than rural clients.

In the rural setting there is always someone around to talk too. Also, one counsellor stresses that certain problems like grief, has a place within the discourse of religion, through ceremonies, part of the life cycle. Yet other problems like a mental illness can be a taboo and does not have a given place in the discourse. There is a long history of marginalising people with mental health problems (R5). The open arms and availability of talking can sometimes be mistaken for a discourse that allows for certain subjects and not other to be discussed within the family sphere. Chowdhury et al (2001) study about cultural perceptions of mental illness, showed that there was little distinction made between severe mental illness and emotional distress, and that stigmatization was a big problem. This study shows that mental health interventions must be connected to indigenous models such as Ayurveda or Shamans and also connect to other professions, or *organisational fields* and stakeholders (Czarniawska, 2005). Perhaps counselling that would engage in rural communities in this way would be more successful in catering to the needs of potential clients.

R3 says that many seek the help of doctors because doctors have the legitimacy of being advisors. Doctors, together with authoritative figures and elderly are often sought out for help. In terms of New Institutional Theory this can be understood as a *rationalised myth* (Lindqvist, 2000, p. 85). Doctors belong to the same *organisational field* as counsellors that work with support for various mental health problems. Lindqvist (2000) writes that *rationalised myths* provide legitimacy, but it does not mean that the organisation in question is necessarily effective.

Going back to the results in part one, the standardisation of the counselling field could lead to a clearer distinction of professions and awareness of what counselling is. The organisational field is a mix of professions and the fact that clients think that counsellors are doctors indicate that it is not always clear which *domain* the counselling field belongs to. Further the legitimacy of doctors comes from a long history of ancient medical systems. Among them the Ayurveda medicine. In Ayurveda the body and mind are connected, hence going to a *doctor*, means going to someone that can help in many ways. Arlumani reasons that separating body and mind, or individual from his/her family in counselling, will be

ineffective as Indians are culturally prepared for a holistic approach and a community-based living. (2009, pp. 254)

The counsellors talk about an already existing, indigenous context that is fused with Western methods. This process can be understood as *glocalisation*. The counselling practice is institutionalized somewhere (in the West) to the extent that it can be transformed to a to an *abstract* idea that can move: globalisation. Through technological support that abstract idea is received in another context (Bangalore), and through *localization* the abstract idea becomes concrete, practiced (Czarniawska, 2005, p. 112- 113).

It also gives hints about what Indians are culturally prepared for – seeking help from authorities. It also reveals something about the unintentional, abstract process of how information is in constant motion. When the information “lands” in Bangalore- an organisation field will “grab” it and merge it to its own. By this process it could seem that simply by using Western methods in an Indian context, an adaptation will be made the to Indian context. At Parivarthan the methods are adapted in terms of what the target group – counselling clients with psychosocial problems, are culturally prepared for.

7.3 Advice and premature endings

Advice is commonly expected to be given in counselling. Several clients expect fast results and the average client comes for five sessions. In this segment I present the counsellors reflections about why clients expect advice. The counsellors do not think that advice belongs in counselling. Further I present reflections about reasons behind *premature* endings.

7.3.1 Advice oriented counselling

Many times clients expect to receive advice when they come to Parivarthan. The counsellors explain that they do not work with giving direct advice and some clients adapt to that, others quit.

R5 says that the client expects advice from the counsellor as if the counsellor would be a guru. Some clients become very annoyed, they come in for help, they pay for it and say “please tell me what to do”. She firmly believes that giving advice is not counselling, because clients need to arrive at their own decisions. “It is the process of arriving at that, that is empowering.” But many clients continue coming and gain a certain sense of empowerment from achieving results by themselves “...not blindly following others. So I think that this is one of the challenges that we have in India maybe more than you have in the West.” (R5)

R6 thinks that the expectation to receive advice is a consequence from a (low) education level and a lack of awareness about counselling. In a rural setting, where the socioeconomical situation is often different from an urban context, individuals might be prone to reason: "...for them it is like that you go to the elder in the family for advice, they tell you what to do and you do it. And that is what they are used to, that is what they know. Whereas in an urban setting they might be exposed to, and aware of a different way." R6 says that she uses brainstorming techniques with the clients but she would not like to become more advice-oriented in her work with the client. R7 is of the same opinion, the client's expectation of advice can be met to a certain degree by exploring alternatives, and focusing on solutions but it has to be done within the counselling framework.

R1 reasons in a similar way, but goes one step further and says that she would consider being more advice-oriented after exploring the clients frame of reference:

...it is still culled out from that edge, where the client hovers between inclination to move in one direction and feels held back due to anxieties. This 'advice' is expressed from a felt sense of the encouragement or nudge the client is looking for.

In scenarios where the client would be in danger of harm she would consider giving advice from her own frame of reference as protection. R7 would also consider advice-giving, if the client has a long-term engagement or is in some kind of a crisis.

I think that we seek advice-giving, culturally in India that is the way our mechanisms of support have been structured right... That is similar to an Astrologer who is very specific and will give you a set of clear set of prescriptions. Do a specific puja (a Hindu religious ceremony), go to temple, make an offering. You have to do this every Saturday for one year. Or you have to wear a sapphire ring for a year, or you have to do something else or feed some fish. You know they give you a very specific prescriptive thing you have to do. They will give you an explanation, oh your life sucks, or you son is not doing well because his planetary alignment – right now there is some mercury in some place. Do this and for the next two years do not worry about your sons marriage. This gives people a lot of comfort. (R7)

R7 continues that many come in wanting the opinion of a third person, someone objective. The clients have a family conflict and there is an attitude among some that counselling is an place of non-judgment and objectivity. But they expect the process to be quick.

...you know there is a sense that - Oh can it not be fixed like today or tomorrow? That is what we explain, it is collaborating, it is an interaction...some come to a little bit of understanding, some not at all, and some do have a fairly good idea of what it entails. (R7)

R7 also explains that they are comfortable with saying that they do not know, and want to be told. "I think that they automatically come with: I do not know...It should be quick. Because

it is what a lot of us have grown up with.” And some have tried that, she says. They receive direct advice from a family member, or a guru, or Astrologer and it does not help and they find themselves in counselling with the same expectation of receiving advice.

7.3.2 Premature ending

Many of the counsellors answered that the general amount of sessions they have with clients are five. Yet some clients stay for several months, up to one and a half years. I asked for reasons to what they would categorise as *premature* endings.

R2 answered that people have other support systems, like family. That counselling in India is still at a primitive stage and many times considered a taboo. R1 also thinks that it can be a struggle for the client to be in treatment for a long time, when their surrounding does not understand why they need counselling for a longer time. R1 adds that sometimes the client starts opening up to other ways of reaching well-being such as Yoga, meditation or hypnotherapy or simply finding an openness to talk to friends or family to feel better. R6 adds that perhaps the client is not ready to make the necessary changes that counselling demands. R1 adds that the demands on time and money may be too demanding in relation to other commitments. R1 explains that the counsellor has to tune into the client’s need and be flexible so that a client will not end prematurely because they receive an unexpected style of counselling.

The rationale of the methods practiced by the counsellor must make sense to the client and his/ her rationale of why s/he has the problem. That sort of cultural tuning and goal setting language is perhaps crucial to hold the client long enough for the therapeutic outcome to be seen. Clients may come at longer intervals and derive similar benefits if the counsellor is willing to be flexible from the once a week/ 60 minute time frame. In my experience clients practice of yoga/ meditation/ music/ communal singing / family activities augments the well being and duration requested may be shortened. (R1)

R7 also talks about the expectation of fast results, that by the third session, something should have happened. She compares it to the U.K and U.S and remarks that there is a sense of long-term involvement there. “With a serious process of trying to change ingrained patterns and beliefs and it is not going to change overnight. But I think here, that there is a sense that it should be done quick and fast.” She thinks this goes back to awareness, of not really knowing what a counselling process is and that it is about changing behaviour. “..there is a concept that behaviour is outside and that perhaps it is easy to change, that you yourself can decide that tomorrow morning I will do something different.” Combined with a culture where people are used to being told what to do. R7 says that counselling is about helping the client find their

own strengths and some manage to make a dramatic shift in their expectations and behaviour and others, even after a long time in counselling, do not change.

...but perhaps for some even a couple of sessions to get an idea, as I said most importantly, quite often, is the sense of personal responsibility, that this whole business of stop blaming others because there is no power there, you can not change that, you can only change this. I think for some people, just to get that idea is powerful. For young people especially I can do something different...(R7)

Several counsellors also point out that some clients come for a few sessions but then return a few months later for a few more sessions. R4 says that the counselling process can become emotionally difficult. The client may not be ready to process more at that point of time as some of the clients may resume counselling later, and some simply do not feel that it was what they needed.

R1 has an education in psychotherapy but calls her self a counsellor. She does not think that the methods are very different, what distinguishes them is the amount of sessions undertaken.

...anybody who comes to me for the first session I do not think oh this case I will do counselling, this case I will do psychotherapy. I actually do not think of the two being very different. So what is important is that I tune into what the client is looking for and sometimes clients will engage in that for a longer time and it is psychotherapy that is happening, so I tend to think that anything that is long term is psychotherapy.

Several reasons are given for premature endings: expectation of advice, not being emotionally ready, simply not liking it, not having the time or money (even though Parivarthan practices a sliding scale and offer concessions), the clients find support within the family, community or through indigenous methods.

7.3.3 Analysis: advice and premature endings

All the counsellors describe how several clients expect advice in counselling. Not all clients seek it persistently when explained what counselling is: reaching conclusions on their own with the counsellor as a facilitator. But the theme is re-occurring in the interviews. There is a cultural expectation of receiving advice when asking for help. R5 says that this is one of the challenges for counselling in India, she speculates, more so than in the West. In Arulmani's terms of identifying what clients are culturally prepared for, advice in counselling is derived from communication structures such as being told what to do. Being part of hierarchical family structure, rather than horizontal imposes the need of accepting roles within the family

hierarchy, shapes acceptance in one's role and also creates a habit of asking for advice (Laungani, 2007, p. 63). R7 says that the mechanisms of support in India have been structured through advice and takes the example of an astrologer who would give very specific remedies for a client's problems. R6 thinks it has to do with the level of education and mental health/counselling awareness, and that the attitudes towards advice-giving differs between rural and urban settings. The latter is more tuned into process-oriented counselling. None of the counsellors express that they would give straight forward advice. Some say they would consider being somewhat directive, helping clients brainstorm, giving them a nudge into the direction they think the client needs. Although counselling is about empowerment, about the clients reaching their own solutions.

There is also a *cultural preparedness* for counselling, or advice-giving, to be quick. Several clients expect the counselling to be finished by three to five sessions. The average amount of sessions that clients attend at Parivarthan is around five, although many come for several months. The reasons given are partly structural: counselling is still considered a taboo; it is at a primitive stage as a profession; there is a lack of awareness, and partly individual reasons: not ready to make necessary changes; can't afford it; too time-consuming; other ways of increasing their well being are found (Parivarthan has a sliding scale on their fees so no client should be excluded because of lack of money).

The structural variables are part of the organisational field where it seems that it is still rather heterogeneous and forces of *institutional isomorphism* are not present. (Lindqvist, 2000, p. 87) R1 says that she uses "cultural tuning and goal setting language" (R1) to engage the client. Similar to the findings of Patel, Chowdhary, Rahman & Verdelli (2011) concerning the adaptation of language as an important aspect to making mental health services more effective. None of the counsellors say that they would change their methods, or that the cultural heritage the methods carry lead the clients to end prematurely. None of the respondents identify that "only" five sessions is a problem.

7.4 Eastern and Western methods and approaches

Under this final section I present the results concerning the counsellors' reflections about *Eastern and indigenous* approaches: spirituality, religion and yoga; followed by the counsellors' reflections about *Western counselling methods and approaches* and finally a section about *Eastern and Western approaches and methods*.

7.4.1 Spirituality and religion

Spirituality is a re-occurring theme in the interviews. Part of the training at Parivarthan includes a three-hour work-shop on spirituality. It is short in comparison to the one-year course, but still, an obligatory part of the education. “The module is a very short one. It is called spirituality AND counselling. It is not even called spirituality IN counselling.” (R1) Spirituality in counselling is connected with Carl Rogers⁸. She says that a substantial part of the training at Parivarthan is based on a person centred approach. Rogers emphasises flow, presence, empathy and respect for the client which can be translated to spiritual qualities according to R1.

Spirituality is described as a source of well-being and if the client brings it in to the counselling room, the counsellor will use it to help the client. The counsellors are clear about the fact that they would not start talking about spirituality unless they were sure it was something the client had some kind of connection to it. R6 says that people are already coping in different ways, if spirituality is part of those coping strategies she would latch on to that, but it does not have to be involved in the sessions.

R3 says that there is a big difference between religion and spirituality, religion being ritualistic while spirituality is about how one wants to live their life and achieve inner peace—something everyone is concerned with, she says.

R2 says that spirituality is everywhere and you can not separate what is and is not spiritual in your life. It is not part of the day to day work and verbalized necessarily, it is who you are and she does not connect it to Eastern or Western way or life or discourse.

It needs to be everywhere according to me. You need not be religious but you are spiritual. It needs to be everywhere. Because you take that spirituality from the broadest perspective, it is who you are. It is Eastern, Western anyway... a holistic way of being, whether you call it mindful, or spiritual, it is a way of being. (R2)

R5 on the other hand says that spirituality is very different in the West and East and that there is not a big difference between spirituality and religion in India. She has experience from doing her master in San Francisco, at an institute with a spiritual base.

⁸ “Person-centred therapy postulates that people (a) are inherently trustworthy, (b) have a vast potential for self-understanding, and (c) have a self-directed capability to resolve their difficulties if they have a genuine, accepting, and empathetic environment. Consequently, the tenants of person-centred therapy centre on the clinician creating this environment, opposed to engaging in diagnosis, advice giving or persuasion.” (Luke, 2011, pg. 157)

I think that the way the West thinks about spirituality is very different from the way that we live it here. For me, I was in San Francisco and there it is sort of, we call it New Age, it has not like slipped in, in the same way that it exists like here. Spirituality and religion is kind of, for me it is the culture here. It is very hard to see what is cultural and what is religious. To make that distinction in India is quite difficult. (R5)

R5 identifies that spirituality and religion are part of the culture. She says it is part of a communal life and not practiced individually as in the West. People are engaged in festivals and ceremonies that play an important role for many in India.

Many have a puja room in their home, a prayer room with fresh flowers, incense, kum-kum⁹, sprinkle water and it is a place in a Hindu home to sit and connect with oneself. R4 says that mantras, which are kind of like prayers, have certain rhythms and sounds which can ease anxiety. It can be categorised as a form of mindfulness or meditation, a form of relaxation. Several counsellors say that if the prayer, puja or a ritual helps the client they will explore the meaning of this with them in counselling.

R7 draws a parallel between counselling and going to a temple. In a temple the outside world is shut out, certain rituals might be performed such as lighting the lamp or saying a prayer. A person visits the temple to get connected to certain qualities such as acceptance or grace. Qualities not unfamiliar to counselling. In counselling, distractions must also be removed or shut out. “You go to church, you go to temples, you look for answers – and it is what happens here (in counselling) too.” (R7)

The difference between temple-going and counselling goes back to responsibility. In a temple one feels supported and gives the responsibility to something outside themselves. “Whereas I think that in counselling it is a little bit of the reverse because counselling is about how can you do something for yourself, other people can support other things, and guide you, but ultimately it is for you to take responsibility for yourself.” (R7)

Several counsellors draw a connection between empowerment and spirituality, bringing power back to themselves and choices in their life but also accepting that which you have no control over.

In the Bhagavad Gita¹⁰ themes of not being able to control the end-result are raised, which are also connected to counselling in terms of acceptance or endurance.

⁹ A kum-kum is a dot drawn by Hindus in the forehead between the eyebrows with red paint. In religious terms it is connected to the seven chakras, this one representing the third eye; through the third eye humans can connect to the Divine. Note that there are also other meanings to the kum kum powder, it can be used at religious festival or mark the marriage status of women.

¹⁰ The Bhagavad Gita is a Hindu scripture that is part of the ancient Sanskrit epic Mahabharata.

R3 also mentions Advaita: the non dual philosophy¹¹. “A god is not on the outside, this is someone within you. That eventually becomes a very powerful feeling. It can affect choices, you know, not so much relying on destiny.” (R3) And that is incorporated into counselling; of not placing blame on the outside and about taking responsibility for your life. The counsellors agree on the language use, they do not have to call it spirituality, they use the language that the clients uses, what they do focus on in terms of spiritual aspects, is tapping into what they recognize as the human energy and human potential of positive change.

7.4.2 Yoga

Several counsellors say that they use references and referrals to Yoga. None of them are Yoga therapists and therefore none of them incorporate Yoga exercises (positions) into the sessions. R2 says that breathing exercises are called Pranayama's, prana being the life of the soul, a word derived from Yoga. The pranayamas are exercises that help evolve a calm breathing, calm manner and is an aid to concentrate. "...you call it in English breathing exercise, we call it Yoga and pranayama's. So those are the words that make sense to us" (R2). She says they are very helpful to discuss in sessions and she gives recommendations on how the client can use them. They also refer to Yoga practice to help clients that suffer from anxiety.

R6 highlights the body-mind connection and that she herself practices Yoga as a means for well-being. Aside from the positive aspects R7 underlines a potential problem with spiritual and Yogi approaches to life in terms of de-attachment to the physical world. She mentions clients who strive to be in a place where they can detach their problems but find themselves not being able to. They find themselves depressed despite their spiritual endeavours. R7 explains how she handled a situation like this in counselling by referring to Maslow's hierarchy of needs¹² and compared it to the client's understanding of chakras.¹³

¹¹ “Advaita Vedanta... a sub-school of the Vedānta (literally, *end or the goal of the Vedas*, Sanskrit) school of Hindu philosophy, numbers with *Dvaita* and *Viśiṣṭādvaita* as major sub-schools of Vedānta. *Advaita* (literally, *non-duality*) often has been called a monistic system of thought. The word "Advaita" essentially refers to the identity of the Self (Atman) and the Whole (Brahman). The key source texts for all schools of Vedanta include the Prasthanatrayi—the canonical texts consisting of the Upanishads, the Bhagavad Gita and the Brahma Sutras.” (http://www.newworldencyclopedia.org/entry/Advaita_Vedanta)

¹² “(1) There are at least five sets of goals, which we may call basic needs. These are briefly physiological, safety, love, 'esteem, and self-actualization. In addition, we are motivated by the desire to achieve or maintain the various conditions upon which these basic satisfactions rest and by certain more intellectual desires.” (Maslow, 1943, unnumbered) Maslow organizes these needs in a pyramid and states that when the one that is the most acute is satisfied (physiological) one can move on to satisfy the next goal and so on.

¹³ Chakras are believed to be located in the body from which one can retrieve energy. The concept is found both in Hinduism and Buddhism and is part of Yogic tradition.

...if you go with the chakras, you have seven different, you have specific energy with each and the needs that come up with that. The *mooladhara chakra or root chakra* which when compared with Maslow's hierarchy of needs connects to the first one, where all the most basic physiological needs are taken care of...food, shelter...The next level in the chakras is called *swadisthana*,...that is where people have things, blocks if they have not worked through, it corresponds to a younger age. In terms of energy, it deals with emotional/sexual identity it is up to two years. So a lot of your young childhood issues – and she realised that a lot of her issues came from that period of time. A lot of her emotional needs not having been met, in terms of her it was about having her seven chakras open and being enlightened. Where there is a strong urge towards self actualization, you have to ground yourself, to work through each stage, and all these blocks have to be removed, in terms of energy, only then can you reach that (R7).

The process of going through the different chakras was a help to the woman in the counselling. If you skip one of the chakras the mind becomes unstable, R7 says. She was able to discuss this with Eastern terminology yet she explains that the stages we need to go through are universal, and no one can jump over a stage and regard it as irrelevant.

7.4.3 Methods West

Parivarthan is based on a Rogerian person-centred and integrative foundation.¹⁴ The majority of the units in Parivarthan's one year course is based on Western methods. All the counsellors have, at least, gone through the one year training at Parivarthan.

My training was here at Parivarthan and I think that a lot of the theories were definitely informed by the West, the psychoanalysis, the psychodynamic, Freudian. We learned a little about CBT, the modern behavioural thing but it is largely based on a humanistic way of Rogers. That is how Parivarthan started, that was their main way of counselling. Non-directive, humanistic, Rogerian. So I think that now we have come to kind of an integrative methodology. Where we are informed of these various schools of counselling and I think that each of us here at Parivarthan have things that we employ (R7).

R2 explains that Rogers introduced unconditional positive regard. According to the Rogerian approach the counsellor shows empathy, warmth and regards the client as one that has an ability to struggle for well-being. The counsellors' role is that of a facilitator. The counsellors work with an integrative approach, using several theories/methods. To identify which method is used when or evaluating the effects of a specific approach is not that important. They talk in terms of fluid distinctions between methods and that evaluation of their work comes primarily through client feed-back and secondly through discussions in supervision. R2 says that she also uses:

¹⁴ Integrative counselling stems from the belief that no theory, method or approach can alone explain the facets of human behaviour, emotion and thought. An integrative approach integrates several theories. It is also based on the counsellors personality and the clients need, hence these aspects are also integrated into the counselling approach. Creating an integrative approach as a counsellor demands "knowledge, skill, art and clinical experience" (Corey, 2012, p. 2).

CBT, I use gestalt, I use systems theory, because many people they are in a system, so system theory, I also use TA, Transactional Analysis. It depends on who I am working with, you know what is the kind of goal with my client, sometimes existential one, sometimes even the feminist approach, Pink Therapy because I also work in the LGBT¹⁵ community.

R6 also uses an integrative approach, with Rogerian and CBT- elements. She prefers psychodynamics, drawing, and using small animals in her counselling. She says that her methods are mostly Western. Each counsellor is drawn to certain methods more than others and evolves a particular style. She mostly incorporates small animals with children up till the age of ten, but drawing is used in all age groups. She says that it helps if someone has a difficult time verbalizing their problems. If a person feels that they are verbally blocked, these methods can help untie that.

R5 who has had training abroad says that her counselling foundation comes from her Western education. She has trained in drama therapy and uses Western elements such as design, flow and progression in the group. But with time and the change of context to India, certain elements have changed.

After that of course things change. The game that you change might be different, you adapt it, you change it, you say oh let's make a story now – all that changes but I think that the ground work of how I think of that, about a client group is for me still pretty Western because this is where I had my training. ...I think that the way therapy looks today is largely Western. When we talk therapy or psychotherapy we think of goals, a Western paradigm.. We unfortunately have more Western methods and discourse available to us than Indian. It is slowly changing but this field emerged in the West and that is where the bulk of work has been done (R5).

R5 uses CBT but says it is not pure CBT. She says that she uses CBT to facilitate the client in developing a skill. She works with a combination of process work and directive skill work. If the client is depressed then perhaps the goal is to get him/her out of bed, in such cases she can be more directive in counselling or open to referrals to a psychiatrist. But she never does skills work only, she also engages in process work, looks back at the genesis of problems and how the clients sees themselves. She does not follow any method strictly and many times certain Western methods are mixed with other Western methods as a form of adaptation to the client.

R4 says that sometimes through CBT the client can see changes and is then more willing to move on to process-oriented counselling such as psychodynamic. She also can use both.

¹⁵ Lesbian, Gay, Bisexual, Transsexual.

R3 also says that she does not use a pure form of CBT. She does not like filling in forms and evaluating if the client has fulfilled all of their home work or their commitments. She says that it can be experienced as punitive to the client and that he/she most certainly already has a judgmental thought process about themselves. She focuses on the positive, on motivating thoughts and works with mindfulness, to be able to recognize thoughts without categorizing them as bad or good.

But I do give them home work, I tell them five times a day to this, do that, so I keep that (part of CBT)... So when they come back for the next session I check and see. I do not want the session to be a reminder for them of what they can not do. That is why I do not use CBT in its purest form. This is a timetable you should have done this, no, I kind of see instead what happens (R3).

She adds that her base is psychological counselling based on Western research and methods and beyond methods she also looks for elements such as: "... boundaries, I watch for time, I watch for how they represent themselves, I watch for mental health issues...." (R3).

R1 also says that she uses CBT in her own way, "CBT with a heart". Traditionally, CBT involves analysis of thoughts and behaviour she says. But today "...we are not in these bracketed ways of single approaches. I am informed by psychodynamic approach also. If somebody is talking about grief I am informed by existentialism" (R1). She says that she also uses gestalt therapy to reflect that each person has many sides to them and the approach helps seeing oneself in more than extremes. She adds that anything that the client brings gets integrated into the sessions and she can adapt the method. "...in some ways sometimes the theories match...they say similar things in different ways...one gets a trans-theoretical understanding" (R1).

R3 also uses system theory. She gives an example of a family with young children. The man wants a separation but the woman is not sure, she considers her children's emotions. R3 distinguishes that at one hand she struggles with her role in the family system and responsibility for her children, and on the other hand she wants her individuality. As a counsellor she does not make a priority for her client, but she reflects back the conflict within her. She can not only look at her individual aspirations because that could make her unhappy, they also need to explore that she is part of a family that is important to her. In this example she integrates value systems of what might be important for the client as an individual as well as a mother.

So system, yeah it works very, very well in an Indian context where the family is important and we are influenced so heavily (by it). But even in individual decisions, a lot of this does come (up) so again you are asking me how integrative works – this is how it works, and I tell them I am not here

to shift focus away from you but I am hearing you say that this is also an important aspect when we have to look at a decision making process (R3).

7.4.4 Methods East and West

I asked the counsellors if they think that there is a clear or fluid distinction between Eastern and Western approaches/methods in their counselling work. All the counsellors say that it is fluid, as mentioned in some parts above, they work integrative, they mix units from different methods. Both R3 and R5 say that it is difficult to know if they are listening with their Western or Indian ear. R7 says that there is a growing awareness that these two systems can work together. “Counselling does primarily focus on the clients feelings and emotions and learning how to deal with them sensitively and effectively. Whether the client comes from the East or the West, as far as emotions go, there is really no difference.” (R7) R4 also emphasises the universality of human emotion and empathy:

So these methods can be used or adapted to be used in an Indian context. While applying these methods however it is important to understand and be sensitive to the context such as culture, values, beliefs etc.

R1 gives an example of how she mixes both. She uses endurance, learning to observe thoughts rather than changing them, and thinks that this comes from Eastern thinking. But if the client is struggling and she can not help them with an endurance approach, she will use a Western approach of educating the person on how their thoughts are influencing their actions.

...your belief is such and your thoughts are such, they influence how you are feeling. We temper the belief in a self sustaining direction, we help to modify or expand the belief in a way that offers the client a flexible spectrum to function from. So it is a mix of those units and my larger goal is endurance, acceptance or change (R1).

Another example of how Eastern and Western is combined is in terms of being directive or not. R1 gives an example of problems in the family, specifically with a mother in law and how she can be interpretive and directive to a certain extent:

So instead of going into details of thinking, feeling, behaviour (reaction), I may take a somewhat informed guess/ interpretative/ directive stance. I say: it matters a lot how MIL (mother in law) sees her, approves of her (meaning), it is hard for her (problem) to not take it to heart, (goal) to take in what MIL says through one ear & let it out through another (suggested letting go); perhaps MIL does not have the experience/ education/ insight /tact to do otherwise (reduce expectation) & she misinterprets your intent (implying that this is not client’s failure).

Above is an example of directive counselling (not advice). R7 gives another example of when East and West meet and are combined. In Indian philosophy there is an aim to go

beyond the mind. While in counselling they work to understand the mind. In Indian philosophy it is good to not have an ego, but in counselling one develops ego-strength to work through different developmental stages. So combining these two is a challenge but it is helped through Eastern approaches such as using mindfulness techniques, acceptance, chakras and relaxation. Also in Indian philosophy a re-occurring question is: “Who am I? All the saints ask this” (R7). And the same question is explored in counselling.

R3 also uses sand in her counselling. She has a rectangular box of sand that the client can draw in. “...most of us, as growing up have played with sand, it is an evocative thing, sand is beautiful way of expressing what has happened.” Sand is very useful for clients that do not know what counselling is or are uncomfortable with it, she says. Sand therapy comes from the West, but then she incorporates mindfulness, which she says is an Eastern way, derived from Zen Buddhism. The picture in the sand is not analysed while it is done. “I am not analysing oh you put the ball here on the left top corner, that is not what it is...it is very powerful”. Also she adds in a non-westernized setting she would add “Indian” elements such as drape the dolls in saris.

So when someone looks at it they feel ok, the dolls are browned-skinned, or dark-skinned. They are not blue eyed, blond haired dolls and that is very important, and if you were in such a setting, there would be a blond doll that would represent you (R3).

She continues and summarizes her way of working:

...mindfulness definitely, it is from there, aspects of yoga, breathing, for a person with anxiety to calm down, mindfulness techniques yes, but they are techniques that need to be as interventions, but counselling has to be something else, because that is what I’m trained for, that’s the work, that is this centre (R3).

R3 says that aspects of Yoga and mindfulness are techniques, not counselling methods and must therefore be used in combination with the counselling, not as stand alone interventions.

R1 says that the Indian context is not only an Eastern context:

...it has allowed for integration of many Western influences for better or for the worse. In order of past and recent factors- due to its colonial history, multilingual flavour with English is an important medium of public discourse, society being multi-religious including Christianity, the obvious or subtle influences of a Western world view come through globalisation and the telecommunication boom. Contradictions are part of most contexts. Many theories propagated in the West offer practical ways for understanding possible human development processes and relational needs, these have helped me to understand people in various contexts. None of the methods are to be used like an inflexible recipe or prescription.

7.4.5 Analysis: Eastern and Western methods and approaches

Spirituality is a big part of Indian life. It is of positive nature, a source of well-being, a coping strategy, a source to connect to when looking for inner guidance. One counsellor thinks that the essence of spirituality is universal. Another counsellor who has been in U.S.A comments on the differences she experienced in how it is practiced. She says in India, spirituality is immersed in the culture, that it is even difficult to separate from culture and religion. Although spirituality is distinguished from religion by other counsellors. They separate the energy of spirituality from religious (ritualistic) ceremonies. Yet spirituality is sometimes connected to religious themes such as believing in something greater than one self, transgressing the physical world. I leave the definition behind and focus on the principles that are drawn from spirituality and inserted into counselling. Similar to what Arlumani writes about “The Centrality of Religion and Spirituality” in Indian life, the goal is not to pinpoint the “interface between religion and counselling” but to examine “how common cultural practices prime a person to engage with life” (Arlumani, 2009, p. 255).

Spiritual qualities are resembled to Carl Rogers and his emphasis on empathy, positive regard and non-judgment. Since Parivarthan works with a person-centred foundation there is a common ground for these type of values for clients, no matter what they call it. The counsellors use the vocabulary that the client uses. Such as Patel, Chowdhary, Rahman & Verdeli (2011) also have found in their study.

Further, if the client practices mindfulness, meditation, works with mantras, visits the temple, has a puja room in their home etc. the counsellors explore the meaning of these practices and highlight them as coping strategies in the counselling. Spiritual qualities are connected to an inward process of reaching spiritual awareness, much like the inward process of getting to know yourself in counselling (Laungani, 2009, p. 80).

The counsellors do not describe a conflict between spiritual and/or religious beliefs and values in the counselling methods. In Laungani’s model the opposite to spiritualism is materialism, in this section the counsellors descriptions correspond well with Arlumani’s findings, where they seem to focus more on internal and external perceptions of reality rather than external (Western discourse) as well as reaching wisdom through reflection and an inner journey rather than perceiving reality “...through scientific enterprise” (ibid., pp. 79-81). An aspect that one of the counsellors touches upon, from her experiences in U.S.A is that she found the equivalent to be New Age, a somewhat “individualistic and shallow practice” in comparison to the culturally immersed practice of spirituality in India. Arulmani writes that counselling that is individualistic and empirical “...may not find resonance amongst Indians,

whose culture has prepared them over the ages to approach their existence in an intuitive, experiential, and community-oriented way” (Gerstein et al., 2009, p. 254). Yet the results do not indicate a distinct approach as being better than another. Since the counsellors adapt to the individual, and repeatedly say that it is the client that steers what will be integrated or not, spirituality and collectiveness are not always the best approaches. In the urban setting, clients represent a need for diversity in counselling approaches across the Spiritual- Material spectrum. Just as Laungani (2009) points out, the East and West categories should be understood along a continuum and not in either/or dichotomies (ibid., p. 57).

Also R3 draws from the Bhagavad Gita, the Indian epic where a discourse of not being able to control the end-result in one’s life is raised. She connects it to the non-dual philosophy Advaita. Indians are culturally prepared for contradictions (Gerstein et al., 2009, p. 254). On the one hand believing in Gods and karma, and on the other hand believing in Advaita and self-responsibility. It is not an easy contradiction, as still many clients as mentioned in the previous section about advice, expect to be told what to do and therefore place the responsibility of their life in the hands of others. Yet there are several cultural discourses to relate to in illustrating elements that resemble empowerment, such as karma where one is thought to be able to change the course of one’s life.

Yoga is used in the counselling in terms of illustrations. The example above concerning chakras and Maslow show how the counsellor draws from both East and West without contradiction. In terms of New Institutional Theory, I consider Yoga practice/Yoga Therapy to be part of the *organisational field* of counselling in Bangalore with clear *domain consensus* (Lindqvist, 2000, p. 88). The counsellors are not trained in Yoga, they refer to the philosophy about it and if the clients want to practice it the counsellors offer referrals.

Concerning Western methods, the counsellors work with an integrative approach consisting of cognitive behavioural therapy, psychodynamic approach, gestalt therapy, pink therapy, system theory, transactional analysis, person-centred approaches (Rogerian), using small animals, sand therapy and art therapy (drawing). The Western paradigm is clear, there is lack of Indian research in the field one counsellor points out. Indigenous methods are not part of the training or integrated along the way. But cultural sensitivity does not mean that indigenous methods or Eastern methods have to be used. The Western methods are integrated with each other, with the context, with the client and the counsellor. The constructs of certain methods are clearly *disembedded* from the West and through a rigorous integrative process embedded into the context in Bangalore and *translated* by the counsellors into a contextual counselling form (Czarniawska, 2005, p. 112; Johansson 2002). None of the counsellors

emphasise the importance of holding on to the essence of the methods, or to distinguish which method is used when.

Cultural adaptation is high. In terms of evaluation, it would be interesting to study the effects of how successful the counselling is and how one would evaluate that since the practice is fluid. Also I would like to remind the reader that I am focusing on how the counsellors experience the use of Western methods, perhaps the clients have completely different experiences of how the counselling is adapted to the context in Bangalore.

In the final part of the section about Eastern and Western methods and approaches the counsellors say that they use elements from both cultures. Endurance and mindfulness are given as examples of Eastern elements. They oriented towards observing thoughts rather than changing or accepting thoughts as they are. If the client is not content, the Western approach is used to gain self awareness about how their thought effect their behaviour. "...we help to modify or expand the belief in a way that offers the client a flexible spectrum to function from. So it is a mix of those units and my larger goal is endurance, acceptance or change."

(R1) The focus on the mind and thoughts are part of a Western paradigm. It can be understood as Laungani's model of Cognitivism and Emotionalism, where the former is part of the work-and-activity-centred society and rationality and logic are more attractive tools than feelings and intuition. (Laungani, 2007, pp. 69-72) In Indian philosophy the practitioner strives to reach a state beyond the mind. But these elements are techniques says R3, not methods. The counselling methods lie at the core.

8 Summary and discussion

In this final section I summarize my results and analysis and connect back to my research questions. Also I suggest topics for future research within the field of cross-cultural counselling.

8.1.1 Context for the profession

The research field of (mental health) counselling is dominated by the West. Theories, methods and approaches within psychology, psychotherapy and counselling are by large produced in the West and therefore produced to cater to the needs of Western problems (Gerstein et. Al, 2009; Laungani, 2009). When these methods are incorporated in Bangalore several mechanisms effect this "import". One is the organisational field made up of all the professions that have "...similar job descriptions, hence are subjugated to the same processes of change" (Lindqvist, 2000, p. 87).

Since the counselling profession in India is developing and is rather new, Parivarthan is placed in a complex organisational field where it is not clear which organisations are similar as training, ethical standards and counselling methods might vary a lot from one organisation to the next (Arulmani, 2009, p. 252).

My first research question is: How is the context for the counselling profession at Parivarthan Counselling, Training and Research Centre in Bangalore described by the counsellors? At one hand Parivarthan is strongly influenced by Western research and methodology (as many other organisations in the world) and at the other hand it is strongly influenced by the Indian context in which it is practiced. Parivarthan follows The British Association for Counselling and Psychotherapy (BACP) ethical guidelines, they use Western counselling methods but they also incorporate cultural elements into their sessions and have *domain consensus* with other professions that are part of mental health services (Lindqvist, 2000, p. 88). Examples of these are referrals to: psychiatric consultation, psychological assessment, Yoga practitioners, shelters, etc. Although I have not interviewed counsellors from other counselling organisations, and do not know if there might be *domain conflict* between them.

The interviews show that a mindless import of counselling methods is not done and it would be crude to make that assumption. Counsellors build bridges between subjective and objective epistemologies, it is contradictory within the theoretical framework of this essay to assume that counselling methods are universal per se. *Social constructivism* and *translation* show that ideas are products of their context and change when moved. So rather parts of the methods can be based on universal compatibility and parts will have to change in context. According to Arlumani, for counselling to be more efficient it is important for the counsellors to understand what his/her clients are culturally prepared for (see below 8.1.3).

Through globalisation and with a history of colonialism, the Indian context is not only an Eastern context, elements of Western discourse already exist in India as well as a long indigenous history of mental health services.

The counsellors describe how, fore mostly family, spirituality and in some aspects religion, are part of the Bangalore (Indian) context that they integrate into their counselling approach. In Laungani's model (2009), these aspects are prominent in Eastern culture. But the counsellors also emphasise that these aspects are not always the most important mechanisms that steer the client's needs. They stress the individuality of the client more so than understanding generalizing structures (gender, class, caste, religious conviction) as guiding reasons for counselling approaches. The urban counsellors and their clientele are part of a context where roles are changing. Young people have more opportunities to make careers and

live in a nuclear family, rather than in an extended family network. As a consequence, norms and expectations for behaviour change. These aspects allow for an individualistic decision-process to a larger extent, than in would in rural areas (Sinha, Sinha & Sinha, 2001).

In summary, part of the counsellor's job is to place the individual client's needs and wishes first. It seems that some clients do not want to involve their family in their decision processes, and others do. On a structural level the family is an important part of Indian life and system theory is used by many counsellors to include this aspect.

Spirituality is described by many counsellors as separated from religion and by some, that they are entwined. Spirituality is a part of the counsellors' training (although a very small part) and all the counsellors brought it up in the interviews. To use the word Spirituality is not of primary importance but rather to incorporate what it stands for: ability for positive change and harmony in life. Spirituality is an important part of the Indian context and the counsellors are culturally prepared to include it in one way or another in the counselling.

I have not conducted a study about how effective the counselling at Parivarthan is. I do not know how much these adaptations actually changes the quality of the counselling or how the methods potentially clash with cultural norms to the extent that clients quit prematurely. But the results do not indicate that the counsellors perceive the methods' Western heritage to be the problem. It has to be considered, that other variables have been raised on both structural and individual level that indicate obstacles or reasons to why clients do not go to counselling (which does not necessarily have to be connected to an exclusively Indian context):

- The lack of a governing body to systematize the profession.
- The lack of systematised demands on training.
- (Cultural) attitudes towards mental health problems causing stigmatization.
- Cultural attitudes towards sharing your problems with strangers (negative).
- Expecting advice-oriented counselling not process-oriented counselling.
- The role of the family as a support system fills some of the functions that counselling offers and therefore it becomes unnecessary.
- Cultural practices such as Yoga or community involvement help the individual with coping strategies.
- Individual is not ready.
- It takes to much time.
- Expectation of quick solutions.
- Counselling is not the solution to everything and some simply do not like it.

8.1.2 Methods used

My second research question is: What methods or approaches do the counsellors use in their counselling? The counsellors use for mostly talk-based counselling with the exception of sand therapy, art therapy and using small animals. The methods used are: cognitive behaviour therapy, system theory, transactional theory, psychodynamic therapy, existentialism, person-centred approach (Rogerian) and gestalt therapy. They also use approaches, which are Eastern or Indian based such as brainstorming, directive approach but not advice, implementation of Yoga philosophy, Yoga breathing exercises, concepts of acceptance and endurance and the use of metaphors from Indian epics such as the Mahabharata.

I expected, before I went to India, to learn about hybrid elements of Western and Eastern methods. But I received few answers that indicate that which I speculate is due to several reasons:

- The indigenous methods of astrology, Ayurveda, shamans and gurus differ a lot from the paradigms within Western counselling methods and might not be easily combined.
- Parivarthan does not conduct research on such a level that it produces their own theories of counselling, nor does this seem to occur in other organisations, as counsellors have pointed out the lack of systematised, evidence-based indigenous counselling methods.
- The methods that they use are integrative and contextually adapted and the organisation seems to fill an important role for the community, there might not be a need for hybrids, cultural adaptations might be enough.
- The clientele lives in an urban context with Western influence.

8.1.3 Cultural sensitization

My third research question is: How can the methods be understood in terms of cultural sensitization? My results show that the following adaptations are made to fit the cultural preparedness of Indian clients at Parivarthan:

- Language adaptation, such as referring to phenomenon with Eastern constructs yet not changing the content of the construct as such. For example referring the spiritual qualities or Rogerian qualities to describe the same entity.

- Use of metaphors from for example the Bhagavad Gita, which is well-known in Indian culture to illustrate human conditions.
- Adapting the setting such as using toys with dark or brown skin in sand therapy.
- Adapting to the setting such as offering counselling under a tree in a rural context.
- Being culturally prepared for the importance of family ties in counselling and allowing room for both individualistic as well as collectivistic values.
- Integrating elements from spiritualism and religion, such as highlighting coping elements in going to a temple, meditating, using mantras etc.
- Integrating terminology from Yoga such as comparing the development stages in the chakras with Maslow's hierarchy of needs or referring to Yoga.
- Being culturally prepared for the need to be directive in counselling at times, without tipping over to the cultural expectation of advice-giving.
- Conveying the power in endurance rather than being informative about thought processes.
- Being integrative with culturally immersed coping strategies that the individual brings in, involving the counsellors own world-view and context.

8.1.4 Future research

Culture is a powerful variable when it comes to the efficiency of counselling. In the globalized world that we live in, and the way that ideas and practices spread by constantly moving and changing, universalism has to be questioned and the context respected. It is relevant to examine how counsellors use Western methods in an Eastern society. Most research in this field concentrates on how counsellors should meet the needs of ethnic minorities residing in Western countries. Theories about how structural positions such as gender or age effect counselling needs; that culture is a norm-producing phenomenon; that counsellors should be culturally prepared; that counselling is a product of its context, can be applied no matter if the respondents belong to an ethnic minority (Indians in Sweden) or the respondents belong to the majority culture but use methods from another culture (Western methods in India).

Even though my empirical material only focuses on one organisation, the field of cross-cultural counselling and the pressing need of cultural sensitization gives a strong indication of homogenizing effects. Lindqvist (2000) writes that when organisations have similar job descriptions and create a field that adapts to its context and the norms in that context, organisations tend to start homogenizing, *institutional isformism* is created and diversity

decreases (pp. 87- 89). I believe that research should reveal the multitude of diverse methods that exists in counselling and psychosocial treatment. Such research can help spread information about different methods and offer more of it to clients.

New institutionalism is interested in similarities and differences, stability and change within organisations. Organisational identities are shaped within organisation fields and ask questions like: “Who am I? What do I do? Who do I resemble? Who do I want to resemble?” (Johansson, 2002, p. 141). The latter question, “Who do I want to resemble?” is interesting because of the need of cultural sensitization. Because not only does Western methods dominate counselling, but Western organisational structures can spread as models for counselling organisations outside the West. Again, I do not have the empirical material to draw conclusions about this. I suggest that further research about the potential imitation of organisational structures could be analysed with the constructs of organisational fields, using Bourdieu’s constructs of field, where power related elements are more protrusive than in New Institutional Theory (Johansson, 2000, p. 140).

Another aspect that future research could engage in, is comparative studies of an organisational field connected to counselling and treatment. For example comparing Western based counselling with indigenous methods such as Yoga Therapy and make an organisational analysis of institutionalising processes and treatment results.

Finally it would be of importance to interview Indian clients and their experience of the effectiveness, cultural adaptation and need for mental health services in terms of talk-based counselling or other treatment alternatives, especially one that integrates the communal way of living in India.

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10 Appendix

10.1 Appendix 1, Interview guide

Definition

1. What is counselling according to you?

Specialization

2. What kind of counselling work do you specifically do? (Couples, individual, adolescents, family, career – counselling?)

Methods and approaches

3. What methods or approaches do you use in your counselling work?

East and West

4. According to you, are these methods influenced from the Eastern part of the world or the Western, both or none?
5. Do you think that there is a clear or fluid distinction between Eastern and Western approaches/methods in your counselling work?

Indian context for counselling

Urban

6. Do you think that it is common in Bangalore, and in India, for people to seek guidance for mental health problems with Eastern/indigenous methods or approaches? If, so what would those methods be?

Awareness and availability

7. What are the biggest obstacles for counselling reaching more people in Bangalore and in India?
8. What are important factors for counselling to become more available in Bangalore and in India?

10.2 Appendix 2, Follow-up questions

Please fill in these questions. The background questions will be used as part of a introductory description about you- and all the respondents in the essay. Your name will be changed so outsiders will not be able to identify you. But you will probably recognize each other within the clinic. Please let me know if this is alright.

Background information:

Full name:

Name you want me to use in the essay, pseudonym:

Age:

Number of years in counselling field:

Number of years at Parivarthan:

Training outside Parivarthan (Bachelor, Master, where):

Training at Parivarthan (name anything longer than work-shops):

Lived abroad (duration, where):

Worked in counselling field abroad (duration, where):

Worked in counselling field outside Bangalore in India (duration, where):

Do you have clients from other countries than from India:

Follow-up questions around the same themes I have asked about before. Thank you so much for your extra time!

1. If you can generalise, what are your clients most common socio-economic background?
2. Many of you answered that the general amount of sessions you have with clients are around five. In the cases where you think that the counselling ends prematurely, what are the most common reasons?
3. If you would be more advice-oriented in your work (in the way that many clients seem to expect) would you still call it counselling? Why or why not?
4. What do you think about the fact that you use mostly, if not entirely Western methods in an Eastern or Indian context? Is this a contradiction or not? Explain.

5. Some of the previous research within the field of Western counselling methods used in the East, has criticized that this import of Western methods can impose cultural imperialism or post-colonialism (not always being effective methods because they are imposed with a western culture and values). Do you agree or disagree with this criticism when it comes to your work? Explain.

10.3 Appendix 3, Letter of consent

Background

With globalisation and colonization research methods from U.S.A. and Europe have spread to developing countries. India is a one example of this. The synergy of traditional and modern counselling methods is especially evident in urban cities, I have therefore chosen to start my study about counselling in Bangalore at Parivarthan.

Purpose

The purpose of my essay is to widen the understanding of the definition, practice and need of cross-cultural counselling from the counsellor's perspective. I want to analyse the use of Western and Eastern methods and perspectives on mental health in different clinics and/or organisations in India.

Selection

I have used a random selection. I googled counselling/therapy/social work/mental health + gender+clinic+organisation in India. Parivarthan was one of the organisations that gave me a quick response, asked for my intentions, purpose and study plan. They gave a professional impression and offer many different counselling forms which offers a range of perspectives to analyse.

How the interviews are conducted

I will conduct semi-structured interviews. The interviews are planned to last 60-90 minutes. There might be a need for shorter follow-up interviews to answer potential follow-up questions.

Risks

All participants will be made anonymous in the final essay. Participants who feel that they regret their contribution can withdraw it before the final draft of the essay. I respect the anonymity of the counsellors' clients and will not involve them. I will write the name of the organisation in the essay and a background to the organisation to give a context to the interviews so there is a risk that respondents might identify each other at the centre.

Contributions

I hope to contribute to the understanding of the use and need of cross-cultural counselling. I think this essay will be of use both in India and in Sweden and perhaps inspire further research.

Handling of the interviews

I wish to record all interviews and transcribe them personally. I will keep the recorded interviews in a safe manner and not spread them to others. All participants will be anonymous. If the participants have any questions after the interviews I can be reached by e-mail. I will send the transcriptions to each respondent for final confirmation. When the essay is finished I will erase the recorded interviews.

The final essay

All participants will be sent a digital version of the final essay.

Responsibility

My name is Eva Smoczynski and I am a student at Ersta Sköndal University College in Stockholm, Sweden. These interviews are part of a Minor Field Study that is the basis for my Bachelor essay which will be tutored and graded by Ersta Sköndal University College. Questions can be sent to my e-mail. I am not connected to a University, College or organisation in India.

Consent

I have read the information above and agree with the content. I am aware that I participate without any payment in return and give my consent to be part of this research project.

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Date and city

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Signature, respondent

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Signature, Eva Smoczynski