The Asian Women's Counselling Service

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In the summer of 2001 I was successful in applying for the post of Asian Trainee Counsellor with the Asian Women's Mental Health Project. This project had been set up by a mainstream counselling agency which provided counselling to women from disadvantaged backgrounds. One of the main functions of the post was to set up and develop a counselling service for women from the South Asian community in Bristol. The service would be the first of its kind to address the linguistic needs of the community by having a counsellor who would conduct counselling sessions in the three major Asian languages which are Punjabi, Hindi and Urdu; these and English or a combination of more than one language could also be used. It was important for the counsellor to possess a greater understanding and awareness of the cultural and religious backgrounds of the clients who were likely to access the service.

According to the 2001 Census, the number of Asian women in Bristol between the ages of 18 and 80 is 3,927; this number is likely to be considerably more. The number of Asian female counsellors is six - the ratio between these two figures is an illustration of the lack of qualified counsellors from black and minority ethnic groups; incidentally not all of the counsellors mentioned had the three major Asian languages, Punjabi; Urdu and Hindi.

The agency which fundraised for the counselling service had several distinct features; the theoretical framework within which counselling was offered was psychodynamic and members of staff and management advocated a strong feminist stance. It had also been mostly 'white' until very recently.

I immersed myself in this very exciting and pioneering work with great passion. One of my first tasks was to begin a process of consultation with the South Asian community and the voluntary and statutory sectors. The purpose of the consultations were to:

- gain some insight into Asian women's perception of counselling

- understand possible barriers to the take-up of a counselling service

- influence service delivery

This first stage brought together knowledge the agency had gained from working with Asian women over the past eleven years, mainly from the drop-in and helpline services that were offered. Our consultations were with individuals, Asian women's groups in Bristol, mental health professionals, research studies and the experiences of similar projects in other cities like. London. During the initial stages of the consultation process some eighty women were reached with ages ranging from sixteen to sixty years.

Key findings

There were fears about mental health and counselling. Concerns that counselling was inappropriate for Asian people were not well-founded; some people felt if mainstream mental health services could provide a service which was to take into account their cultural needs, then they may consider accessing it.

Counselling from ethnocentric perspectives did not appear 'attractive' and was more likely to cause confusion than to be helpful. Others who were consulted reported the wish for counselling and that they may find it supportive regardless to how a service was offered. In some instances, people reported that their own way of responding to emotional distress and managing it was undermined by the thinking of the more dominant contemporary theories, such as the work of Freud, Jung and Rogers. This was particularly so with religious Muslim clients who feared their values would be undermined by secular counselling (Jafari, 1993).

Confidentiality

Confidentiality was highly regarded and it was important that clients see a counsellor who was not connected to them. This posed a dilemma: since there were only a few counsellors in Bristol, it would be impossible for potential clients to see someone who they would not have a connection to in some form or other. There was a fear that confidentiality would be breached; Asian communities tended to be close and interwoven and connections could spread widely. To address these concerns I spent a great deal of time visiting Asian women's groups to build trust and instil confidence in people who may consider using the service. It was important not to 'sell' the service whilst continuing to find ways to build and strengthen relationships with the community. People could make autonomous decisions whether they wanted to use the service or not, a person being

'sent' was not likely to engage in the therapeutic process.

Other issues which were likely to influence up-take were that emotional and mental health difficulties can carry a stigma; people using mental health services were seen as weak and not able to 'cope'. Our service was to play an important role in dismantling such prejudices; education and raising awareness about mental health and how counselling could support women could be seen as positive, for example, in building confidence to find employment.

Implications for the service

The service would need to build on the experience of the agency in developing procedures and principles which consider what the challenge of being counselled means to both parties, offering a reliable confidential service respecting difference and diversity. Practical issues such as welcoming and comfortable surroundings, with clear methods of access were vital, as well as appropriate and professional procedures for any contact with other professionals involved with a client.

According to the agency the service would not be appropriate for every woman. Sensitivity to the close and complex relationships within the Asian communities was resolutely necessary. The agency anticipated the need to refer potential clients to other counselling services.

I recall a self-referral in the earlier stages of setting up the service when a young Asian woman had contacted the agency and was seeking counselling (a professional working in the statutory sector). Some discussion took place between my line-manager and I as to whether the client could be taken on by me, (I need to mention the client had specifically requested to see an Asian counsellor). This was not deemed to be an 'appropriate referral' due to the fact that both she and I were connected to the Sikh community. On this basis the woman was turned down and sign-posted to another agency; I fully understood the boundary issues, but I couldn't stop feeling a deep sense of frustration and disappointment as well as guilt; could this decision be justified? I felt we as an agency offering a service aimed specifically at Asian women needed to think hard about how we would address these challenging situations.

The service recognised the importance of acknowledging the differences among the Asian communities. While it was highly valuable to build common ground and shared experience, unacknowledged differences could create difficulties. The agency's success in working multiculturally was due in part to working honestly and creatively with difference.

Development work

The post was inherently difficult as it was necessary to carry out counselling work and develop the service whilst simultaneously studying to gain a diploma in counselling. The counselling work proved quite a challenge as I was developing a new service

from scratch with a community unused to counselling, an area which shrouded in mystery. I was working 9-5 Monday to Thursday and the rest of the time was spent studying. This entailed a heavy academic workload which proved very demanding.

Despite this, I had remained resilient, thoughtful and determined with the continuation of developing the service. Again, this required promoting the service, consulting about needs and helping raise awareness so that women would feel encouraged to access the service. One of the difficulties I struggled with was how we were expected to meet the targets in the first year of setting the service? I was desperately concerned with the pressure of seeing 28 woman clients within the first year: this was an impossibility taking into account the barriers which influenced up-take. I shared these concerns with the funders who were quite open and supportive and re-negotiated the figures to fifteen women.

Development work involved consistent meetings with local Asian women's groups; numerous workshops were delivered which would enable women to think about how counselling might respond to their psychological needs. They would have an opportunity to tell us how the counselling service could best operate and what they would like from it.

Keeping the momentum going required me to think constantly about initiating new contacts. Despite the initial disappointment of a low take-up of the service, I

continued my efforts to find new and creative ways of promoting the service. I thought hard about the barriers to Asian women seeking counselling and examined the agency's practice and my own as an individual counsellor.

Personal struggles and 'fights'

The above issues lead to some very tense discussions with my line-manager, for example the unwritten policy to work within a psychodynamic approach which I felt at times proved rigid to a community who were unused to counselling. I'm sure the psychodynamic approach influenced my line-manger's decision to refer the client I mentioned earlier to another agency. I remember too, the tension with my line-manager around which training establishment I would choose to undertake my counselling training - psychodynamic or humanistic? It is impossible in this article to have an in-depth exploration or draw any conclusions around which model was more suited for the client group I would work with.

We continued to deliberate the cultural differences in relation to the client group we were serving, our own and the differences with theoretical models. From a personal viewpoint, contemporary counselling models were embedded in Ethnocentric/Pan-American thinking, often emphasising the fulfilment of individual needs, conversely an Eastern 'way of being' was more concerned with the needs of the group and advocated a sense of 'well-being'

within a familial collectivist viewpoint. This is one of the main contrasting features between the Eastern and Western cultures - although this viewpoint could be argued till the cows come home.

Training implications

And so back to the predicament of which training establishment I would choose. It was becoming clear from research that members of ethnic immigrant groups entering the counselling profession were expected to agree with and accept the prevailing belief that western counselling theory can be employed to fit any specific cultural group (Gaines: 1992).

I wondered about theorists like Freud, Jung and Rogers - the cultural differences between them and the South Asian community was markedly stark. Having read the literature I thought about the inherent racism in ethnocentric theories; particularly with Freud and Jung's views about other cultures. Fernando(1991) writes that Freud held the view that it was natural that the 'leadership of the human species' should be taken up by 'white nations' (Freud, 1915, 1930), and that 'primitives' have a lower form of culture. Would these primitives include the cultural backgrounds of my Asian community? Initially I was deeply offended and found myself protective of the Asian community. Although Freud adhered to racist thinking, it was Jung who integrated racist ideas more fully into psychological theories.

Fernando (1991: 42) writes that Jung fancied himself as a specialist on black people since he had actually visited Asia and Africa. He observed a 'very characteristic defect in the Indian character', that is, 'deception' (Jung, 1939). I wondered whether I truly wanted to know more about these theorists and their ideas, how relevant was it to the clients I would be working with? Again, I felt somewhat resentful and outraged by their views and prejudices.

Were ethnocentric theories suited to people from other cultural backgrounds such as the Asian community? Rogers (1967) asserts that 'one of the cardinal principles in client-centred therapy is that the individual must be helped to work out their own value system, with a minimal imposition of the value system of the therapist'. Rogers fails to consider the Asian client's 'cultural' value system which is based on collectivism. This can create tension and confusion when the two systems are introduced to each other. I have often wondered how therapeutic goals of western counselling might be unfamiliar and inappropriate concepts for clients from other cultures whose value systems and networks of communication can have a significant bearing on a variety of factors. These include childrearing techniques, patterns of socialisation, development of identities, kinship networks, work habits, social and familial arrangements and the religious beliefs and practices of people from differing cultures (Kakar 1979, Roland 1988, Laungani 2001).

Towards change

The recent amendment to the Race Relations Act 2000 places more responsibilities on service providers to eradicate discriminatory practices, since subtle forms of racism and oppression were lodged in the practices and workplaces of the 'caring profession' according to Alleyne (2004). A review reported that mental health services are unattractive to some ethnic groups who complain of coercive treatments and report adverse experiences (Cochrane & Sashidaran: 1996). Unless we collectively make a genuine commitment to resolve these difficulties, we are doing a disservice to our core values and ethics as a profession.

I was reminded of Joady Brennan's statement (The Psychotherapist: 2005) on issues of race, culture and faith, which pointed towards the 'erosion of hopelessness' within them. Surely as counsellors and psychotherapists we rely on our hope or belief that change is always possible, and I sincerely believe it can if a collective effort is made. UKCP has a national role in regulating and accrediting psychotherapy services, which are currently perceived by many people to be inaccessible, discriminatory and inappropriate. Brennan suggests these are both caused by and mirrored in our lack of integration into the mainstream life of Britain. We are commonly seen as fenced off from public accountability, avoiding the kinds of interactive relationships that give people a sense of ownership and power. But that's another article.

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Ounkar Kaur has been involved in mental health issues since 1995 and has been instrumental in setting up counselling services for members from Black and Minority Ethnic communities. She qualified as a counsellor at Bristol University and went on to undertake her MSc which explored the validity and appropriateness of the dominant western approaches to counselling and psychotherapy. The research was to some extent a powerful exposé of inherent racism in western approaches to counselling. She tutors for a independent agency which provides counselling and psychotherapy training. She has a keen interest in integrating topics of working with cultural difference integral in counselling/psychology training programmes.

COME AND JOIN IN THE FUN!

We are hoping to run a children's festival within the next conference, so that the children have something fun to look forward to and the adults don't have to worry about them whilst attending workshops. There are currently two teachers who are going to be teaching Yoga and Music/singing Classes. Do you know of any teachers who have a talent they would like to bring along and share? For example, we thought it might also be nice to offer an Creative Art workshop of some kind too... Would anybody who has experience of working with children like to either offer a workshop or be a workshop assistant?

If you or anybody you know would like to be a part of the team, please do email Julie on happy.notes@hotmail.com.