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# Exploring lived experiences of Indian immigrants and their counsellors: A qualitative study

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This study aimed to examine the experience of Indian people living in Australia who have accessed counselling interventions and the counsellors' experience of assisting Indian clients in a counselling setting. This was a qualitative study employing interpretative phenomenological analysis to study the lived experiences of counselling provision for Indian clients in Australia. Semi-structured interviews were conducted to gather the experiences of the counsellors and Indian clients. The analysis of the data revealed four key themes emerged from the Indian client participant group: (1) understanding of counselling; (2) counselling benefits; (3) challenges of counselling; and, (4) therapeutic relationship. Three key themes which emerged from the counsellor participants group were: (1) challenges of counselling; (2) therapeutic relationship; and (3) counsellors' knowledge. Overall, the findings suggest that despite some challenges, counselling was useful for Indian immigrants into Australia.

**Keywords:** counselling; immigrants; multicultural counselling; therapeutic alliance; counsellors' knowledge

Research in the field of multicultural counselling is extensive; however, Indian clients and their counsellors' experiences of counselling are still unexplored. The population of India is the second largest in the world; however, issues such as disparities in Indian society have led to increased migration (Abrams, 2016; Kenny, 2015). Australia is a multicultural society with people arriving from many different countries of the world, including India (Australian Bureau of Statistics, 2018a). Between March 2017 and March 2018, net overseas migration accounted for 62.2% of the growth in Australia's population. Therefore, international migration has been a great contributor to the Australian population; India ranks fourth in this contribution (Australian Bureau of Statistics, 2018b). Given the size of the Indian community in Australia, it is crucial to assist Indian immigrants to adjust to their new homeland. Culturally sensitive and skilled support is required for these immigrants to settle into their new society.

The literature suggests that Indians typically depend on family and friends for emotional support. Drielsma (2013) presents the knowledge that Indians rely on one another because of many factors such as the collective nature of their society, the accessibility of traditional support such as attending religious guru, performing religious rituals, visiting holy places, lack of knowledge about professional counselling, and lack of appropriate mental health professionals to meet their needs. In India, professional services such as counselling are at the initial stage of development and limited only to major cities and people with greater economic resources (Hohenshil, Amundson, & Niles, 2013; Sriram, 2016; Drielsma, 2013; Ibrahim, Ohnishi, & Sandhu, 1997).

Hohenshil et al. (2013) reflect on the prevalence and importance of conventional practices when helping those in emotional distress, which include priests, spiritual leaders, mystics and indigenous practitioners around the world including India. The environment changes significantly when Indian immigrants travel to foreign lands and their typical sources of support are unavailable. Therefore, they may approach professional support services such as counselling and psychology.

It is, therefore, vital to reflect on the barriers to effective cross-cultural counselling with this particular ethnic group. This study intends to inform the counselling profession by learning from the experiences of counsellors and Indian counselling clients.

Counselling provision for immigrants needs to be thoughtful, culturally sensitive and tailored to meet the immigrants' needs. Understanding their complex issues and perspectives could have some positive impact on the provision of appropriate therapeutic support for this group. It has been identified that the counsellor's knowledge of diverse cultures is one of the elements for developing a therapeutic alliance with people from a dissimilar culture (McCaffee (2008). The aim of this study is to inform counsellors who work therapeutically with Indian clients, however the findings may also relevance for counselling provision to individuals from similar cultures that are predominantly of collectivist orientation.

## METHODOLOGY

### Participants

Two categories of participants were recruited; Indian clients and counsellors who worked with Indian clients, in order to gain varied perspectives on the phenomenon. Neuman (2013) used purposive sampling to target participants who have experience in the phenomenon of interest. Qualitative research recommends homogeneous and small number of participants with lived experience of the research question (Smith, 2008). Smith (2008) states: 'an attempt is usually made to understand a relatively small number of participant's frames of reference or view of the world rather than trying to test a preconceived hypothesis on a large sample' (p. 2). Therefore, four client and four counsellor participants were recruited for the study. The counsellor participants were of Western cultural origin and had worked with Indian clients in individual or group counselling settings. The participating counsellors had

been working in the field between 10 and 30 years in a group and/or individual setting. The client participants had participated in counselling services two years ago or more but were not currently receiving counselling services. There was equal representation of both male and females in both categories of participants. The study received approval from the ethics committee at the University of Notre Dame in Australia.

### Data gathering

A consent form and information sheet explaining the purpose of the study was provided to the participants prior to the interview. Semi-structured interviews were used because a flexible data collection instrument was needed in order to elicit the participants' sense-making of the phenomenon (Dawson, 2006; Kumar, 1996; Minichiello & Kottler, 2010; Smith, 2008). Semi-structured interviews also allow the researcher to collect more in-depth and rich information on the lived experiences (Smith, 2008). The interviews were audio-recorded and were of approximately one hour's duration.

To improve credibility, the researcher implemented triangulation; using different approaches and seeking accounts from three or more perspectives (Pierce, 2008). Triangulation was achieved by collecting data from varied participants, four Indian clients and their counsellors, to gain unique viewpoints on the same phenomena. Additionally, the findings of the current study were assessed in relation to those of similar studies to ascertain congruency with these findings. The data was coded across two co-researchers to strengthen the dependability of the analysis and findings (Pierce, 2008). Finally, participant quotes are provided to provide thick descriptions of the phenomenon to allow the reader to assess the credibility of the reported themes in relation to the data.

### Data analysis

The researcher transcribed the collected data to study the data thoroughly, reading the transcript several times until no more new insights were gained to reach data saturation. Smith, Flower and Larkin (2009) suggest that re-reading of each transcription allows the researcher to isolate the significant themes, i.e., repeated use of particular words, surprising elements or themes of importance to the research question. After familiarisation of the data, the researcher have noted down all relevant excerpts within each transcript on the left-hand margin of a page. At the second stage of analysis, an exploratory comment was assigned to all the relevant excerpts until the whole transcript developed into meaningful comments, which were then transformed into themes and subthemes. This process was followed for each transcript after which an overall analysis of the data set was conducted to arrive at the final findings of the study.

## FINDINGS

Analysis of the data revealed four main themes from the Indian client participant group: (1) understanding of counselling; (2) counselling benefits; (3) challenges of counselling; and, (4) therapeutic relationship and there are three main themes from the counsellor participant group: (1) challenges of counselling; (2) therapeutic relationship; and, (3) counsellor's knowledge. Pseudonyms were used to protect the identity of the participants.

### Client participant group

**Understanding of counselling.** It was suggested that initially there had been minimal understanding of counselling among the participants. Most participants had developed a better understanding of counselling's purpose and process after experiencing their own counselling. Before seeking counselling

for the first time, most participants indicated their lack of knowledge about counselling services. Sunita and Raj expressed their conceptualisation of counselling respectively as:

*'My understanding was when you are psychologically ill that's only when you go to the counsellor. So I did not know what is the meaning of counselling services, until I actually went.'*

*'At the point of time, I had only seen counselling mainly in movies and TV shows...umm... but I didn't know that it really helps.'*

At the time of the study all participants exhibited a good understanding of counselling. The data illustrated that their counselling sessions helped all of them to define counselling. As Sunita stated:

*'It means that you can go to someone to whom you can talk. Who can give you a listening ear and probably be guidance towards your problem. But it will be someone who will listen to you rather than judging you.'*

**Counselling benefits.** Most participants found their counselling experience was beneficial. They explained that counselling not only linked them with other services but also changed their life for the better. The strategies learnt assisted them in meeting their goals. As Sunita expressed:

*'I came out as a different individual. Counselling changed my mind, my thoughts. I still feel that that counselling session has helped me in my life.'*

As Shikha suggested:

*'They also have strategies and practical things that... for some reason, I could not see the way forward and how to do it. So strategies are one thing that you get with counselling... [Also] organised by the same counsellor I had access to free childcare... special childcare benefit.'*

**Challenges of counselling.** The participants openly spoke about the challenges they faced. They indicated that most did not approach counselling independently. Each participant stated that they were not aware of counselling until a third party suggested it. The following accounts of Shikha followed by Sunita illustrate this process:

*'When I went to my GP, that's where I heard about ...the counselling service. I was recommended by others ... other friends [told me] that you can seek some help.'*

Most participants were concerned about fellow Indians' negative attitude towards counselling. Although Raj spoke with reference to the broader Indian culture, his comments appear to reflect his own beliefs. He revealed:

*'It's different to what we usually do...back home counselling isn't something we do, it's not like I had flu and I went to the doctor, it isn't that common. It is more like a rich person's fad or rich person's issues... you can't afford hundreds of dollars to pay someone to listen to you.'*

The entire group expressed the idea that their Indian culture does not promote individuals to seek support from outsiders. The participants saw Indian culture as an obstacle to seeking counselling. Shikha explained:

*In India, it's all about the presentation and what face you show up rather than what you actually are living. So once you get rid of that rubbish then you are able to benefit from counselling. But if you have got that and I know a lot of people, even my own family and friends, who put on a show for people and that is something very strange. Yeah it will be really hard for them to get counselling because it will be really hard for them to open up.'*

Sunita suggested:

*I was thinking if I would tell someone that I am going to a counsellor, people will think that I have some mental issues...I am mentally ill, or I am a mad person or something. I was not opening up at my first meeting.'*

Anil and Raj both explained the Indian cultural expectations of men. As Anil described:

*Especially coming from India, you brought up seeing boys are strong. It puts it in your head, boys are strong. Boys don't cry, boys don't do this, boys never give up.'*

Every participant perceived that having the same mother tongue between counsellor and client is significant for the therapeutic relationship. Sunita stated:

*Language does play an important role.... mmm ... if both parties know a common language then it can work wonders to develop the connection between each other.'*

Anil said:

*If they can communicate in their local language and they can be more expressive. I think it can really help. But coming to talk to a stranger who can't speak your language is hard.'*

The counsellors' attributes and behaviour were also identified as one of the challenges. These influence the connection between client and counsellor. Sunita experienced:

*It was a very general template that I was given. So listening was very less ...very minimal the questionnaire session was only for five minutes or less, and it was not good session. It was more of moneymaking thing.'*

**Therapeutic relationship.** It was suggested by participants that in order to benefit from counselling, the Indian client must be progressive and open-minded with no reservation about either Western or Eastern approaches. All participants spoke about the desirable characteristics required by a client to accomplish their goals from the counselling experience. They spoke about openness, readiness to accept help, positive thinking, and having the insight that help is needed. Shikha illustrates this viewpoint:

*I am always open. I am open to trying things... I am willing to give as it a shot. I was open-minded and open to sharing my story and to receiving as well...you know... strategies and advice. And I really wanted to make some changes and changed things.'*

And Raj suggested:

*For counselling... umm...you have to be consistent. You have to keep going, to help yourself... open up.'*

The majority of the participants believed that they had a positive experience of therapy, because they were able to accept a Western approach. They suggested that a client should be progressive and ready to accept new ideas and approaches. Sunita experienced counsellors from different cultures and felt positive results from these sessions.

*'It didn't really matter if a counsellor is Australian or Indian or whatever. The counsellors that I had were Western, so their approach was also more of Westernised perspective. But that helped me in my way. I mean you need to have that kind of mindset where you are open and not seeing its negative as its Western concept.'*

And Raj:

*'I personally did not feel any kind of un-comfortableness that this person is not from my culture. If he's white or his culture so different; doesn't matter to me. I would say it is the best option you have because he's not from your culture, so he's not going to judge you.'*

### Counsellor participant group

**Challenges of counselling.** The participants expressed a variety of counselling challenges working with Indian clients. The counsellors reported the elements such as hindering factors to seek counselling for an Indian person, gender and cultural aspects, clients' lack of understanding of counselling and difficulties with language and gestures.

Most participants identified that stigma and beliefs about counselling are major hindrances. Some participants also identified Indian culture as a hindering factor, as Zoe claimed:

*'Shame and stigma is a big thing... umm... the individual would hide their experience of distress from others as much as they can... umm... or if they do reveal it, the family pressure because of the stigma associated would prevent them seeking assistance.'*

James said:

*'Probably a perception out there that if you go for counselling they think you are crazy or have severe mental health issues and that... umm... if you are insane.'*

All counsellor participants perceived that Indian men were hesitant towards seeking counselling and different gender expectations were commonly observed. Most participants indicated that it was predominantly Indian women who sought counselling. Zoe stated:

*'Any man does not want to come and open up with his feeling ... you know... that does not have to be cultural. But certainly, in a culture where that's not a normal kind of every day thing that you do...you can imagine.... that men will be very reluctant if more so than Australian [men].'*

Commonly, it was perceived that Indian clients had limited knowledge of counselling. James said:

*'Certainly, you have got both types of clients who have some knowledge, and some don't... I think a mix of both.'*

Josh felt that there was limited knowledge:

*'It seems that they do not have a good understanding of counselling or... what it's all about.'*

Difficulties with language and gestures were identified as one of the challenges. The difference in spoken language, accent and body language were perceived challenges. Josh said:

*'Having some difficulties with their second language is that slowdown. I have a tendency to talk very quickly sometimes ... you know Aussies do... I slow it down so they can make it... can pick it up clearly.'*

James expressed:

*'I might try to explain to a client using a metaphor, and they might not quite understand that I am talking metaphorically and take what I am saying quite literally.'*

Sandy explained:

*'I think language as well. Some people say what do you mean by that ... I'm like that's just Australian slang or you know something like that. But even how they presented in terms of their body language... I think the body language itself.'*

And Zoe said:

*'It was the accent. Sometimes I had to ask him to repeat because I could not pick up the words and it's not good.... that was unfortunate.'*

**Therapeutic relationship.** All participants maintained that their approach did not change when they counselled Indian clients. The counsellors' understanding of dissimilar culture was a facilitating factor for the therapeutic relationship.

All participants agreed that knowledge about the client's culture, being flexible to adapt to the client's needs, and a non-judgmental attitude are the most valuable suggestions for counselling Indian clients. Zoe's discussed these points:

*'Taking into account their stand and their beliefs and the need to get educated too to trying to be effective with them because I... come from the Western point of view and insist upon my view of the world or my view of their problem and that doesn't always accord with them. It's likely to be really ineffective. I think to be respectful and accepting and... umm... trying to take into account any cultural factors and expectation that might be involved with what we were working with... umm... that he is free to disagree or express his opinion if it's different to mine... umm... from an Indian place or from just from a personal place. I guess specific to Indian people it would be, I think, be curious about their culture, to ask questions and to be open to hearing and demonstrate that acceptance and be non-judgmental.'*

All counsellor participants believed counselling was beneficial to their clients. Sandy reflected on her work with a client experiencing intimate partner violence:

*'She changed into very, very strong woman with the support of us....we worked with her obviously to make her a stronger person and to realise what was right and what was wrong.'*

In a similar manner James reinforced:

*'Counselling certainly helps their already existing knowledge. It is [the strength] already present in them. At the same time, counselling makes them confident in dealing with poor treatment.'*

**Counsellors' knowledge.** This theme reflected the counsellor's depth of understanding regarding Indian culture. It was evident that the cultural knowledge that enabled counsellors to work sensitively with Indian clients was gained in through work experience rather than formal training.

All counsellor participants perceived themselves to having limited knowledge and experience with Indian culture. It is important to mention that all participants were of Western cultural origins. Some described their limited understanding of the Indian caste system, gender, family and society expectations, as James said with hesitation:

*'I have a little bit... umm... I probably have got a very stereotyped perception of Indian culture.'*

Josh expressed his perceived lack of knowledge:

*'Very limited really; I know about the caste system... you know the caste system over there... umm... I often wonder if it's a very patriarchal society... so I have some knowledge but not a lot.'*

Counsellor participants communicated that no specific course material on cultural diversity was taught during their counselling training. This is demonstrated in Zoe's statement:

*'I don't remember ever having a specific subject. We didn't have one subject on cross-cultural counselling.'*

Sandy suggests:

*'Maybe have a unit on looking at differences in the way people do things. It would be helpful if there was something like that. I think that sad and lacking actually.'*

All participants stated that they learnt cross-cultural counselling through their work experience and professional development training on cultural diversity, as Josh stated:

*'It was pretty much learning on the job.'*

## DISCUSSION

This study set out to explore the lived experience of Indian immigrants and their counsellors in Australia. The data analysis of both categories of participants revealed two common themes, i.e., challenges of counselling and the therapeutic relationship. The participants from both groups, counsellors and Indian clients, collectively identified difficulties to counselling such as stigma and perception, gendered help-seeking behaviour, language and gestures, and lack of understanding of culture as a barrier.

The results revealed most Indian clients accessed counselling with the recommendation from another party; they were unlikely to seek the service independently. Further, there appeared to be a lack of understanding of counselling that lead to an expectation that the counsellor would 'fix' their problem. Beitel et al. (2012) report that clients often have unrealistic expectations about the process and outcome of the counselling. The authors explained that providing a pre-treatment explanation of the process reduces misunderstanding and increases the client's engagement.

The findings also revealed that the frequent precipitating factor for Indians to seek counselling help was the lost support base, i.e. family and friends they would have if living in India. The literature back this finding (Drielsma, 2013; Sandhu, 1997; Sriram, 2016) describing the Indian social system as a collective

and acting as a strong support for its members. People in India seek help from family and friends instead of going to a professional outside of their home, thus having little knowledge of the purpose of counselling (Drielsma 2013). Certainly, it appeared in the current study that the client participants had minimal understanding of counselling.

The participants identified stigma as an obstacle to Indian clients seeking counselling. This finding corresponds with the ideas of Antoniades, Mazza and Brijnath (2014) report that social stigma and patterns of help-seeking behaviour were among the elements influencing under-diagnosis and lack of treatment for depression in their study of immigrants. There is sufficient literature to support the finding that perception, stigma and cultural factors prevent a person from seeking help (Cheng, Cheung, Chio, & Chan, 2013; Drielsma, 2013; Gulliver, Griffiths, & Christensen, 2010; Hohenshil et al., 2013).

The results highlight the importance of gender roles on the in the help-seeking behaviour of Indians. All participants perceived that Indian women are more enthusiastic about counselling as compared to Indian men, which is in line with other studies (Barker, 2007; Chan & Hayashi, 2010; Nam et al., 2010; Price & McNeill, 1992). Barker (2007, p. 10) suggests 'boys and men generally delay seeking help longer than women and girls and may only seek help when the need has already led to significant personal consequences'.

Both counsellor and client participants described the foreign languages as one of the challenges in counselling. The different mother tongue was identified as a significant factor for supporting the connection between the counsellor and the client. Meeuwesen (2012) reports on the effect of language barriers in immigrant healthcare. The study explained that linguistic and cultural differences make access to healthcare more difficult for immigrant groups compared to indigenous groups in Western and other immigrant countries. As a medium, language enables people to express their inner self. In the absence of this medium, connection with the outside world is difficult (Duranti, 1997; Keesing, 1974, Kogan, 2010). According to McCaffee (2008) when professional is required to be familiar with the client's language and culture, this strengthens the ability to relate and leads to better outcomes.

The therapeutic relationship is identified as the second common theme between both categories of participants. It was commonly believed that therapeutic alliance was not the sole responsibility of the counsellor, but the client attributes were also identified as determinants. This finding is congruent with the report (Macleod, Craufurd, & Booth, 2002, p. 154) on patients' perceptions of what makes genetic counselling effective. The report described: 'what varied among the participants was whether they attributed this responsibility to either the doctor or to themselves'.

Most participants agreed that clients must be open to Western approaches to benefit from counselling. It is helpful when clients are not focused on the particular approach the counsellor is taking but primarily on whether they felt they were being helped. This result is aligned with Lago's (2011) suggestion that ethnic clients who are facing difficulties due to their culture of origin, might benefit from a Western approach therapist. However, the author further added that clients dropped out at an early stage when cultural differences were substantial, and the clients were not able to absorb these differences.

The counsellor participants all suggested some essential characteristics which may benefit counsellor to work with Indian clients, such as the flexibility to fit clients' needs, a non-judgmental attitude towards the client, having some knowledge about their culture and most importantly approachability. The finding of the study is parallel with the literature, such as a meta-analysis of Sharf et al. (2010) reporting the correlation between high dropouts' rates from psychotherapy and poor therapeutic alliance. Kennedy and Chen (2012) also suggest the importance of an understanding of cross-cultural diversity, as well as a strong therapeutic alliance, for supporting clients' progress.

Concerning the knowledge of counselling services, most Indian client participants openly expressed lack of in-depth understanding of counselling. It was a relatively new concept for them. Some of them disclosed their nervousness and unclear expectation at their onset meeting. They were not aware that counselling could be of assistance in managing day-to-day life problems. This finding is similar to those of other studies (Miller, 2014; Panganamala & Plummer, 1998), which suggests that lack of awareness, negative attitudes and insufficient understanding are some of the reasons for low rates of help-seeking behaviour.

Findings from the Indian client group suggest that counselling was empowering for most of the participants. The participants suggested that the counselling was beneficial for transforming their life. When encouraged, one participant of the study explained how counselling changed their views on how to handle their problems and added new meaning to their life. According to Gutierrez (1988, p. 2) this empowerment is described 'as a psychological transformation which requires the development of new self-concept'. Hence, the importance of counselling services cannot be over-emphasised in assisting clients' personal growth.

There are a number of studies suggesting that counselling services have been found to be very useful in supporting immigrants to meet language, educational, health, family, economic, cultural and legal challenges (Alvarez-del Arco et al., 2013; Brilliant, 2000; Kennedy & Chen, 2012; Loos, Manirankunda, Hendrickx, Remmen, & Nostlinger, 2014; McWhirter, 1991; Nguyen, 2006; Parthasarathi, Durgamba, & Murthy, 2004; Relojo, 2018; Schofield, 2013).

All counsellor participants candidly spoke about their lack of knowledge of Indian culture. Most described their limited understanding of the Indian caste system, gender, family and society expectations. In the absence of literature to support this finding of the study, this emerged as a gap in current knowledge. All four participants indicated that they did not study any cross-cultural content during their counselling training. There was a lack of literature to support this finding of the study. However, there is abundant literature emphasising the need for multicultural competency as society becomes increasingly diverse (Brilliant, 2000; Hohenshil et al., 2013). Lago (2011) focuses on the importance of incorporating multicultural curriculum to train counsellors to work proficiently with marginalised populations.

## CONCLUSION

This study aimed to explore the phenomenon of Indian clients' lived experiences of counselling and counsellors' experience of assisting Indian clients in a counselling setting. A social constructive paradigm with IPA strategies was adopted to study the underlying question. Overall, counselling emerged as a predominantly positive influence on Indian clients. However, some challenges emerged due to linguistic and paralinguistic differences, cultural factors, lack of knowledge and unreasonable expectations. This study draws attention to some meaningful findings for the counselling profession.

The study concludes that because of their cultural orientation, Indian client participants found it difficult to engage with counselling services initially. It was also concluded that counsellors had an insufficient understanding of the culture of their ethnic clients. Hence, a recommendation arising from this study is to incorporate cross-cultural counselling into the curriculum to ensure graduating counsellors are competent to work with multicultural clients.

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