

**WHAT ARE THE PERSONAL AND CULTURAL CRITERIA  
OF INDO-CANADIAN WOMEN IN DECIDING TO SEEK  
COUNSELLING HELP?**

**by**

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**B.A. University of Victoria, 1983**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS**

**in**

**THE FACULTY OF GRADUATE STUDIES  
Department of Counselling Psychology**

**We accept this thesis as conforming  
to the required standard**

**THE UNIVERSITY OF BRITISH COLUMBIA**

**MAY 1998**

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Date JUNE 9, 1998

## Abstract

The purpose of this study was to explore the decision-making process of Indo-Canadian women in seeking counselling help. Little research regarding help-seeking behaviours and attitudes of minority groups has been done in the area of counselling psychology. Even less attention has been given to the Indo-Canadian community. The aim of this study was to contribute to existing research through a contextual understanding of the influences on an Indo-Canadian woman when faced with the decision to pursue counselling help. It was further intended to provide mental health services with information on ways of encouraging this cultural group to utilize the available help resources.

This study used narrative and multiple case study methodology. Seven Indo-Canadian women, all having previously used mental health services, were interviewed. Interviews were then transcribed, and 'straightened' into individual narratives based on the unique story of each participant. Factors of hindrance and facilitation with regard to help-seeking were extracted from the narratives and then analyzed for commonalities. The transcripts and narratives were validated by an external examiner to ensure freedom from distortion and bias. Five of the seven stories along with the factors of hindrance and facilitation were further validated by the respective participants. In addition, an abstract story was constructed from the individual accounts. Findings extended the research through the identification of facilitating factors in the decision-making process of Indo-Canadian women in seeking counselling.

## Table of Contents

Abstract .....	ii
Table of Contents .....	iii
Acknowledgement .....	v
Chapter 1:	
Introduction .....	1
Rationale for the Study .....	2
Approach to the Study .....	4
A Note on Terms .....	6
Chapter 2: Review of the Literature	
Introduction .....	7
Help-seeking Behaviour in the Mainstream Culture .....	7
Help-seeking Behaviour in Immigrant Cultures .....	10
Potential Barriers .....	12
Help-seeking Behaviour Among Indo-Canadian Women .....	25
Introduction .....	26
Reasons For Not Seeking Help .....	26
South Asian Women Within the Family Structure .....	27
The Stigma Attached to Help-seeking .....	30
The Lack of Knowledge About Help Providers .....	32
Reasons to Seek Help .....	33
Preferred Counsellor Attributes .....	36
Conclusion .....	38
Chapter 3: Methodology	
Design of the Study .....	41
Participants .....	42
Interview Process .....	43
Construction of Narratives .....	47
Validation of Narratives .....	47
Narrative Analysis .....	48
Chapter 4: Results and Analyses	
First Narrative and Commentary .....	51
Second Narrative and Commentary .....	59
Third Narrative and Commentary .....	68
Fourth Narrative and Commentary .....	79
Fifth Narrative and Commentary .....	86

# Table of Contents

## (continued)

Sixth Narrative and Commentary .....	96
Seventh Narrative and Commentary .....	106
Common Factors .....	117
Abstract Narrative .....	130
Chapter 5: Discussion	
Introduction .....	133
Limitations of the Study .....	133
Implications for Help-seeking .....	135
Implications for Counselling Practice .....	136
Implications for Future Research .....	140
Personal Reflection .....	141
"The Prisoner" .....	143
References .....	146
Appendices	
A. Contact Letter to Volunteer .....	154
B. Consent Form .....	155

## Acknowledgements

Conqueror of cities, young seer,  
Born with unlimited power,  
The Spirit sustains every act...

- Hymn to Indra, the Embodied Spirit  
Rig Veda 1.11.4 (cited in Ghatage, 1997)

Thank you to the seven women who offered to tell their stories. The generosity and strength of the women in the South Asian community leave me awestruck.

Thank you to Larry Cochran, supervisor extraordinaire. His guidance and encouragement allowed me to see what I was capable of accomplishing.

Thank you to Bill Borgan for stepping in at the final hour without hesitation or lament.

Thank you to Wendy M., Wendy G. and Janice for editing my work without crushing my spirit - not an easy feat.

Thank you to all my friends and loved ones who kept me fed, exercised, and on track. Without their support this would not be my final word.

## Chapter 1

### Introduction

Much of the help-seeking research dedicated to the general populations and to minority immigrant groups has focused on barriers which inhibit help-seeking behaviours and attitudes. Moreover, a good deal of the medical and social science literature has addressed the reasons for minority groups' ill use of mental health services, but little research has focused on those in the communities who do decide to seek professional help. While it is evident that the barriers are extensive, it is likewise evident that many people, including those of immigrant cultures do utilize mental health care services (India Mahila Association, 1994).

The stresses of immigrating to a new country and culture are daunting; the stresses of being a marginal group where the dominant culture decides the norms of professional help can be further debilitating. Many individuals within ethnic populations could benefit from professional help and support; however, few utilize available services. Those who decide to seek professional help must somehow overcome certain cultural expectations and societal norms. It seems to be the women who most often reach out for professional support (Beiser, 1988), even though they seem to be the ones who are under the greatest influences within their culture.

The focus of this study has been on the women of the South Asian population. There are many reasons why Indo-Canadian women do not seek professional counselling. There are, however, many women who do find help. It is the assumption of this researcher that if an understanding of

the decision-making process of these women were broadened, interventions could be strategically placed within the decision-making process so as to design programs to better meet Indo-Canadian women's mental health needs.

Accordingly, the purpose of this study is to ask the following question: What are the personal and cultural criteria of Indo-Canadian women in deciding to seek counselling help?

#### Rationale for the study

"While national interest in the mental health needs of ethnic minorities has increased in the past decade, the human service professions, especially clinical and counselling psychology, have failed to meet the particular mental health needs of this population" (Sue & Sue, 1990). Further, Dutt (1989) included in a report on immigrant women that "the persistent theme throughout the documents written on the subject of health care and social services for immigrant and refugee women is the under-utilization of services" (p. 53). Nevertheless, there are many immigrant women who want and need mental health care (Beiser, 1988). The question, then, is how the gap between the desire to seek help and the procurement of services can be successfully bridged.

There is an ever increasing number of people from foreign countries settling in Canada. Due to the traumatic effects of immigration and cultural acclimatization, many immigrants are at risk of developing mental disorders. It is the responsibility of mental health services to come to terms with how to address and respond to the needs of these people. Without such services, the quality of life of many immigrants,

particularly that of the female immigrant population, will continue to spiral in a downward direction. In her research on South Asian women in Britain, Wilson (1979) wrote: "To serve and suffer is considered not only a woman's lot but right. If a woman is suffering things are as they should be" (p. 7). The implication is that a woman should be accepting of and honored by her fate. While this statement may not be true of all women in the South Asian community, it need not and should not be the case for any woman in any community.

A further rationale for this study is the fact that Canada's multicultural policy and 'commitment to facilitating immigration' as laid out in the Report of the Beiser on Mental Health Issues Affecting Immigrants and Refugees (1988), necessitates the provision of diversity in the realm of effective and appropriate mental health care. If Canada is prepared to welcome new immigrants on the pretext of a fulfilling and equal-opportunity way of life, then its requisite is to provide for these cultural groups in the same way it provides for the mainstream population.

For counselling to be appropriate and effective, then, it must respect the client's cultural norms and beliefs. Dillard (1983) wrote:

Multicultural counseling is based on a concept of cultural pluralism. Cultural pluralism involves the recognition of various cultural and ethnic groups..., including each group's anthropological, sociological, economic, and political relationships. This concept exceeds mere observance of the presence of multicultural and ethnic groups; rather, it fosters an equal presence by suggesting respect for human diversity (p. 4).

Counselling of this nature requires, at the very least, a greater awareness

and understanding of the needs of Canada's diverse cultural communities. However, as Dillard points out, such awareness does not preclude the need for more sensitive and culturally appropriate mental health strategies and programs. To date, many of the services in place serve to hinder, as opposed to encourage, immigrant utilization. Counselling agencies need to address this disparity, or the lack of utilization of mental health services will continue as it has over the past decades (Dutt, 1989; Beiser, 1988).

There is evidence that women in the Indo-Canadian community do not seek counselling help even though they want and need it (Dutt, 1989; Beiser, 1988). It is vital that attention be given to both the barriers which prevent their seeking professional help and to the factors that might encourage or facilitate their decision-making process. Through these steps, Canada can begin to fulfill its promise of an open and welcoming country which respects and provides for each individual member of the community in all areas of life.

#### Approach to the study

This study began with the intention of using Gladwin's 'Ethnographic Decision Tree Modeling' (1989) as a design method which breaks down a decision process into simple 'do it; don't do it steps'. However, after completing the first participant interview, I no longer felt the model would capture the richness of the told experiences of the participants. Consequently, I turned to narrative research as a means of capturing the unique experience of each individual story. "Story cultivates a kind of understanding that goes beyond explanation to something more akin to wisdom or illumination" (Cochran, 1989, p. 74). The meaning behind the

struggle of each participant to reach out for counselling help could not have been extrapolated using another, less inclusive type of design. The story honors the participant's journey in that it allows her to tell her story in its entirety, as she experienced and lived it. "As a participant, one decides, plans, and acts, living out a story" (Cochran, 1989, p. 75), and as a researcher or witness to the story, one helps to 'straighten' out the story, adding further to its meaning. In this regard, participant and researcher work together to create and analyze the narrative.

In addition, a multiple-case design was utilized to show replication of logic in the decision making process of the seven participants interviewed. Yin (1984) asserted that case study is an effective means of "investigating phenomenon within its real-life context" (p. 23). The use of multiple-case design, therefore, serves to compliment the narrative approach to data collection. Data was gathered using an open-ended interview format in order to elicit the decision-making process within the full context of each individual's experience; the participants were allowed the space needed to reflect on and describe their experiences. The researcher worked to become aware of her own assumptions and biases so as not to influence or question the validity of the story-teller in any way.

The research produced authentic narrative accounts of the decision-making process of the individual participants. A cross-case comparison of these narratives revealed the presence of common factors of hindrance and facilitation among the seven unique life stories.

A note on terms

Because of the diversity within the South Asian population, it has not been possible within the limits of this study to distinguish between the various within culture groupings. Consequently, the terms South Asian, Indian, East Indian and Indo-Canadian will be used interchangeably to refer to all South Asian women as one cultural group.

## Chapter 2

### Review of the Literature

#### Introduction

This chapter provides background information on help-seeking behaviour in the general population, followed by an overview of help-seeking attitudes and behaviours in minority immigrant populations, with a particular focus on the Asian cultures. The final sections of the chapter focus on the help-seeking attitudes and behaviours specifically within the Indo-Canadian community, paying particular attention to those attitudes and behaviours most relevant to Indo-Canadian women.

#### Help-seeking behaviour in the mainstream culture

To understand the help-seeking behaviours and attitudes of a particular group, it is first necessary to understand those of the mainstream culture. The following section offers a base understanding of help-seeking in the mainstream population. It is not an exhaustive study.

The majority of people who report experiencing problems do not seek any help at all (Cheatham, Shelton, Ray, 1987). More often they attempt to use various coping strategies to work the problem through. According to Barker, Pistrang, Shapiro, Shaw (1990), distraction, thinking of ways to overcome the dilemma, and substance use are commonly utilized strategies.

In a review of help-seeking literature, Gourash (1978) identified several characteristics common to those who do seek help: young, white, educated, middle-class and female. Men appear to prefer self-help methods to medical or psychological facilities (Barker et al., 1990;

Cheatham et al., 1987). Cheatham et al. further added to this list of common help-seeker characteristics, those individuals who identify themselves as Jewish or as not strongly religious, and those from urban or suburban environments. In addition, both Gourash and Brown (1978) named the two factors contributing most to help-seeking behaviours as age and race. The majority of help-seekers are young and Caucasian.

Gourash (1978) further reviewed the research findings on reasons for help-seeking, and the sources to which help-seekers reach out. Accordingly, the research findings indicated that people generally seek help for comfort, reassurance and advice. Family and friends are consulted first and agencies or professional organizations last (Barker et al., 1990; Gourash, 1978; Mechanic, 1975; Snyder, Hill, Derksen, 1972). Social networks were found to provide support, to help in decision-making, and to offer referral information for mental health services. Professional help was found to be most often utilized for severe emotional distress, when assistance from the social network was not available, or when there was reluctance to discuss problems with others (Brown, 1978; Gourash, 1978). After family and friends, Barker et al. added family doctors as the next preferable helper resource in the British population. According to their review, this was not the case in studies conducted in the United States where people tended to seek help from mental health professionals after family and friends, possibly due to differences in the medical care systems of the two countries.

Brown's (1978) research further indicates that the nonhelp-seekers are the group most at risk because they tend to rate lowest on self-

esteem measures, have unsupportive and unreliable social networks, and have strong reservations about discussing problems with others. Other research has shown that people in need of help fail to use helping resources because it means openly admitting to inadequacy or failure (cited in Schonert-Reichl & Muller, 1995). In a study of adolescents' perceptions of barriers to help-seeking, Dubow & Tisak (1989) found that one of the major concerns was that family or friends would find out, thus confirming their hypothesis that 'self-consciousness' is an inhibiting factor in help-seeking behaviour.

Mechanic (1975) included causal attributions as having an influence on an individual's decision to seek help. Mechanic referred to causal attributions as the cause one attributes to the identified problem. These can be both internal, personality factors, or external, environmental factors. Mechanic argued that the attributions are influenced by the type and seriousness of the problem, the sociocultural characteristics of the individual, as well as his/her social circle. A help-seeker's decision process, therefore, includes first identifying the problem as resolvable, then deciding to go for help, and finally, choosing a source of help.

In summary, the help-seeking research supports the variables of race, age, social network, type and severity of a problem, and level of self-esteem as determinants in deciding to seek professional support for emotional distress. The research further indicates that the decision to go for professional counselling is not one that is made without considerable deliberation.

### Help-seeking behaviour in immigrant cultures

A considerable amount of research has been done over the past decade on help-seeking in immigrant populations. There is unanimity in the research that immigrants, both new to the country, and those who have resided in the country for generations, underutilize mental health resources (Allodi, 1978; Beiser, 1988; Root, 1985; Sue & McKinney, 1975; Sue & Morishima, 1982). This phenomenon is particularly underscored in the research on Asian cultures.

Included, too, in much of the research is the need for mental health professionals to have a greater awareness of individual and within group differences of the various cultural groups (Dillard, 1983; Littlewood, & Lipsedge, 1997; McGoldrick, Giordano, & Pearce, 1996; Reynolds & Pope, 1991; Root, 1985; Sue & Sue, 1990; Yee & Hennessy, 1982) which can determine the help-seeking behaviours and attitudes of individuals. If a counsellor appears racist in his/her approach to a particular cultural group, this can lead to a feeling of distrust on the part of the help-seeker. Differences include degrees of assimilation or acculturation, identification with the home country, facility with native and host languages, family composition and intactness, amount of education, degree of adherence to religious beliefs, and counsellor-type preference. In contrast, Ho (1983) lists several traditional values he believes applicable across all Asian ethnic groups: 1. the loyal devotion, respect for, and deference to authority, specifically familial and societal authority. 2. the use of self-control and internal restraint since all individual behaviour reflects on the family. 3. the use of shame and guilt to

discourage individualism. 4. the acceptance of conditions in life without attempting to understand or control the environment or to determine one's own destiny. And Herr (1987) wrote:

Most nations are pluralistic in their sex role assignments, socioeconomic classes, and ethnic, racial or religious groupings. Nevertheless, persons within a particular nation, regardless of its degree of pluralism, tend to be exposed to similar social metaphors, customs, languages, and value sets, which distinguish their cognitive environment from that of persons in other nations (p. 107).

While there are differences among cultural groups, so, too, are there commonalities which cannot be dismissed. Assumptions, however, must be set aside until more is known of the client's personal situation.

Other barriers to mental health care for immigrant minority groups have been identified in the research. From the following list, those barriers that require further explanation will be dealt with in a later section of this chapter. Barriers included in the literature are language barriers (Beiser, 1988; Dillard, 1983; Manitoba Employment Services, 1987; Root, 1985; Yee & Hennessy, 1982); financial barriers (Beiser, 1988; Root, 1985); service accessibility (Beiser, 1988; Brown, 1978; Root, 1985); a lack of information and misinformation regarding services (Beiser, 1988); the separation of medical and mental health care when many cultures see them as interrelated (Beiser, 1988); rights and responsibilities (Beiser, 1988; Manitoba Employment Services, 1987; Zhang, 1995); racial stereotyping (Beiser, 1988; Corvin & Wiggins, 1989; Yee & Hennessy, 1982); distrust of the counselling process (Beiser, 1988; Littlewood & Lipsedge, 1997; Manitoba Employment Services, 1987;

Mickle, 1985; Shon & Ja, 1982); anxieties around breaking a cultural barrier (Allodi, 1978); culture shock often resulting in helplessness, depression, and fatigue (Allodi, 1978; Manitoba Employment Services, 1987; Oberg, 1960; Taft, 1977; Westwood & Ishiyama, 1991); and cultural differences in values and beliefs which often render the care inappropriate or ineffective (Beiser, 1988; Dillard, 1983; Yee & Hennessy, 1982). In addition, Ishiyama (1989) has listed a number of feelings experienced by new immigrants which could pose further barriers to help-seeking: homesickness, insecurity, depression, loss and grief, loneliness, anger, frustration, self-doubt, and confusion.

Allodi (1978) has argued that when services are oriented to the community, when the language barriers are adequately bridged with bilingual staff, and when services are rendered accessible in a physical and social sense, underutilization of mental health services can be corrected. Yet time seems to pose an additional barrier. Degrees of acculturation and ethnic identity are concepts which may not be reconciled through change of policy or services as suggested by Allodi. These two concepts are explored in the following section.

#### Potential barriers to help-seeking in immigrant cultures

Ethnic identity. Ethnic identity is an important consideration when exploring help-seeking behaviours among immigrant groups. Ethnic identity is closely linked to acculturation. Acculturation refers to an individual's transitional process into a new culture, and ethnic identity concerns integration of the 'bicultural self' into a larger self-system (Westwood, & Ishiyama, 1991). According to these authors, people

commonly vacillate between assimilation and ethnic self before they fully integrate. Herr (1987) and Sue and Sue (1991) concur that one's original ethnicity is carried with an individual, that the norms, values and traditions learned and reinforced across generations, through social and political identification, are internalized. Smith (1991) asserts that ethnic identity is not something one chooses but something one is born into, and then is shaped by one's life experiences in a society. Because a person's behaviour is learned through the culture, that behaviour will directly relate to the values of her/his culture. Therefore, identity is affected by the degree to which one assimilates into the mainstream society.

Individual differences in ethnic identity development and attitudes toward mainstream culture have been discussed by a number of researchers who have suggested various stages through which new immigrants go during the process of acclimatizing to a new culture (Atkinson, Martin & Sue, 1983; Berry & Annis, 1974; Cross, 1971; Parham & Helms, 1981; Sherif & Sherif, 1970; Villasenar, 1990). Ishiyama (1989) wrote that "adjusting to a new culture and social context inevitably challenges, confuses, threatens, and invalidates individuals' previously achieved sense of identity and self-worth" (p. 44). These feelings can have a detrimental affect on a person's help-seeking behaviours. When a person is feeling ineffective and inferior, it is difficult to imagine breaking the cultural barrier of silence by seeking psychological help.

According to Leong (1986), the idea of developing one's own sense of

ethnic identity has been investigated in several studies. One such study by Sue and Sue (1991) discusses three identities that Asian-Americans use to resolve cultural conflict: 1. the traditionalist, who retains traditional Asian values. 2. the marginal person, who rejects all traditional values. 3. the Asian-American, who rebels against paternal authority and integrates bicultural elements in a new identity of past and present.

Ruiz and Taft (cited in Leong, 1986) have linked self-esteem to ethnic identity. For instance, Ruiz has argued that ethnic identity conflicts can arise through parental messages about a child's culture or ethnic sense of belonging thereby impacting the development of self-esteem. Additionally, Taft has asserted that the effect an action has on the sense of self is dependent on the association between that action and the person's self-esteem. The need for family approval, for example, might be too closely linked to the self to risk seeking outside help, and given that the family self is a significant part of identity among Asians (Hsu, 1985), seeking counselling may be too threatening for the individual as an internal conflict ensues.

Ethnic identity, then, can have a strong influence on an individual's help-seeking behaviour depending on the point at which the person is in her/his identity struggle. According to Berry (1980), the gradual shift in identity is related to the degree of acculturation, and both require the passage of time in order to complete their transition into the formation of a more acceptable identity based on an acceptance of the new cultural norms and beliefs.

Acculturation. Allodi (1978) defined acculturation as the “transitional process in which the values, expectations and behavioural aspects of two cultures come into conflict within the individual” (p. 8). Almeida (1996) lists several factors that affect acculturation among Asian Indian families: education, class, caste, family size, economic support, connections to their traditional culture, degree of religiosity, past migration history, and how they have dealt with the loss of their country of origin (p. 400). Most of these variables can be applied to any minority immigrant group.

Acculturation conflict can similarly occur within a family, since individuals acculturate by varying degrees and at different rates (Yee & Hennessy, 1982). As the degree of acculturation to the new culture increases, cultural influences from the culture of origin may be less direct or obvious, although still present (Root, 1985; Taft, 1977). Taft argues that cultural beliefs from one's original ethnic group can rarely, if ever, be completely obliterated from a person's sense of identity.

In terms of help-seeking, acculturation has an effect on a person's perception of illness and attitudes to mental health services (Allodi, 1978). According to Taft (1977), one's attitude towards change can be determined by the culture in which he or she identifies. If the culture accepts change as a positive value, the individual is more likely to seek counselling help. Taft has identified certain 'dynamic' aspects of acculturation: goals; social attitudes and values embodied in culturally defined behaviour; the habits, traits, and defensive and expressive styles that characterize the behaviour of the members of the society; the role

expectations and feelings of obligation and propriety concerning that behaviour; and the related feelings of social identity (p. 134). Because of their dynamic aspect, these factors may change or even oscillate as the individual struggles to find an acceptable cultural identity, and, therefore, choose certain norms and beliefs as part of that altered identity (McGoldrick & Giordano, 1996).

Acculturation as a predictor of help-seeking behaviour has been addressed in several studies. In their research on groups using a Positive Attitudes subscale, Leong (1986) found that Asian American's acculturation status was a significant predictor of positive orientations toward group counselling. Their results showed that loss of face was not a significant predictor of positive attitudes toward group counselling. Within their discussion other studies are cited that have shown acculturation as significantly related to help-seeking attitudes. And Nishia (as cited by Leong, 1986) found that Japanese-Americans were twice as likely to seek counselling for personal growth than Japanese clients. Furthermore, Dhruvarajan's (1993) study of first generation Hindu immigrants to Canada, reported that the longer the time since immigration, the greater the preference for individualistic over collectivistic norms. In terms of help-seeking and acculturation, then, it would seem that the less acculturated a person is to the immigrating country, the less likely he or she is to seek help from mental health services within the host culture.

Perceptions of and reactions to mental illness. Kleinman (1980) has referred to medicine as a 'cultural system'. The extent to which a person

sees her or himself as ill and in need of treatment varies with her/his culture (Littlewood & Lipsedge, 1997). In addition, the behaviour exhibited by the individual experiencing the illness is varied across cultures (Herr, 1987; Kleinman, 1980). Similarly, the beliefs about the causes of illness and the norms governing the treatment vary across national groups (Kleinman, 1980; Littlewood & Lipsedge, 1997).

Some cultural groups do not separate physical from emotional distress (Littlewood & Lipsedge, 1997; Root, 1985). They consider the two as interrelated and interdependent. Moreover, physical illness over emotional complaint is generally more acceptable and more likely to receive care, attention and treatment (Beiser, 1988; Littlewood & Lipsedge, 1997; Yee & Hennessy, 1982). Consequently, emotional symptoms are often concealed (Beiser, 1988). Somatization of emotional problems is a common phenomenon among many cultural groups (Kinzie, Bochnlein, Leung, Moore, Riley & Smith, 1990; Littlewood & Lipsedge, 1997; Zhang, 1995). For example, Chinese, Cambodian, Vietnamese and Laotian people tend to concentrate on the physical symptoms of depression such as sleeplessness, low energy, weight loss, appetite disturbance, backaches and headaches (Beiser, 1988; Sue & Sue, 1972; Tseng, 1975; Yee & Hennessy, 1982; Zheng, 1995). Furthermore, traditional Chinese medicine associates health with emotional balance, and mental illness with emotional excess (Zhang, 1995). It would seem unlikely, then, that a traditionally-minded Chinese individual would participate in psychotherapy, which demands expression of emotion, to alleviate an emotional disturbance. Another traditional Chinese belief is

that depression and anxiety are a daily part of life that should be accepted without question or attempt at relief (Yee & Hennessy, 1982). And, traditionally-oriented Koreans attribute mental illness to familial disharmony and so treat the problem within the family (Yee & Hennessy, 1982). For other Asian groups, personal and emotional problems are considered a personal flaw that cannot be remedied (Tseng & Wu, 1985). And for others, overcoming personal problems is a matter of avoiding unpleasant thoughts and exercising will power (Arkoff, Thaver, & Elkind, 1966). Not one of these beliefs appear compatible with western notions of psychotherapy.

Social and emotional norms also vary among cultural groups. Western psychotherapists value individuation, self-consciousness and independence from parents whereas their Eastern counterparts value the family unit and respect and loyalty to others (Kleinman, 1980). Hence, a person a western counsellor might deem emotionally unstable, might be considered healthy and balanced by her/his eastern counterpart .

Lefley and Pederson (1989) wrote: "There is an assumption that we all agree on the same meaning for the constructs 'healthy and normal' when in fact, we may merely be reflecting our own social values" (p. 76). Consequently, we may be unnecessarily stigmatizing members of immigrant minority groups and causing them to avoid or distrust the mental health service systems.

Distrust in and expectations of mental health services. Many cultural groups do not consider emotional support a viable form of help (Chen, 1977). Root (1985) found that there was a general disbelief in the

Asian communities that therapy could help solve their problems.

Traditional Asians feel they have coped successfully for generations with their problems through consultation and advice of traditional healers (Beiser, 1988). Sue and Zane (1985) argue that the lack of credibility ascribed to therapists by the Asian communities is possibly the main reason for the underutilization of services.

Distrust in western psychotherapy stems, too, from the previously discussed differences in perception of mental illness. Traditional Chinese believe that emotional disorders are caused by morbid thinking, and that psychotherapy asks them to talk about painful (morbid) thoughts which should be avoided (Beiser, 1988). In addition, western forms of psychotherapy tend to de-emphasize somatic interventions, unlike traditional Chinese beliefs that promote them. It seems that counselling strategies are based on cultural norms, and the practices of western culture do not necessarily coincide with those of the east (Herr, 1987).

Expectations of the process of counselling help pose further barriers to help-seekers, particularly when these expectations are in direct opposition to what exists in mainstream culture. In their research on help-seeking attitudes of Asian students, Arkoff et al. (1966) found counselling to be perceived as directive, paternalistic, and authoritarian. Asian help-seekers in general reportedly expect an authoritarian relationship with a therapist whereby direct advice and information are provided (Christenson, 1987; Littlewood & Lipsedge, 1997; Root, 1985). In addition, Yuen and Tinsley (1981) found that the Chinese participants in their study believed that clients in a counselling setting should have

lower levels of responsibility, openness and motivation than those of the counsellor. When expectations are not met, and the norms in place do not concur with cultural beliefs, the openness to help-seeking declines considerably.

A collective world view. Sue & Sue (1990) define a world view as the way in which an individual perceives his/her relationship to the world. How a person thinks and makes decisions is undeniably affected by his/her world view.

Many cultural groups emphasize the value of collectivity whereby there is an interrelationship among the self, the family, and the community (Beiser, 1988; Leong, Wagner, Kim, 1995; Okon, 1983; Shanhirzadi, 1983); Asian cultures, for example, stress that the individual is important only as a member of her/his family (Beiser, 1988). Furthermore, group loyalty and dependence are highly valued in Asian cultures (Yee & Hennessy, 1982). Consequently, decision-making is influenced by the family and the community based on the moral and ethical values they deem important (Othman & Awang, 1993; Westwood & Ishiyama, 1990).

In Asian society, there is a definite social structure and order that accompanies their world view; the family is one of the most important aspects of this structure (Yee & Hennessy, 1982). The male figure in the family is held responsible for the behaviour of the family members and consequently, has the responsibility and authority to control that behaviour; the extended family often takes the responsibility of monitoring that control (Manitoba Employment Services, 1987; Yee &

Hennessy, 1982). Women in Asian cultures usually take a secondary role to the men in that the authority and control rests within the patriarchy (Yee & Hennessy, 1982). Therefore, the authority and control is passed from the woman's father, to her husband, and to her eldest son when she is widowed.

Given the nature of the Asian family structure and hierarchy, Ishiyama (1995) summarizes possible obstacles an Asian individual might face when considering sharing personal problems with a helper: loss of pride, shame, guilt, fears of losing face, and social repercussions. Because individuals so profoundly identify with the family, disclosures of a personal or negative nature could be considered criticisms of the family and would be a sign of disloyalty and dishonour, bringing stigma and shame to that individual, to his/her family members, and to the community at large (Ho, 1984; Root, 1985). In addition, maintaining the family honor and face is an important value in Asian culture. Asian children, even as grown adults, are expected to be obedient to their parents (Hsu, 1985). Obedience is defined as maintaining the family honour and face within the community.

Brown (1978) reported that Chinese Americans only tend to utilize the mental health system when the situation is critical or the family and community resources are exhausted. This is further testimony to the vital role of the family and community in the realm of decision-making and, therefore, help-seeking in the Asian culture.

Shame and Stigma. The interconnectedness of the individual, the family, and the community of those cultures ascribing to a collective

world view, is particularly noteworthy when considering the shame and stigma attached to mental illness in many cultures. Kinzie et al. (1980) have commented on the negative impact a mentally ill person can have on the social and economic status of a family due to the resulting stigma. Further, mental health problems can result in shame, disgrace and loss of face for the individual, the family and future generations (Mickle, 1985; Yee & Hennessy, 1982).

Yee and Hennessy (1982) provide reasons for the use of the concept shame. Shame is differentiated from guilt in that guilt includes only the individual, whereas shame includes the exposure of that individual to others which then reflects negatively on that person's entire family. Shame is used to prevent a member of the family from 'acting out'. Asian communities have what Yee and Hennessy term a "highly developed gossip system' (p. 61), to keep control over the behaviour of its members.

As already mentioned throughout this chapter, mental illness has different connotations among various cultural groups. It seems, however, that the stigma attached to mental illness is somewhat universal. Researchers of Asian cultures have deemed the stigma of mental distress extremely profound (Chen, 1977; Kinzie et al., 1980). It is rooted in many fears, such as the failure to live up to family expectations (Root, 1985), the possibility of ridicule and rejection (Yamamoto, 1978), the probability of personal blame (Littlewood & Lipsedge, 1997), the humiliation of being seen as childish for having admitted to emotional problems, particularly for the males - a mature person can control expression of personal problems (Littlewood & Lipsedge, 1997), and the ultimate shame of losing

face for the individual and the family (Zhang, 1995). To have a mental illness is shameful, but then to seek help for it outside of the family is a further disgrace on the individual, the family and the community (Lee, 1989; Root, 1985; Yee & Hennessy, 1982).

Communication methods. Open and direct communication generally, and to outsiders particularly, is neither valued nor comfortable in many Asian cultures (Cheung, 1984; Chu & Sue, 1984; Jenkins, 1988; Kinzie et al., 1980; Root, 1985; Zhang, 1995). Examples of direct communication include challenge, confrontation, interruption, assertiveness (Chu & Sue, 1984). Furthermore, silence in many cultures is considered a sign of respect (Root, 1985), the emphasis being on humility and modesty (Leong et al., 1995). For instance, the Japanese have traditionally preferred to express themselves through actions and attitudes, not through words, resolving few problems through open discussion (Yee & Hennessy, 1982). According to Beiser (1988), some Asian cultures prohibit public expression of feelings because it draws attention to the self which is considered a lack of humility. These systems of communication are contrary to expectations of western psychotherapy which value open discussion of feelings and behaviours. Moreover, because of the absence of emotional expression by Asians, clients are often misdiagnosed by doctors, resulting in referrals to mental health professionals not being made (Beiser, 1988).

Women. Little has been written specifically on immigrant women in the area of help-seeking. Generally, the research has focused on immigrant populations as a whole or on one particular minority group,

again not specifically to the women within that group. Most of what has been addressed with regard to women concerns their role in the family. The traditional role of a woman in many cultures is very specific and focused mainly within the home, caring for the children and her husband. Her role is to be and to feel responsible for the health and happiness of her family members (Beiser, 1988). However, with immigration often comes a change in the dynamics of the family. This change has an impact on the role of the woman. She is often isolated due to language barriers (Beiser, 1988; Manitoba Employment service, 1987). Moreover, the woman usually moves to the host country without her extended family and, therefore, without her traditional sources of support (Beiser, 1988). The language barrier coupled with the isolation from family members often puts her in a state of extreme dependence on both her husband and her children, as they become educated in the language, norms and values of the host system, and she remains isolated and uneducated (Manitoba Employment Service, 1987). Manitoba's Immigrant Access Service reported that over thirty percent of the women seeking help had been victims of abuse. The cause of the abuse is attributed partly to these dependent relationships since the likelihood of abuse in any culture increases with relationships based on dependency.

Also common is the immigrant woman's inability to participate in education programs due to constraints from her husband and other family members. The result is further isolation, feelings of loneliness and uselessness in her role as caregiver which often requires the use of the host language (Beiser, 1988; Manitoba Employment Service, 1987). If a

woman is faced with problems within her family, she is often unaware of how to remedy them since the language barriers and isolation prevent her from learning about her rights and responsibilities in the host country (Manitoba Employment Service, 1987).

When an immigrant woman does work outside of the home, she may be faced with marginal employment opportunities and usually works with other immigrants experiencing a similar plight. Highly educated women are often under-employed due to government requirements and regulations (Beiser, 1988). This further exacerbates the problems of language improvement and information access.

In summary, the immigrant women's group of Prince Edward Island (cited by Beiser, 1988) wrote: "We are from societies where men and dogs roam, while women and cats remain at home. Unable to communicate fluently, the woman's apartment soon becomes her prison" (p. 76).

#### Help-seeking behaviour among Indo-Canadian women

This section of the review of literature will address the issues of professional help-seeking among Indian women; both hindering and facilitating factors will be considered.

This review has been divided into three sections. The first looks at reasons for Indian women's concerns in seeking help which is further divided into three sub-sections: the role of Indian women within the family structure; the stigma attached to help-seeking in the Indian community; and the lack of knowledge of help providers outside the community. The second section addresses the cultural constraints which hinder an East Indian woman from seeking help within and outside of the

community. The third section offers preferred counsellor attributes of Indian women who do seek help.

Introduction. In discussing the help-seeking attitudes of Indian women, it is first important to make clear that this is a very large and diverse group which is not often attended to in the psychology literature (Bhatnagar, 1985; Jayakar, 1994). Within the group there are many differences to consider: country of birth, country of last residence, religion, mother tongue, length of residence in the host country, educational background, bicultural attitudes, personality factors, social class, and the nature of the problem. Also important with regard to help-seeking attitudes is the psychosocial development of Indian women. As will be addressed in the following sections, psychosocial development "occurs in the context of a complicated and often paradoxical culture, about which little is known by Westerners" (Jayakar, 1994, p. 161).

For the purposes of this review, help-seeking attitudes of Indian women will be generalized to the entire group. South Asian, Indian, East Indian, and Indo-Canadian will be used interchangeably. Due to the dearth of information on the subject of Indo-Canadian women, research has been examined from British, American and Canadian sources. Also included are interviews with East-Indian women and other individuals working within the helping field with regard to help-seeking attitudes.

#### 1. Reasons for not seeking help

This section is divided into three sub-sections. The first outlines the role of Indian women within the family; the second considers the stigma attached to help-seeking, specifically with regard to marital

discord and mental illness; and the third section addresses the issue of insufficient knowledge about help-seeking avenues for Indian women.

### 1.1 The role of South Asian women within the family structure

The cultural boundaries which prevent or discourage an East Indian woman from seeking help are numerous. One of the strongest is that of the well-defined role of women in Indian culture, which places them in a precarious position with regard to seeking help outside the family structure. Of utmost importance to South Asian culture is the family. Interdependence and collective lifestyle are highly valued; independence, especially in females, is considered unimportant and irrelevant (Assanand, Dias, Richardson, Waxler-Morrison, 1990; Rack, 1982; Wilson, 1978). A person is expected to follow the path already laid out; preoccupation with personal needs or desires is considered selfish and unacceptable (Jayakar, 1994). This is especially true for the women in Indian society, who become, in effect, the property of their husbands and his family (Assanand et al., 1990; Jayakar, 1994; Rack, 1982; Wilson, 1978). Obedience is highly valued and it is expected that the woman will subordinate her individual needs to those of her spouse and to her extended family (Agnew, 1986; Assanand et al., 1990; Wilson, 1978). In return, she receives the economic, social and emotional support vital in the lives of South Asians (Assanand et al., 1990; Bhatnagar, 1985; Wilson, 1978). Reflecting on the emotional support women often have among one another, Wilson (p. 7) wrote: The warmth which sisters and sisters-in-law may show for one another can cushion a woman against the harshness of her life. This support is particularly vital, though not

always present, for the newcomer who is often dependent on her husband's extended family to facilitate her adaptation to the host culture.

Although this dependence can be debilitating with regard to individual freedoms, it does provide Indian women with a sense of security and cultural identity. Given the often hostile environments of some host countries, the idea of abandoning social networks to adopt new cultural values and norms can cause enormous emotional and psychological tension for the individual. Racism can destroy a person's confidence and self-esteem, attributes already weakened by the loss of contact with family and close friends who are still residing in the home country (Women Working with Immigrant Women, 1988). Maya Angelou (cited in McGoldrick & Giordano, 1996) wrote: "Prejudice is a burden which confuses the past, threatens the future, and renders the present inaccessible" (p. 1). This can be true for minority groups within the mainstream culture and to individuals or families within a particular cultural group. Interethnic interaction and social networking can help alleviate some of the pressures of loneliness, alienation and racial discrimination (Agnew, 1986; Rack, 1982; Wiebe, 1991; Wilson, 1978). This social networking is often done in temples and other religious venues; these are culturally acceptable places for social gatherings and help for those who do not have access to other resources for information (Assanand et al., 1990).

The East Indian community is a close knit group. Because of the stigma attached to perceived failure, a facet of South Asian culture to be discussed in the section following, women often do not confide in anyone

for fear of gossip. Conflicts are usually resolved within the family, with the bulk of the pressure being placed on the woman to adjust and adapt to the needs of the family (Assanand et al., 1990; Bhatnagar, 1985). "In general, a South Asian man does not expect to make any changes or adjustments when he marries because it is his family and life that his wife is entering" (Assanand et al., 1990, p. 152). This, then, puts the woman in a seemingly impossible position when she is in need of help. She is seen as existing solely for the comfort of her family and, if she raises her voice against this situation, she will be severely chastised. If she asserts herself, she will disturb the equilibrium of the family structure, running the risk of ostracism from the family and along with it, her often sole support system and her sense of identity (Das Gupta, 1986; Jayakar, 1994; Wilson, 1978). Additionally, because the male is seen as the major decision-maker in the family, he and often his family must approve of the decision to seek outside help (Assanand et al., 1990; Wilson, 1978). The precariousness of such a situation is self-evident.

As already stated, the role of a South Asian woman is well-defined. Her place is traditionally in the home, taking care of the needs of the family. "More than anything, women produce the labour force - sons" (Wilson, 1978, p. 3). If she must work, her nurturing and household duties are still her own (Assanand et al., 1990; Jayakar, 1994; Rack, 1982). Therefore, integrating a full-time job with language classes can be extremely difficult, and language barriers can keep a woman isolated and powerless (Wiebe, 1991). Wilson wrote of the experience of immigrant East Indian women in Britain:

Isolation is seen from the outside as a result of women not speaking English, or of their being forced to stay at home for cultural reasons. But it is much more than this. It is a state of mind, one of shock and withdrawal. Weakened by the separation from their families, suffering often the loss of mother, sisters and close friends, these Asian women find themselves in a strange unknown society (pp. 20-21).

Consequently, she becomes dependent on her spouse, her extended family and the community for her needs, and she is limited to outside interactions which could provide important social service information if a crisis arises. As a result, women immigrants tend to acculturate later than their male counterparts (Gune, 1994). If a woman works with others in the same position, which is usually the case, they, too, do not have access to outside information. Such reliance on family and community not only reinforces the South Asian woman's dependency, but it makes her indebted to those who offer help, obliged to follow their advice (Assanand et al., 1990; Wiebe, 1991). And, even if an Indian woman were in a crisis situation, the lack of language fluency could make her that much more reluctant to seek help outside her family or community.

### 1.2. The stigma attached to help-seeking

There is a great stigma attached to any sort of discord within the South Asian family. This undoubtedly stems from the emphasis the culture places on the family as a unit as opposed to the western emphasis on the individual members within that unit. A separation or divorce would stigmatize the whole family, not just the couple involved (Assanand et al., 1990). Family members of both husband and wife will become deeply involved in a case of marital discord, making every attempt to reconcile

the couple so as to save face within the community. If the couple cannot be reconciled, the daughter-in-law's place remains with the extended family, for once betrothed, she is the family's possession.

A social worker in Vancouver related a case illustrating this phenomenon: a South Asian woman had stabbed herself in the abdomen because of her unhappiness with her marriage. All the men from her side began to arrive at the hospital, suitcases in hand. They came from both India and the United States. The men of her husband's family also gathered at the hospital. The decision was made that she would return to her husband, without question. It was made clear that the problem was of no concern to the social worker, and the family would look after the woman, even if it meant living with the extended family instead of with her husband. There was no consideration of her wishes, nor of her possible independence from her in-laws. Although the woman's own family came to act as her support system, they did not argue the reality of her place within the extended family.

If someone within the Indian community seeks outside help, it is an admission of failure, that something has gone wrong (Balgopal, 1988). Gita, a Punjabi woman interviewed, explained that there is a strong desire in the community to be seen as "normal", anything less is taboo. "...India... is proud of its accomplishments and is eager to display a successful picture" (Jayakar, 1994, p. 180). As with divorce, mental illness carries a great stigma (Assanand et al., 1990; Rack, 1982). For this reason, a South Asian experiencing emotional distress will try to sort it out first within the family. Admission of any kind of mental illness

could not only jeopardize the family's reputation within the community, but more importantly, it could jeopardize the chances of marriage for the children. Hence, these problems are kept hidden (Assanand et al., 1990; Jayakar, 1994). If the problem is attended to, it is often done so at temples or shrines, or through the explanations of palm readers, astrologers or other healers; many South Asians believe that mental illness has supernatural causes (Assanand et al., 1990; Jayakar, 1994; Rack, 1982). If help outside the community is deemed necessary, it is usually in the form of a medical practitioner, with symptoms presented in somatic form; these are the symptoms acceptable to the patient (Krause, 1989). Emotional aspects of the condition are omitted or denied (Assanand et al., 1990; Rack, 1982).

### 1.3 The lack of knowledge about help providers outside the community

An important reason for East Indian women not seeking help from outside their community is their lack of knowledge about the social services available (Balgopal, 1988). They do not know where to turn for help when it is needed. Several reasons for this have already been addressed: the lack of social interaction due to isolation; the lack of fluency in the host culture language; the lack of trust within the Indian community to keep whatever is said confidential. Gossip, if heard by the wrong people, can be used to effect social control within the community (Assanand et al., 1990). One sexual abuse therapist reported that several clients had requested not to have South Asian therapists nor South Asian police involved in their individual cases for fear that word of the sexual abuse would spread in their community. In addition, government-

sponsored social services in India are non-existent (Assanand et al., 1990). Therefore, South Asians have little if any experience with such services (Assanand et al., 1990). Given their lack of trust within their own community because of family reputation and pride, it is not surprising that little trust would be bestowed upon government services such as social workers or community health nurses.

All of the people interviewed for this section of the review of the literature commented on the problem of lack of knowledge about help available within the community for South Asian women. The social worker cited previously blamed the woman's desperate and violent cry for help on her lack of knowledge as to where else to turn. This is not an isolated incident; many Indian women end up in the emergency wards of hospitals. At least there, reported the social worker, they are able to learn about available resources and about their rights to "go it alone" with the help of available support systems. Another woman interviewed confirmed that much of the lack of knowledge in the Punjabi community is because many of the women are not permitted to leave the house. Many Indian men fear the loss of power should their spouses interact with the women of the host culture, so they prefer to keep them at home and isolated from western influences (Assanand et al., 1990).

## 2. Reasons to seek help

Although traditional values have a profound impact on the help-seeking attitudes of South Asian women, there are circumstances under which they do seek outside help. It is, however, generally a last resort, after all other sources of assistance such as family, friends, respected

community leaders and physicians, have been exhausted (Assanand et al., 1990).

As already indicated, the Indian community is not experienced with social service systems and so, women in need of assistance do not always know where to turn for help. Human service agencies tend to come into contact with these women through schools or physicians, not necessarily through self-referrals (Balgopal, 1988). If a physician is able to recognize the symptoms of depression or anxiety hidden beneath the somatic complaints, he/she may alert social services to the patient. However, Philip Rack (1988) reports that indicators of depression are not always taken seriously by psychiatrists and psychiatric nurses because of the abundance of somatic symptoms reported by the South Asian patient. "The more hysterically a person acts, and the more somatic ailments he produces, the less they are convinced of the genuineness of his depression" (Rack, 1982, p. 104). This so-called hysteria often escalates because of the patient's stress of having a culturally unacceptable illness.

School counsellors and multicultural workers in Canada are important in drawing out Indian women to seek help in coping with their teenage children, especially their daughters. Although parents are reluctant to take advice from those outside their community, many realize the need for understanding in dealing with children who, having grown up in the host culture, are pressured by their more liberal peer groups (Assanand et al., 1990; Rack, 1982; Wiebe, 1991). Indian girls have two identities, one for home and the other for school (Assanand et al., 1990).

Such a dual identity often results in feelings of guilt and depression, which in turn can lead to suicide attempts. It is not uncommon for outside help to begin there, with a crisis involving an adolescent girl. This is especially prevalent when the crisis is about dating or marriage. If the parents panic about their daughter's rebellion regarding these issues, it may end "with the girl climbing out of her bedroom window and running off into the night, to turn up in due course on the doorstep of social services or the police station, or in a hospital...after attempted suicide" (Rack, 1982, pp. 77-78). With so much pressure placed on the East Indian woman to maintain equilibrium in the family, disturbed family relationships could accelerate mental illness. Because outside help has already been initiated for the child, some women may, at this point, go for psychiatric help themselves (Assanand et al., 1990).

Marital conflicts among South Asian couples can also influence a woman to seek outside help. With the changing role of women in western society, South Asian women, too, are becoming more assertive, unwilling to give in to male dominance or traditional in-law conduct (Assanand et al., 1990; Balgopal, 1988). This western influenced behaviour which threatens the traditional male-dominated social hierarchy, can be threatening to the male, who may react by trying to exert still more control over his wife. She may then respond by rebelling; this could be in the form of seeking outside help to either resolve or dissolve the marriage. If the discontented wife does not rebel by seeking help, she may do so in other ways. As in the case already cited, the woman who stabbed herself did so because she wanted a change in her situation. She sought

outside assistance through the doors of the hospital emergency room.

Similarly, “a teenage girl who exhibits signs of madness is certain to get the family rushing about in alarm and paying a lot of attention to her needs, which they might not have done if she had merely sat in a corner looking gloomy” (Rack, 1982, p. 143).

Indian women do want to change and they do react (Bachu, 1993). Their methods of reacting may not be acceptable to western ways of thinking, but it is unfair to label all South Asian women as passive and powerless. Bhachu (1986), in discussing the way Indian women have strengthened their independence with regard to the dowry system, states that “their (Indian women’s) ethnic cultural values are represented as repressive - traits they must accept - rather than as values they continuously adapt, choose to accept, reproduce, modify, recreate, and elaborate according to the circumstances in which they are situated” (p. 239).

Finally, in considering circumstances which bring Indian women in search of help, it is important to consider those women fortunate enough to have individual support systems along with families and husbands who are themselves aware of the difficulties of assimilation. These women may be encouraged to find sources to assist them in their struggles to adjust to the host country and culture (Jayakar, 1994), sources such as mental health services.

### 3. Preferred counsellor attributes of East Indian women

In keeping with the values of South Asian culture already outlined in previous sections, East Indian women tend to look to their own

ethnocultural group to meet their social and emotional needs (Agnew, 1986). Trust issues and the belief that Westerners do not understand Indian culture or values keep them from seeking help outside their community. Feelings of racial discrimination also inhibit them from approaching western counsellors (Agnew, 1986). If women wish to extend their social networks within the community, there are organizations set up in some communities which provide such opportunities. In Ontario, for example, there is the Association of Women of Indian Origin in Canada (Agnew, 1986). Through this kind of organization, Indian women are able to receive support without jeopardizing their cultural identity (Bhachu, 1986). Also available in some communities are language classes for women; these can include informal group counselling (Women Working with Immigrant Women, 1988).

When seeking help from professionals such as doctors or counsellors, the patient or client generally expects the doctor or counsellor to have the answers and to make the decisions (Assanand et al., 1990). Specifically with regard to counsellors, clear and authoritative advice is preferred to the interview-style approach of western helpers. The counsellor is seen as in control of the situation. South Asian women do not necessarily understand the concept of finding their own solutions to the problem. This probably stems from their lack of socialization in this sort of decision-making. Indian women are brought up to do as they are told, not to think for themselves and not to take on the responsibility of making decisions. They are also taught that self-sacrifice is required by them to keep the family together. How then can they be expected to

suddenly look within and seek self-serving solutions to their problems, which are usually connected to their expected role within the family? In addition, because of the value placed on family and its position within the community, it is not acceptable for a counsellor to delve into the family circumstances. Any discord within the family unit is a matter of privacy, not to be discussed outside the family, let alone the community.

Although most of the research literature examined and persons interviewed support the preference for a helper to be one within the East Indian community, there are some who have reservations in seeking out a South Asian therapist (Jayakar, 1994). Their reasons relate to the matter of family pride within the community. Since mental illness in a family is strongly stigmatized, clients and their families worry about maintaining their anonymity and privacy. A multicultural worker with the Vancouver School Board reported that the issues discussed in relation to teenage girls are sensitive in nature; they are often about dating and sexual relations. If word got out in the community that a particular family was having problems with their children, it could result in the family's shame and loss of face. Another East Indian woman interviewed stated that it is easier for the youth to seek help outside the community, for it ensures confidentiality. Children often do not seek help for fear of parental disapproval, or for fear of being judged by the Indian community. For them, seeking outside help is safer, less threatening.

### Conclusion

Several commonalities can be found within the research on help-seeking behaviours of the mainstream population, in immigrant minority

groups as a whole, and in the East Indian community. Even more similarities are found within the help-seeking research of immigrant minority groups as a whole and that of the East Indian community. Indicative of this outcome is that both bodies of research pertain to immigrant minority groups. Included in the commonalities of the mainstream population, the immigrant minority groups as a whole, and the East Indian community are: 1. People generally seek help for comfort, reassurance and advice first from family members. Friends are looked to for such help in the mainstream population, but with immigrant groups, possibly because of issues of stigma and shame, are not included as main sources of support. 2. Professional help is most often utilized for severe emotional distress and when assistance from the social network is not available. For immigrant groups, the lack of a social network is often the result of immigration and having to leave behind family members. 3. Family doctors are often the next preferable helper resource to family and friends. 4. Similar coping strategies are used to work problems through, such as distraction and thinking of ways to overcome dilemmas. 5. People in need of help fail to use helping resources because it means openly admitting to inadequacy or failure. 6. Causal factors, either internal or external, can have a significant effect on help-seeking behaviours.

Commonalities of help-seeking found in the research on immigrant minority groups as a whole and the East Indian community include language barriers, financial barriers, service accessibility, a lack of information and misinformation regarding services, the separation of medical and mental health care, lack of knowledge with regard to rights

and responsibilities, racial stereotyping, distrust of the counselling process, anxieties around breaking a cultural barrier, culture shock, inappropriate or ineffective care, degrees of acculturation and ethnic identity. In addition, feelings experienced by both groups were similarly reported: homesickness, insecurity, depression, loss and grief, loneliness, anger, frustration, self-doubt, and confusion.

Because so little has been written on help-seeking behaviours of South Asians as a cultural group, research on immigrant populations as a whole was necessary in order to fully appreciate the barriers that confront an Indo-Canadian woman as she considers the possibility of seeking professional counselling help, often outside the boundaries of her community.

## Chapter 3

### Methodology

#### Introduction

The purpose of this study was to document the subjective, lived experience of Indo-Canadian women in their struggle to decide on counselling help. It was further meant to explore the personal, cultural and societal barriers which may hinder Indo-Canadian women in the decision-making process. A narrative approach to gather and organize data was utilized as a means of retaining context. A multiple-case study methodology was then used to analyze the data.

#### Design of the Study

The study involved the use of narrative research as outlined by Cochran (1989), whereby the journey of each participant from needing help to the final decision of seeking out counselling help was followed. According to Cochran (1986 ):

We live in story whether we like it or not. We experience life as a narrative flow. We work in story. Our lives are punctuated by overlapping but identifiable units with beginnings, middles, and ends. The human mode of existence simply is narrative, from transient encounters to lifetime projects, from inward symbolic dramas to outward performances. We are born to drama, to the experience of a meaningful gap between what is and what ought to be, that directs our striving for a suitable completion. We portray ourselves in story (p. 3 ).

Narrative then, was used to enhance the meaning of each woman's

journey. Their stories give richness and provide a deeper, more human understanding to their decision making process.

In addition, this study used a multiple-case design which allowed for a case comparison to identify commonalities in the decision making process. Within this design,

Each individual case study consists of a 'whole' study, in which convergent evidence is sought regarding the facts and conclusions for the case; each case's conclusions are then considered to be the information needing replication by other individual cases (Yin, 1984, p. 57).

The purpose of this study was two-fold. First, it was to explore the decision process of seeking counselling help as experienced by the seven participants. Second, it was to explore the degree to which the experience was a common as opposed to a unique process.

The main steps of this study were as follows: First, this study used an open ended interview format to gather initial data and to elicit the stories from the participants. Interviews were transcribed and individual narratives were constructed from the transcriptions. Second, these narratives served as the basis for common analysis.

### Participants

Participants were recruited by word-of-mouth. My network of friends and acquaintances were informed of my intent to study Indo-Canadian women in the realm of help-seeking. Two of the participants were contacted through friends, one through a counselling agency, two at an Indo-Canadian women's group meeting, and two from personal contact.

The participants who were referred to me were provided with a letter outlining the purpose and participant expectations of the study and my phone number. Once a participant phoned, I reviewed the nature and purpose of the study and set up a time to conduct the first, taped interview.

Participant selection was based on the following criteria: First, participants were to have been born in India or raised in a traditionally Indian family. Second, individuals had to have made the decision at some point in their lives to go for professional counselling help.

Other individual factors were not controlled for and as a result, ages varied from twenty-one to forty-eight, places of birth varied from India, Punjab, Malaysia, and Canada, and length of time lived in Canada varied from four years to a lifetime. A further description of each participants' background was included in the individual narratives.

A point of interest with regard to participants was that six out of the seven women interviewed had worked or volunteered in the area of counselling support after having gone for personal counselling.

### Interview Process

The intent of my interview with the first participant was to hear a chronicle of the her decision making process. This intent, however, was abandoned shortly after the interview began as it did not allow the participant to free flow her story. It prevented her from telling her story as she had experienced it, with all its intricacies and steps forward and backward to finally reaching her decision to seek help. It eliminated the emotion and turmoil of the decision process. She was ready to tell her

story as it came to her in all its messiness, not as a series of clean, clear cut steps to a tidy finale. "...if we are beings who live in story, represent in story, explain through story, understand through story, and have our meaning in story, then chronicle leaves out the most essential part. We must seek ways to go beyond chronicle to fuller, richer narratives" (Cochran, 1989, p. 78). From this initial experience, the interviews that followed took a more open format, allowing the participants to tell their stories as they remembered them.

All interviews began with pleasantries such as the researcher expressing gratitude toward the individual for participating in the study. This was followed by a reminder of the nature of the study, a comment on the researcher's desired outcome of the study, to facilitate other Indo-Canadian women in seeking counselling help, and a reminder of the participant's role in it. The discussion included concerns regarding confidentiality and anonymity. The participants were given the opportunity to both delete sensitive material and to withdraw from the study without prejudice. In addition, they were invited to take an active role in the evaluation of analyses. Most participants expressed concern around the issue of confidentiality and were assured that their stories would be made confidential and all identifying detail would be removed from the narratives. For this reason, a sample transcript has not been included. In addition, participants were asked to sign a permission form which addressed the issue of confidentiality and outlined their rights as a participant. Each women was offered a copy. Three turned down the offer for fear of its discovery.

In order to orient the participants, to establish rapport, and to ensure the feeling of respect and regard as the experts in their own culture, each woman was first asked to speak about Indian culture as she knew and understood it, focussing on aspects of the culture that could facilitate or hinder an Indo-Canadian woman from seeking counselling help. The interviewer used active listening skills to clarify and add detail to the participants' discussions. Perhaps due to the way in which individuals were selected, or to their interest in helping out South Asian women, participants showed no signs of hesitancy in providing information about their culture. They were particularly forthcoming in articulating the hindrances of help-seeking in their communities. This information was included in the commentary at the conclusion of each narrative.

The second part of the interview was concerned with the participants' individual stories. Each participant was asked to talk about her life from the time the conflict began to the time she went for professional counselling. The stories generally included past details of growing up in an Indian family which, though not a part of the actual time frame of the decision making process, were directly related to the personal struggle of whether or not to take the problem outside of herself or the family. As in the first part of the interview, the researcher used whatever attending, listening, paraphrasing and empathy skills that seemed appropriate to clarify and encourage the participants to tell their stories. The overall strategy was to establish a level of dialogue that might occur between two friends. Once the participants started telling

their stories, the researcher would join the dialogue in whatever manner seemed appropriate. Self-disclosures were at times offered. There were also times when tears were shed by both participant and researcher.

Following the cultural discussion, participants seemed ready and eager to tell their stories. However, as will be discussed in reference to the second interviews, two of the women revealed details not disclosed in the initial meeting. Interestingly, one of the participants began the interview on the premise that she had not sought counselling help. As the story began to unfold, however, it became clear that she had, although she never openly admitted to it.

The final part of the interview was concerned with how the participants saw themselves as different from other Indo-Canadian women who do not seek counselling help. Some of the variables included the level of acculturation, ethnic identity, personality factors, support systems, and available resources. The participants responses were included in the commentary at the conclusion of each individual narrative.

The interviews were transcribed verbatim and then for the purpose of analysis were presented as "straightened" stories (Cochran, 1989).

Establishing rapport and conducting initial interviews required varying lengths of time. Some interviews were conducted within an hour while others required three to four hours to complete. The two shortest interviews were from the two youngest participants, and both were born in Canada. The follow up interviews were no longer than one hour in length. These were not taped. One of the participants was unwilling to follow through with a second interview and another could not be found due

to extenuating circumstances. The lack of desire on the part of one of the participants could be attributed to the one and a half year lapse between the first interview and the requested follow up. This was the fault of the researcher who was unable to continue the work at that time.

### Construction of Narratives

The construction of the narratives was done in a fairly systematic way. Once the interviews had been completed the tapes were transcribed verbatim. I then sat down with each transcription in hand and listened again to the tape, putting a sense of order and unity to the story. I highlighted events, thoughts, feelings, cultural comments which I believed created meaning to the story. Following Cochran's (1989) discussion of the role of the bard, "who does not merely report, but straightens the story, sets things right..." so as to "grasp the meaning of what has happened clearly" (p. 75), I was not only putting together the pieces of the story, but "straightening" it to enhance its meaning. Re-listening to the interview and re-reading the transcriptions enabled me to dwell on and familiarize myself with the individual stories. From the highlighted transcriptions, I created the narratives, using the first person pronoun and the participants' own words as much as possible. I added my own words only to add clarity to events, make connections between events, or make implicit meanings more explicit.

### Validation of Narratives

Upon completion of the narratives, I consulted an external validator to check the narratives to the transcriptions to ensure I had not distorted or left out any significant details. Apart from minor detail, the external

validator found the narratives to accurately reflect the original accounts of the participants' experiences. Questions that emerged were verified by the author of the narrative, namely the participant in question during the second interview. Narrative drafts were then given to the participants to be reviewed. This took place within the second interview as earlier referenced. These second interviews provided the opportunity to discuss and revise stories so that they accurately reflected participants' lived experiences. Of the five initial story drafts reviewed, all were said to have accurately portrayed the participants' experiences. As noted earlier, two of the participants, upon second reading, added information not included in the first interviews. One participant's comment after reading her story was, "Wow. It's like reading someone's autobiography. What a sad story. That's my story. Good thing it ends on a happy note." The participants all expressed appreciation in seeing their stories accurately portrayed in the narrative account. According to the participants, no distortions or omissions had been made.

### Narrative Analysis

When the seven stories were completed, they were systematically compared to identify common factors which may hinder or facilitate in the decision-making process of an Indo-Canadian woman in seeking counselling help. The main concern in analyzing the narratives was that the researcher truthfully reflected the participants' experiences.

As each narrative was completed, factors of facilitation and hindrance were colour-coded. For example, all thoughts, events, comments, feelings related to the hindering factor 'immaturity' were

underscored in blue on the narrative. And, all thoughts, events, comments, feelings related to the facilitating factor 'maturity' were underscored in green. Once the narrative had been carefully sifted through, factors were written on cards by category, facilitating factors and hindering factors. This procedure was followed for each of the seven narratives. New cards were added as new factors arose, and the identifying initials of participants who shared common factors were added to the cards. As the researcher went through the card piles, similarities of factors emerged and meanings were defined by an appropriate term. For example, all the factors related to the term 'isolation' such as loneliness or family in India, were grouped together. The eventual outcome was a list of common bipolar factors. For example, the hindering factor, 'immaturity' is directly opposed to the facilitating factor, 'maturity'.

This process of sifting through the stories and identifying hindering and facilitating factors helped the researcher to see commonalities among the stories. These so-called commonalities were not compared from a perspective of similarity of detail but rather for similarity of impact on the decision-making process. From this more abstract point of view, broader categories started to emerge. For example, the hindering factor 'fear' was common among all the stories, though its source was very different in each of the narratives.

Once a compilation of the factors had been complete and individual stories had been rechecked to ensure each factor adequately captured individual experiences of decision-making, a meeting was held with the researcher and her supervisor in order to refine and clarify the identifying

terms and categories.

The final step was to have the factors verified by the participants. In the second interview, after reading through their individual narratives, participants were asked to verify the truth of the factors elicited from their told stories. All participants involved in the second interview confirmed the validity of the factors pulled from their individual stories. The participants were then asked if any of the factors pulled from the other narratives fit with their own experiences of decision-making. If an affirmative response was given, the participant was asked to give details of explanation. It was more the norm than not for the factors of others' narratives to fit with the experiences of the verifying participant.

The following chapter contains the participants' stories. Each narrative is followed by a commentary which reflects the researcher's understanding of individual stories. Discussion of the results has been limited to the lives of the participants.

## Chapter 4

### Results and Analyses: Narratives.

#### Researcher Commentaries, Common Factors

##### First Narrative

It took me a really, really long time to make the decision to go for professional counselling, at least 10 or 15 years after I came here. There were a lot of fears, thinking about it, talking it over with my husband. He was very reticent about it. He still doesn't think I should have gone. He says it didn't do anything; I was fine before and I'm fine now. In India, people believe things happen and then you just get on with your life. I guess I still believe that to some extent. In a way it makes sense, but some things happen which just stay on, like sexual assault, and you can't get on with things. My husband said, "You're in a totally different place. Go on from here." I thought I could do it, but I couldn't. I started watching TV and reading books, and as things came up, like memories from the past, and my daughter went to high school, she needed me more then, needed me to be there for her, I decided I had to do something about myself. The past was pulling me down, affecting my marriage, affecting my life. I felt I should go and get it out, because it was nagging at me.

At the beginning though, I felt I needed to listen to my husband, and he was saying, "No." He wouldn't let me talk to my doctor and he wouldn't let me talk to a counsellor. When I grew up in India, everything was done for me. Even at 18 years of age, my mother was spoon-feeding me while I was studying. I had to listen to people tell me what to do. I couldn't make any decisions on my own. I come from a family where my father had eight

brothers and sisters; twenty people lived in one house. When I had a problem or I wanted to do something, everyone jumped in. The grandparents' main role was problem-solving. If I had a problem, I would go to them. It was a sign of respect. I was shocked when I first came here and my husband expected me to do things on my own, like go to get my own social security card. I thought, "You are my husband and you're not going to do these things for me?" He had already been living here, so he saw the difference, and he knew I could do it myself. He is 15 years older than me and when he realized what I was like, he started to think of me as his child, like he had to teach me certain things. That's the way I think women in India look at their husbands. It's changing, but only a little. Women still ask their husbands what they are to do about this and that. I think this is what held me back. I couldn't make the decision on my own. And going for counselling was a big decision.

And then too, I had no idea what to tell this person. I didn't even know what counselling was until I came here - at least not the kind of counselling we are talking about. If a person goes to a counsellor it means s/he is mentally sick, like going to a psychiatrist. I thought, "I don't know her. If she asks me a question, how much do I tell her? Do I tell her the whole thing, or do I hold back? Do I tell her as much as I told my husband? My husband didn't believe me, why should she?"

Friends have told me that they cannot go for counselling because what would they do if the counsellor told them to leave their husbands? That is the biggest fear for a woman. And what would their families say if they went back to India? People look down on you if you leave your

husband. No matter what, it is your fault. Your husband can beat you up or say mean things a hundred times, but it's still the woman who is married and she should stay with him. Divorce has a kind of stigma; it's not okay. That was another concern for my husband. He didn't want anybody in India to know that I was going for counselling. When I finally told him I was going he made me promise not to tell anyone. So, all those questions and concerns held me back for a long time.

It was difficult for me to even tell my husband at first about the past. I don't really know what made me decide to tell him. I just kind of blurted it out. I guess I felt that something was holding me back from growing up and I wanted him to understand why I was doing immature things. For example, once someone asked me to go to the beach and I just went without leaving a note, and he worried so much. Of course that kind of thing affected our relationship. I felt that since I was married, away from my protective family, I could do whatever I liked. But at the same time I needed him to say that whatever I was doing was right, but he wasn't saying that. In fact, he was mad. Somehow things weren't in balance.

And then I wanted to have a baby. The doctor told me that something was wrong with my uterus and if I waited I might not be able to have a baby, so I wanted to have one. But when my daughter was born, I didn't know how to raise her. I was so childish. I thought she was a doll that I could play with. It took me about a year to feel anything towards her. I dropped her when she first came home and after that I never wanted to pick her up. And three months after she was born, we had a car accident

that left me paralyzed from the waist down. I was in hospital for quite a while and when I came out I didn't know my daughter or how to care for her. So my husband took control. He would take her to work and leave her with a babysitter nearby. He would go at lunch time to feed her and then bring her home after work. He would give her her baths and change her diapers. I never needed to learn to do anything. Anyway, one day I was reading something about abuse and it tipped my mind that this was what had gone on in my life; this was what had happened to me. At first my husband didn't believe me. He said, "No, I don't think so. It cannot happen in a family." Because the abuse went on from when I was a child until just before I got married, my husband couldn't understand why I didn't tell anybody. So, when he questioned me like that, I felt like it was my fault. But people don't talk about those kinds of things in India. If a family is having a problem, they don't tell the children about it. Parents fight behind closed doors. Who could I have told? Who would have believed me?

Although I kept thinking of going to counselling, I still didn't go. I had such a low self-image. When your self image is low you can find all kinds of excuses why you can't go." And, because of my husband's job, we didn't stay in Vancouver all the time - more excuses. We were in Indonesia for quite a few years, and in Sri Lanka for a few years. Things like counselling didn't happen there, in an overseas job, out in the jungle. The past was needling me, but I kept trying to go ahead with my life and forget about it. My husband kept saying that I should forget about it; I had survived. So, I would put it away until something brought it out again. I had to cope somehow.

It wasn't until we had settled in Vancouver and I felt confident enough to make a decision on my own that I eventually made the decision to go for counselling. I started working with special needs children and I saw families that went through counselling and the children who came out with all kinds of drug abuse problems and sexual abuse problems. In India, people used to hide the special needs children. If someone knew it was a family shame. The whole family would be ashamed and shamed by the community, so nobody wanted to talk about it and nobody knew. That's what makes counselling so difficult in the Indian community.

A couple of years ago, when I was back in India visiting my mother, she said something about her father and her brother that made me so angry that I said, "Your father did it to me and how come you never ..." She didn't say anything, but I knew she knew, yet she hadn't done anything. She just couldn't face up to it.

Then, I began to fear for my daughter. You see, one of my biggest problems was I didn't like people touching me. So, I never hugged her. When my husband had a heart attack, I was so scared. I didn't know what to do. She needed to be hugged at that time, but I couldn't do it. She had so much pressure on her. My husband had told her that if he were to die she would have to be responsible for everything because I couldn't handle things. He still thinks of her as more mature than I am. She told the school counsellor that she needed someone to help her. I knew then that I needed help. My friend Josephine, kept hammering at me that I had to go and get help, for my daughter's sake if not my own.

I slowly began to take some control. I quit taking the courses my

husband was insisting I take, and one time when my daughter got a C+, and my husband totally freaked out, thinking his child was a goner, I took control and decided that I would take him on to give my daughter some time by herself. I felt an instinct to protect her. In Sri Lanka, a child once came to school with bruises all over. When I saw how the teacher helped, I began to see that it wasn't all right. Getting hit by your parents was normal in India, and sometimes there were bruises. But once you see the other side of the coin, that it is not okay, you start to change. My husband was never physically abusive with my daughter, but there were moments when I thought he could be. He'd get so angry and I had to step in and save the situation.

So all these things snowballed and I started to mature and take charge of myself. And that's when I decided to go for counselling.

### Commentary

This narrative was the most challenging to create. The story-teller was removed from her story and therefore struggled to piece together her decision-making process and to find meaning in the thoughts and feelings. This may be partially attributed to J's age at the time of the interview as compared to her age upon arrival in Canada. Almost thirty years had lapsed. Moreover, J had been the victim of sexual abuse from childhood to early adulthood, an experience which would have greatly impacted upon her life and sense of continuity. Initially, she avoided sharing with me difficult aspects of her story. A further barrier to sharing certain parts of her life story may be attributed to the presence of J's husband during the interview. He was never in the actual room, but at times he would

enter the room nearby in passing through to the back yard. J was frequently distracted by these interruptions. Just as she had gone for counselling without his approval, perhaps, too, she was participating in this study without it. At the end of each of her story sections, J made the comment, "And that's why I decided to go for counselling." There seemed to have been many reasons for this decision, many of which culminated at the climax of the story which was her final decision to go for counselling. The reasons included her lack of maturity which she attributed to her protected upbringing, and the hierarchical system of the Indian community; the shame and repercussions on the family if someone were to find out about the counselling due to the stigma attached to counselling; the lack of stability in her life since she and her husband lived in several different countries; her low self-concept which she attributed to the effects of the abuse and the sense of self blame that went along with it; her belief that her problems were her own, to be dealt with inside the family boundaries. As she matured, took control of her life, settled into a home and a job, and became more aware of the effects of sexual abuse and the help available, she slowly made her way to the door of the counsellor's office.

#### J's perception of why Indian women do not seek counselling help.

These comments are not meant to be generalized to all situations. They are J's observations and perceptions of the Indian community.

1. People in India are brought up in homes with extended family. If help is needed, it is sought through a family member, particularly the grandparents. This is a sign of respect. In J's childhood

home, there were 20 such people to go to for advice.

2. No one outside of the family should know about personal problems. Even within the extended family people don't know others' problems. J remembered her parents fighting behind closed doors but never bringing their problems into the rest of the family.

3. There is a hierarchical system in the Indian community whereby the grandfather is at the top and the others follow. The decisions are controlled by the extended family by way of this hierarchy. To get permission to go for counselling would take the approval of all those above the one asking. Furthermore, married women are dominated by their husbands and must ask them before doing what they want. This, too, is a sign of respect.

4. In India, the concept of counselling is not understood. Counselling is about psychiatry which implies mental illness. Another misconception and fear for a woman is that counsellors in Canada promote women to leave their husbands.

5. There is the fear that an Indo-Canadian counsellor will know someone in the community and tell others about the woman seeking help.

6. A second fear is that of retaliation by the husband or his family. A man fears that he will be blamed for the problem which would threaten his masculine identity and result in repercussions on his family's name and respect in the community.

7. Indo-Canadian women lack freedom. If the woman is at home, it is difficult for her to leave the house without someone knowing. Questions would be asked no matter where she went. "You went shopping?

What did you buy?" Even if the woman is working it is not always easy to get time off to go for counselling. And after work she is expected to be home to take care of the cooking and the children.

J's perception of how she is different from others who do not go for counselling.

1. J was the only girl in the household in which she grew up. She played with the other boys and was allowed more freedoms in that regard from other Indian girls.

2. J started to work at a day care centre where problems and counselling were discussed openly. Moreover, J was exposed to the effects of abuse and the idea of counselling through the television and other readings she pursued.

3. J had a close Canadian friend who encouraged her to seek counselling help.

Second Narrative

I'm from Southern India. There aren't many people from that part of India in B.C.; most are from the North, like 99%. When I came to Canada I was 21 years old. It was hard because I was very close to my family. I came because my husband had come to India to find a wife. He had been living in Vancouver for 5 years before that time. It was an arranged marriage. Actually, my father had gone to see another boy, but he wasn't happy with his background, so my husband's uncle suggested his nephew. My father checked him out, his education, financial status, his family background, their status in the community and then sent him a picture of me, and we got one of him. The following year he came to my home and I

served him tea and snacks. In the end, we both agreed to the marriage.

When I first came to Canada I was scared but excited, too. I was going to see a foreign country. My family and I were under the impression that he and I would only be staying in Canada for a few years, but once I was here my husband was never ready to go back. In fact, he had lied right from the beginning. He said he had a big business in Canada, that he lived in a house and had many cars, and he had lots of pictures to prove it. Because in India he is quite well off, my father thought that even if he wasn't okay in Canada, we would go back to India and things would be okay. Even his education was not at my level. In reality, he lived in an apartment and he did not have a job. So, I was stuck when I came here. The worst part was that he had a common-law wife living with us. They were always fighting; she would fight back with him. He would throw things at her and beat her up. She was small, so he would pick her up and throw her out into the snow. He would do awful things to her. I was terrified just watching them.

I had nowhere to turn because he had stopped all real communication between my father and I; he didn't want me to tell my father what was going on. He would read all the letters that went out. They had to be very simple. But, in the beginning I didn't know what was really going on. Once we got the house, he told me he needed to qualify for the mortgage, so he wanted to have a boarder. He said I would be lonely in such a big house and his friend's sister had offered to rent one of the rooms - I believed him. I never even suspected anything was wrong until our first anniversary when I decided to come home early and give him a

card. That's when I saw them sleeping together.

I was devastated. I quietly wrote to my dad. I had no money in those days. He would just give me enough money to go to work and come home on the bus. But my friend had given me a ride a couple of times, so I had enough money to buy a stamp. I was going to commit suicide after I sent the letter. I wrote my dad that I didn't know what to do, how to handle this situation - I was not going to be alive to deal with it. I didn't want to go back to India to tell everyone that I had messed up in my life. I just sent it off and then took lots of Excedrin. I took so many. I couldn't believe it when I woke up to my husband slapping me in the face. I guess it wasn't meant to be. I tried once more later on, but I survived that time, too.

When my dad got the letter he was so terrified that the first thing he did was go to Bombay and tell my husband's family what had happened. They phoned my sister-in-law in the States and told her to go and check things out. So she phoned and my husband found out that everything was out in the open and that's when he started abusing me, going against me. Before that he thought I was so dumb, so he could hide it all from me by being really nice to me. So, I took it upon myself. He would blame me that I had messed up his name. If I hadn't done that maybe things would have worked out. The abuse and the blame went on for years. But I was not prepared to just accept the abuse because I'd never had anyone yell at me before. I came from a very peaceful home. So, I would just walk off, and he would come after me, sometimes with his car as if he were going to run me over. I didn't know where to go without any money and I was not

ready to talk to people. I wouldn't tell anybody that things were wrong; I always kept a nice, smiling face. That's what Indians are like. We can't tell other people about our problems. That would be shameful. You keep it to yourself or in your family. The society is such that if you tell other people, they will laugh at you or look down at you. But nothing will actually happen if you tell. I was under the impression at age 21 and my youngest sister at age 13, that if I went back to India, nobody would marry her. My husband would say that people wouldn't accept me as a woman running away from her husband. So I stayed.

I didn't go back to India for 2 years. My husband had taken all my birth control pills, and he wouldn't let me go back to India until I conceived a child. My son was 2 years old by then, and my husband said I had to leave him there because he was too cheap to pay for day care. He made me work 2 jobs and he wouldn't let me go to college. I had already got my Masters in Public Administration in India before I got married. He didn't want me to be anything. He wanted to marry an educated person, but once I was here he put me down all the time, saying I was no good and stupid. That year was the worst because I was all alone with him. One time my husband throttled my neck and I was left for dead. When I woke up the next morning and looked in the mirror, I couldn't recognize my face. It was bruised completely. I called my old boss who had always been so kind and said I wasn't okay. He told me to take a cab, he would pay for it, just get out of the house. I went to his home in Surrey and stayed with them. He wanted me to go to a shelter, but I was not ready to go, so I asked for a ticket home to India. He bought the ticket, knowing I would

pay him back.

But everything was going wrong in those days. When I reached Bombay there was a train strike or a plane strike or something, so my dad couldn't come. He phoned my in-laws and told them. I hadn't told my dad about the throttling because I didn't want him to worry. So, my in-laws came to the airport to pick me up, and they asked if my husband knew I was there. I said he didn't, so they phoned him and the next day he was there. There was a big meeting, everybody sitting around deciding our lives, and in front of everybody he said he'd change. Everyone felt sorry for him. They believed he would try because he had come this far. It's not easy for men to breakdown and admit that they are at fault. The family pressure was there, his family and my family, so I thought I would give it a try. So, I went back to Canada. But he was like a circle. He would say he would do this and that, and then he would fall back into the same routine. He was very manipulative that way.

The next time I went back to India was for my brother-in-law's marriage. I couldn't believe he let me go, though he didn't want me to go to my dad's house. That time I decided I wouldn't come back. I just kept quiet and waited for my turn. When I finally went to my dad's place I stayed, for 3 years. I had given up by that time. I would sit there and my hands would shake so badly. I couldn't complete my sentences. I had lost it all. I was not a person. I felt like I hadn't even gone to school. The thought processes were not there. I thought I was the ugliest, most stupid human being. You lose your mind. People who haven't gone through abuse can never realize why a person doesn't get out of it. It's just you have no

brain left. You are completely numb. I used to sit and cry and cry for no reason. So many people questioned it; "She's married and you (my father) shouldn't be there for her." There's no way I would have been okay if it weren't for the support of my father. My mother had always been a good friend, but she would just cry. She didn't know what advice to give me.

After the three years, I had come out of that nervousness and worrying about everything. We had filed for a divorce, but when we sent him the papers he was not ready to sign. In the meantime, it was 1980 and the Punjab situation came around and there was a big fight about the Sikhs in India, so the Indian government wanted any foreign nationals, which was my son born in Canada and myself being a Canadian citizen, to have visas to live in India, so we were stuck up in that bind too and my son's passport had expired. So we sent it to the Canadian embassy to get a new passport, but they said we couldn't have one unless his father signed for it. My husband was playing games here, too. He had checked up with the consulate, and they said unless I had custody papers I had no rights to the child. He wouldn't agree to the papers.

And then my mother-in-law and my brother-in-law were bugging us in those days, saying that he was trying and my husband was contacting them, saying that he would change and this and that, writing all these beautiful letters, saying how sorry he was and that for his son he would change. So at age 85 my mother-in-law said that this time she would come with her son and I to Canada and stay for a while to make sure he kept his promise. He was very nice while she was there, and I had changed myself. I was not ready to accept certain things from him, and my son

was getting a bit older. So, after my mother-in-law went back, he acted up really bad. He had a knife. I was not going to take it with my son around and I think for myself, too. I was extremely frightened. I thought he was going to come up the stairs and kill me. He wouldn't let me come down the stairs or go to work. I was a nervous wreck, but I was stronger inside this time. He used to hold a knife just touching my throat, threatening me. But I was not going to let it happen again. My father had told me I didn't deserve this and I didn't have to put up with it. So as soon as he went out, I called the cops. I was terrified. I knew how to handle him when I was at home, but I didn't know what he would do if I left. Maybe he would get desperate, knowing he had finally lost me, and actually kill me. They came and they took me to the shelter. In the meantime they came and took him to the police station, he was arguing with them in the house that they had to take off their shoes. He is always trying to be in control. They told me he was scary and that he would never change. The prosecutors were ready to file charges against him, but I was worried it might go against my son, if his dad were a criminal.

After 3 months at the shelter, I moved into an apartment. It was the same apartment building where another woman from the shelter had moved. But my husband wouldn't let me go. Even though there was a restraining order for him to stay away, he would follow me around. When I was at the bank he would follow me and circle the bank. He would go to my son's school. We were terrified of him. He figured out that this woman was my friend, and then he figured out which apartment she lived in, and he would bother her, buzz her apartment and things like that. I

didn't want her involved. Even though I did it, I went to the police and got the restraining order, I was still terrified that he might just take my son and then take off. My son was my everything, my life line. So, he took some anger counselling and then he ended up in the Lion's Gate Hospital with chest pains. So, we got back together and now things are good. My father said I had to stop worrying about my life now, maybe it was fate that a life got wasted, but I had a good son and I had to make sure I was there for him, to give him a proper education. I had to make him a better person than his father. I didn't want him to turn out like him. So I changed my whole focus, turned it towards him. I couldn't have run away without money. I didn't want my son to go through poverty. My life had been extremely privileged and I wanted him to have the same privilege, but not with the pain when I look back now.

I had very good people come along in my life when I needed them. They were all supportive at work. I left God for a while during all of that. I thought, "How could he be so mean to a person who has not done anything to anybody?" Then finally I thought that there must be a reason. I had a little card I carried with me that said, "God, where were you when I needed you?" "I carried you." I have it on the wall now in a big picture frame, so whenever I feel sad or certain things come back, I look at it and feel like somebody is there. You have to have meaning.

### Commentary

This was the first interview and the most emotional. Su was very open and honest in the telling of her painful story. As in the case of J, the decision -making process had taken place 20 years prior to the interview,

so the telling of the story did not follow sequentially. Piecing it together to make meaning took a good deal of time.

Although Su did not actually make the decision to go for counselling help, she was aware that by calling the police she would end up in a shelter where counselling was provided.

At the conclusion of the interview Su showed me a card her son had recently given her, thanking her for having been there for him. I felt honoured to be allowed into her life through such an intimate gift. She also shared her dream for the future: to live alone in a cabin in the woods, filling her days in peace, painting, reading, and listening to the silence. It was this interview that decided my study design. Su's story could not have been told in any other form.

Su's reasons for not having sought help sooner than she did included her inability to comprehend that such things were actually happening to her for she had not heard nor been exposed to such things before; her sense of paralysis or numbness as a result of the abuse she suffered; her fear of repercussions on herself and later on her son should she leave the situation, for she was alone in the country and had no financial resources; her adherence to the hierarchical system and the role of the extended family in solving private matters; her decisions to return to India to escape the situation which only ended in her return and the repercussions that ensued; her belief that this was her Karma, and she should accept the life she was given.

#### Su's perception of why Indian women do not seek counselling help

1. Indian people don't talk about their problems to outsiders for fear

of gossip.

2. There is a sense of shame in the failure of life not going well.
3. There is the fear of abuse if someone finds out about the counselling.
4. Everything is the woman's fault if things don't go well.

Su's perception of how she is different from other women who do not seek counselling help

1. She had a very close relationship with her father who supported her throughout.
2. In India, she had had time away from her husband to regain her strength and mental state.
3. Her fear for her son's well-being enabled her to rally the strength she needed to call the police.
4. She had a job and support from her colleagues.
5. She had a strength of will to walk away from the abuse temporarily, and then to finally call the police.

Third Narrative

I was born in Malaysia. My mother is third generation Malaysian, and my father was born in Punjab. We came to Canada when I was three, so I would say that I am more Canadian than Indian in my ways of thinking. However, I was brought up in quite a traditionally Indian family insofar as many of their values and beliefs go. It's interesting. I am very immersed in my culture, but at the same time I feel so withdrawn from it. I am excluded from some of the Indo-Canadian systems, like the Punjat, for instance. New immigrants or very traditional Indo-Canadian families still

have this as their system of counselling where they pull together some family members, some elders in the community, and they sit down with a couple that is threatened by a possible break up, for example, and they do the counselling. It is all done quite informally. Nobody in my family would ever do that; we are not very traditional in that way. In India I have heard that the girl's side of the family will go and rough up the man, go and beat him up and teach him a lesson. The shame is in your wife's side having had to come and teach you a lesson. Everybody in the village would know. I remember when I finally split up with my husband and people in the family started to know, one of my uncles said, "Well, should we go and beat him up?" He was serious. Of course I said, "no."

We're smack in the middle of our divorce now. My husband is not traditional in his way of thinking either, but he has been taking full advantage of being a male in our community, like the favouritism and the power that goes with being male. My parents are very traditional in this way, so they have always supported him over me. They still do. He's in Malaysia now, as is my mom. She keeps in touch with him, and my father corresponds with him, too. I don't speak with either of my parents. It makes me sad, but in our community you should stay together at all cost. It's amazing at what cost you get freedom in our community. I had to let everything go. I lost everything. Yet, once I took the risk I realized that what I really had wasn't as valuable as I had thought. There is always the threat that you might not have your family, you might not have respect in the community, you might not have anything. That is the deterrent from doing anything 'bad'. But now that I have taken the plunge, I realize that

the people who love and care for me will always be there, and the people who object to me aren't worth having around. If somebody wants me to stay in a relationship that hurts me and is not good for me, then obviously they have the problem, not me. I lost the perception of being the 'good' person who stays in the marriage, but I still have very high respect in the community. But then I also did what a lot of women don't do; I didn't go back and forth.

Initially, people stayed away from me because I was bad news. My parents were very upset; they didn't help me out. My father is a very wealthy man, but he didn't give me one cent. I moved out on my own. I did everything on my own. Well, one of my brothers came to help put a shelf up in my home and in his van he had boxes full of food for the kids, like cookies and juice and school stuff. He just quietly went in and filled up that shelf. Before I left my husband I had asked both of my brothers how it would affect them, especially since they were both getting married and had new families; it would have been a big shame. Both of them said, "Look, it's your life. If you make a decision and can stick by it, it doesn't matter to us. We don't care what your in-laws say." They both felt that way. That was scary, too, that if I made the decision then I had to stick by it. If I changed my mind, my position of respect would have been lost forever.

I was in grade ten when I got married, so I didn't finish high school. We weren't meant to get married so soon. I just went to Malaysia to meet him. Actually, my father sent me there because of the trouble I had got into at school. I had a boyfriend at the time and that was a huge taboo. I

never even kissed him, but we had been seen holding hands and that was it. "Go to Malaysia and meet the man you are to marry when you finish school." I was the one who decided to get married right away, to get away from my father, his strictness, his controlling. He would humiliate me in front of people, bring me down. My father wanted us to get engaged, and then in a few years I would go back to Malaysia and we'd get married. I stayed there for a month and my father found out that we were shopping together or something like that, so he came on the next flight to take me back, because something like that can bring your marriageability down if my husband and I didn't end up getting married. I didn't want to go back to my father, so we got married instead of getting engaged. Actually he isn't my father, he's my step-father. My father died when I was three, so it was my father's brother's duty to marry my mother and take care of the children. He was the youngest brother; all the others were already married. I guess that's why he is so mean and controlling. He lost his choices in life when my father died.

My husband was in medical college in Malaysia. He always wanted to finish medical school here, so when he came to Canada with me after our first year of marriage, we made an agreement that he would go first and finish and then I would go. But he didn't finish. He had a drinking problem. I didn't really register it as a problem until about three years into the marriage. But I think what I was really dissatisfied with was his lack of work ethic. Work is very important to me; I was brought up to believe that you don't just sit around. And he was constantly not going to work, taking time off, and not bringing home his pay cheque. That really irked

me. And then he was drinking a lot, spending a whole day with his friends, going off and me not knowing where he was. He wouldn't call. He crashed a couple of cars. It's surprising that a lot of people, especially my family, were very shocked when I left him. They didn't see his drinking as a problem. They didn't have to live with the daily nonsense that he put me through. At one point my father got involved and he wanted me to leave him right away, but only to punish him. I wasn't ready at all. To me that was the scariest thought, to leave him and go back to my dad. My father kept blaming me for everything that was wrong with the marriage; I wasn't doing things right. It didn't matter who I was, what my character was, but the fact that I was the wife meant I should do everything under the sun to make sure my husband was happy. I was to fix him up. And my mother is very subordinate. She gets wrapped up in what my father says and can't stand up to defend me. She was always worried about how my father would perceive everything. My husband took full advantage of that. Once he told them that I was preparing to leave, that I had probably already found somebody else. So, I got a phone call from my father and he threatened to kill me. And then I remember he said, "Well, I have no qualms about shooting myself right after I do that." I just laughed and told him I really didn't care. I knew he wouldn't. It was just a threat.

I thought a lot about going for counselling during all of that. I guess it took a while to figure out that we needed it. And then, my family was telling me it was all my fault, and my community was telling me it was all my fault that I couldn't keep my marriage happy, so if it's all my fault how could I convince my husband to go for couples counselling? And then

the process of finding a counsellor was another big deal. I remember looking in the phone book and seeing a lot of Christian counsellors. What would they understand of my situation? And my family found out that I was subjecting my husband to counselling because I couldn't keep things together it would cause even more problems for me. This is what did in fact happen in the end. Of course my husband told them. They were always on his side, ready to defend him.

I finally gave my husband an ultimatum to either go for alcohol counselling or lose me. He went to stop me from nagging but he never bought into it. He didn't see that he had a problem; he still doesn't. I think he kept going because he didn't want to lose face in front of his counsellor. Of course he didn't tell anybody that he was going. In fact, there was an Indo-Canadian person who used to go to the same place and he felt very embarrassed that somebody in the community knew that he had to go for some kind of alcohol help. That always struck me as odd because here he would be with a bunch of people and he would be drunk and staggering around, but he didn't think that was embarrassing. Yet, going for help was very embarrassing.

While he was going, his counsellor told him about a psychologist who was doing some research on Indo-Canadian couples and was looking for some couples who would participate in going for counselling. He agreed because of the encouragement from his counsellor. We went for six or seven sessions, but once the psychologist started to ask me about myself and what I could do about my situation, he didn't want to go anymore. As long as he could complain about me, he was happy to be there, but when it

came to the opportunity of acknowledging how I was feeling, he didn't want any part of it. Initially, I was very cautious of what I said and how much I disclosed because I knew that I would get in trouble once I got home. He was verbally and physically abusive. I was toward him also. His physical abuse is what drove me to leave him. One day, quite out of character really, he picked me up by the throat. He looked different, so enraged. I couldn't stay any longer. But before that, in counselling, I did begin to open up. I clearly remember feeling empowered, step by step. After that I started going to school, and then I got my degree.

I wrote the G.E.D and then registered for college; I took six courses in the first semester and six in the next - I failed them all. Luckily, I was given the opportunity to try again. I didn't have any support at home. Nobody in my family wanted me to go back to school. My father had the same fear about women getting empowered as my husband did. That's why my husband had a lot of support from my family. I just think that nobody said anything but everybody had the feeling that something was wrong, and they didn't want to encourage me to go out and do anything; they didn't even acknowledge me for going to school until I had my diploma. So, they put many demands on me. They didn't want me studying, so I always studied at night from midnight to four in the morning. That's why I failed my whole year. I would have to make all the arrangements for dinners and for the baby-sitting, and on the weekends I would have to do all the family stuff and I could never say that I had homework to do. When I started to demand more time, he would say things like, "Yeah right, you're not going to school, you're going somewhere else." Sometimes he wouldn't show up

to pick me up from school. We only had one car because he had smashed up the other one. It would be eleven or twelve o'clock at night and I'd still be waiting for him. My friends would have to take me all the way home. They were unbelievably supportive, so were some of my professors. They all believed in me and encouraged me. They were saying the opposite things to those which I was raised with. I was always told, "You can't do anything. You'll never get anywhere." When I failed the first year it was like, "See, you can't do it." But in school they were telling me, "We know you can do it."

For the first two years my husband paid for my schooling, but after that I had to get a job. I guess he paid initially because he didn't think I'd keep going. He was wrong. Somehow I juggled work and school, which actually gave me a little more freedom. By insisting I pay my own way, he and my father actually showed me how to be independent. It was very hard, though. I remember in my last semester I had eight fourth year classes and I had thirty-two hours of work a week. But I knew that I had to get the degree done as soon as possible because I could feel the patience running out in everyone.

And now I am on my own and my father is very isolated from all of us. I think what I did sprouted a lot of discussion among the siblings. We are now talking about things that we never talked to anybody about before, like about him meddling in our lives, controlling our lives. He was like the Godfather. He was on top of everybody's bank accounts, everybody's movements. My sister doesn't talk to him anymore, and although he lives in the same house with my brothers, they don't let him get involved in

their lives; they don't care what he says. My mom is in Malaysia with her ill mother and she doesn't feel like coming back. He made sure she didn't keep any relationship with her mom, dad, brothers or sisters, so when she is there she doesn't feel like it's her home. She is very lonely there. She also says that nobody likes her in Canada, either. I think she feels that she doesn't have a place anymore. And my father has isolated himself from my children, which is surprising because he was really attached to my daughter. But the last time he saw them, the first thing he said to them was, "You know your mom is a bad person; she is not good and you should listen to your dad and your grandfather." I phoned everybody and said that if he is going to that to my children then I don't want him around them. He denied everything and refuses to meet with me to discuss it.

The perception in my community is that if you go for counselling, and especially for women like us, they are going to corrupt you and they are going to tell you to divorce. They think that counsellors are ruining everybody's families. But what is really happening is the women are getting empowered. That is what happened to me.

### Commentary

When I met K for the second interview she expressed surprise at how much she had told me. She also added some details which I have included in the narrative. She hadn't told me initially about her father being her step-father because she said it wasn't something that was admitted to openly in the family until just recently. Since our first meeting her husband had been killed in a car accident. K was still suffering from its effects at the time of the second interview. On the one hand it was a

relief. Up until his death he had been living down the street from her, watching her every move. She kept the blinds closed at all times and felt afraid of what he might do. He would constantly question their children about their mom and whom she was seeing. On the other hand, her children were suffering over the loss of their father.

Her step-father continues to 'spy' on her. He continues to spread rumours about her to the family and the community. He is well liked and respected in the community. K thinks this is due to his agreeing to marry K's mother. Although I did not include it in the narrative, K also told me that her grandfather had killed himself two years prior to our first meeting. She believes the harassment of her step-father towards her grandfather — his father — to be the cause of this suicide. The disclosure was emotional for both of us. When I asked her why she thought her grandfather had been so supportive of her even though many of her actions went against the traditions in which she was brought up, K said it was because, unlike her other siblings, she had spent a lot of time during her first three years with her paternal grandparents and her birth father. Her personality was a lot like that of her father and she reminded her grandfather of his deceased son.

K said that one reason for her not having sought counselling help was due to the time it took her to accept that there was a serious problem in her marriage. She was young, naive and unsure of herself and her beliefs which were constantly put into question by her step-father. Included in her reasons were her fear of isolation from her family and the Indian community; her belief that her husband would not go for couple's

counselling since the problems in the marriage rested on her shoulders; her belief that the family and community would put the onus on her as the problem, not on her husband; the fear that counselling would confirm her belief that she was the problem, as she had been told continually from a very young age; the feeling of shame in going and admitting that something was wrong; a sense of dependency on her husband, this was 'her man,' forever and he was in control; a lack of information with regard to accessing counselling help.

#### K's perceptions of why Indian women do not seek counselling help

1. There is a barrier in the Indian community about disclosing personal information, particularly outside of the family. That information should be kept at home.

2. Males have certain advantages in the community, like favouritism and power. Women are not to have power.

3. In the Indian community, couples stay together at all costs.

4. Many Indian women believe that counselling will lead to divorce. "Counsellors will corrupt them and tell them to divorce. 'They are ruining every bodies' lives'. And if there is a divorce, the stigma attached to you prevents a second, good marriage. Also, if the counsellor is not Indian, the woman will have to sit and explain the intricacies of the culture which would take weeks, intricacies such as a slight comment from a mother-in-law can devastate a woman for weeks".

5. If a woman goes for counselling and it is found out, the repercussions can be quite severe.

6. By going for counselling, a shame is put on the family. If the

counselling results in temporary separation or divorce, it's very difficult in the community to keep it a secret because of all the community gatherings. People would notice that the husband wasn't there. This comment presupposes the result of counselling as divorce.

7. Having a problem brings bad luck to the woman involved and to the extended family.

#### K's perception of how she is different from Indian women who do not seek counselling help

1. She has a personality that gave her the wherewithal to fight for what she believed in. She believed her husband needed counselling and she had the courage to give him an ultimatum to either go for help or lose her.

2. She had a very strong support network through friends, siblings and her paternal grandfather.

3. She is very personable and expressive. Once she began to open up to the counsellor, she was able to get out all that was troubling her.

#### Fourth Narrative

I was born in India, but my family moved to Canada when I was four and a half years old. I didn't grow up in an area where there were many other East Indian, Sikh, people around me. I lived in two different worlds and trying to combine them was really difficult because I wanted to do the things that my Canadian friends were doing, but there were limitations because of my culture. My parents are very traditional in their ways of thinking. It was very confusing for me. At school I was an individual; it was up to me to do this, this and this. But at home, everything surrounded the family and the community. It's always what's good for the community,

what's good for the family, is what you do. So, if you have to sacrifice yourself, you do it, like what you believe in or what you want. For example, in Canadian culture, you date, you go out for as long as you want, you get to know the person, you fall in love, you marry them or live with them, whatever you want. With us, we're not allowed to date. Our parents are supposed to pick a person that we are going to marry. You really have no say in it, except to say yes or no to the person they pick. They introduce you to someone and either you like them or you don't, and you either say yes or no to them. With many people, they don't even have a choice between saying yes or no. I was lucky that my parents understood that since I was going to have to live with the person I married, I should have some choice. But even so, they don't let you get to know that person. You can't go out on a date with him. They give you a profile of his education and what he does for a career, and that's how you are supposed to decide.

At the time that my parents were trying to find me a match, they didn't know that I already had a boyfriend. I was scared to tell them because I thought they would reject him. He wasn't from the same cast as my family. Our family clan descends from kings and his from farmers. But here, his family is far wealthier than we could ever hope to be. It's not a wealth thing, it's a class thing and we are in a higher class. It's about tradition, really, not about relationships. What other people think is more important than how their daughters or sons or whoever are feeling. So, to keep my boyfriend and keep them from finding out, I would just say no to all the men they found for me. When they eventually did find out, things changed a lot in my life; life became hell. They cut off my tuition

for university, so I had to get a student loan. They cancelled my car insurance. You see, my parents would give me the world as long as I followed their rules. Everything I did was monitored: I couldn't be on the phone; I couldn't go out by myself, somebody had to be with me at all times. All I could do was go to school and to work. They knew when my classes ended and what my work schedule was.

It was very stressful. I was depressed and I became quite paranoid. I couldn't sleep, but at the same time I didn't want to get out of bed. I didn't have any energy. I couldn't eat; I lost fifteen pounds during that time because I was so stressed out. I had started drinking a lot of coffee and smoking cigarettes to try and deal with the stress, which of course didn't help, and then my parents found out about the smoking which is a big no no for South Asian girls, so I couldn't do that anymore because everybody was around me all the time. The only place I could smoke was at school, and I would need tons of perfume to cover up, which didn't actually work. They simply didn't trust me anymore. I couldn't do anything. Life was being watched; everything was watched. Yet, I couldn't move out; I didn't want to move out. I didn't want to lose them. If I had moved out, my family would have disowned me and my culture would have disowned me. My Caucasian friends would tell me to just move out, but they didn't understand what moving out meant for me, to lose my family, to lose my cousins, to lose everybody that I knew. It wasn't like when one of them would move out. They could still go and visit their mom and dad, aunts and uncles; I wouldn't have been able to. I would lose everything. There is a lot of love in my family, and no matter how much I wanted to be

my own person, I didn't want to lose them at the same time. It was like a catch 22; I wanted to do all this stuff and do it my way, but at the same time, I wanted them there. Also, just before my parents found out about my boyfriend, I had left him. He was giving me ultimatums. It was either we get married or forget it - he was going to go and find someone else. I was too afraid to tell my parents about him because I didn't know how they would react. So, I told my parents it was over between us and for a year we didn't see each other.

With all that was happening, I couldn't concentrate on school and my grades were falling. I would be reading something but my mind would be somewhere else. That was the biggest thing for me. I wanted to do well in school and I felt that I was losing everything and I didn't want to lose that, too. It felt like my family didn't care anymore, that they didn't love me. My boyfriend was being difficult. The one thing that was keeping me going was the idea of finishing school and getting a good job. I wanted to be something. That's when I realized that I needed to get some help.

My Caucasian friends had tried to get me to go for counselling before that but I didn't believe anything or anyone could help me. I figured other people wouldn't know what I was going through, they wouldn't understand where I was coming from, with my values and my culture. I believed my problems were my problems and I had to deal with them. But school was really important to me and I knew that I had to do something. Counselling was an option, so I thought well it's better than nothing at all; maybe I could learn different ways of coping with my life. I had no great illusions about her fixing everything for me because I knew that was up to

me. I just felt so hopeless, like I had no other choice. I couldn't talk to my Caucasian friends because I didn't want them to think that my family was bad or that my boyfriend was an asshole. So, everything I told them was very limited, very general, very nothing. And, I couldn't talk to my East Indian friends because they would know my family and they would talk to their moms or dads or cousins or sisters and then it would be everywhere. You see, that's the thing, it goes everywhere, like a plague. And anyway, they were scared of the same things. They would say, "That's how it is with everyone. You are no different." But what I was going through was hell for me. I couldn't talk to my boyfriend either because he was frustrated and I really don't think that he would have understood anyway. There was just nobody for me to talk to.

Even though my friends had told me to go I didn't tell them when I went. I was so afraid someone would find out and wonder what was wrong with me. I thought that if I went for counselling somehow everybody would find out. I was thinking that it was going to go on my record that at university I went for counselling; it was a drop-in place on campus. I was really scared. The first time, I walked in, looked around and walked out. I thought, "I'm okay. I don't need this. I'm not like those people in the waiting room." I went back two days later, made an appointment, and was able to see someone right away. I'm not sure I would have gone back if I had had to make an appointment for the following week. I don't know, though.

For a long time I believed everything was my fault, that I was to blame for what was happening. If I had just gone to school and been a good

girl and done what my family had wanted, none of this would have happened. I wouldn't be in this predicament. But then, through counselling, I started to realize that I wasn't following the rules from the beginning. I wanted two different things. I had been living in two different worlds and it wasn't my fault that I wanted something else. And, to want something else isn't really bad.

After about a year, my boyfriend and I started to see each other again. My parents saw us together and then finally I told them about us. By then we had already got engaged. They got the idea that they were either going to lose me or they were going to have to accept him. I was so scared. His grandmother called my mom and said that she wanted her grandson to marry me; they said they would have to think about this. So, eventually they met him and they liked him and everything was fine. Now we are married. Now they love him. And I still live in two different worlds. We are very equal when we are on our own. But, with my in-laws it's different. I have to give them the impression that he is the person in charge. I have to ask him permission to do this and that. It's just a part of being in our culture, and even though we never discussed it, I think he expected me to do this so that he's not looked down upon. I'm so used to it. I've done it all my life, so it doesn't really bother me anymore.

### Commentary

Since our first interview I have learned that G is divorced. Her in-laws told me they didn't know how I could reach her. When I finally reached her family home, I was initially treated with suspicion and was eventually told that she was not living there and could not be reached. A

second interview, therefore, was not held.

Although G had lived most of her life in Canada, her belief system was very much embedded in traditional Indian culture. Yet, she spoke of her struggles as she was confronted with traditional ideas on the one hand, and western ways of living on the other. Even in a marriage which she had chosen, her values were put in conflict with those of her extended family. She was forced to live two lives.

G's personal struggle in making the decision to go for counselling included her belief that her problems were her own and of her own making, to be dealt with on her own; her fear of being discovered by either those who were watching her at all times, or by someone in the community should the fact of her counselling appear on her school record, and then losing her family because of the stigma and shame attached to the concept of taking problems outside the family; her lack of faith in counselling as a helpful process.

#### G's perception of why Indian women do not seek counselling help

1. The Indian culture is very family oriented and the whole community is a part of each individual and family.
2. It is difficult in the Indian culture to ask one's parents for help with emotional problems. There is the fear that they will look at the person as if something is seriously wrong with them. Asking for help means dealing with more problems.
3. If a person goes for counselling, it is a shame on the family and on the community, because having a problem is a shame and taking it outside of the family is an even greater shame.

4. Indian people don't believe that counselling can help solve problems. Counsellors are from a different culture and they have different values. "They would not understand what an Indian woman is going through".

5. Indian people think that this is your life. "All women go through the same things and you just have to accept it."

#### G's perception of herself as different from women who do not seek counselling help

1. G had been brought up in Canada, so she had been exposed to the concept of counselling.

2. Although G feared losing her family, she was prepared to take the risk and have a boyfriend without their knowledge or permission.

3. G had many Caucasian friends who supported the idea of her going for counselling.

4. Counselling was convenient in that there was a counselling centre at the university. She didn't have to make the effort to find someone on her own. She was also able to see someone right away, so her decision could be more easily adhered to.

5. G had a strong desire to make something of her life. She wanted to finish school and pursue a career. To this end, she got a job when her family refused to continue supporting her educational pursuits.

#### Fifth Narrative

I was born in Punjab in 1947. We came to Canada when I was forty-five years old, three and a half years ago. Life here has been very hard, but at the same time I have felt liberated since I've come. In India, many

women (like myself) are not allowed to do anything once they are married but be a mother and a wife. They keep banging into you that you are a mother and a wife and you have to look after the children and the husband, everything in the house, and you don't have anything to do with outsiders. Most women take it because it is hammered into them, I think. Their mothers have suffered and even their grandmothers. They think that this is the ultimate, that there is nothing beyond that. They just can't imagine that if they are not happy that they can just leave and go some place else. It is emotional blackmail. "If you leave, if you go out, your children will suffer. No one will marry your daughter. People will make fun of the children in that their mother wasn't a good woman." A woman will do anything to safeguard her children. They are the most important thing in her life. When you lose the children, you lose yourself and your identity. The moment you are married you are known as someone's wife and then you are known as the mother of the children. That is your identity. There won't be anything for you the moment you go.

In India, everyone made me feel that since I wasn't getting any money and I wasn't working, I was not worth anything. I was just to look after the man and his house. He was everything, and I had no identity, nothing of myself. My parents' money went to my brothers, my father-in-law's money went to my husband and his children, but no one ever thought about me. He (my husband) kept on telling me, "everything is yours," but what? I couldn't access the bank accounts; it was a joint account, but most women, like myself, are not allowed to get into it. Slowly, I started to believe that I really was worthless. The moment I came here I found

out that I am capable of everything. I am even capable of earning more than my husband.

I guess you could say that that is our (South Asian women's) oppression. I feel bad, but then again I had the best education. I was from the upper class of society where everything was available to me, and not available. My father was not like normal people; he believed in equality for the boys and the girls, so he gave us equal education. But there were a few things which were not allowed, like making my own choices, deciding for myself what I wanted to do. It was very subtle, but somehow I was not allowed to. You grow up and you have a father or some main person and then a husband to guide you. When I finished my Masters, I became a college professor. Even that money I made wasn't really considered mine; I was never given the option to spend it the way I wanted. But that job was for only six months, until I got married, and then my husband made me quit my job. And then I had children, and everyone kept telling me I was supposed to look after my children, not work. My husband made enough money so why should I work? They make you work only if you don't have money or if your husband is hurt or something. There is no freedom in the world for women, really. I had some freedoms like when my children started school I got a part-time job in the same school, but the pay wasn't very good. My husband let me keep it for pocket money. It was not substantial enough to help me survive for a month or anything like that. If you don't have economic freedom... Anyway, I never tried that. That was what was expected of me, and I just gave in. I gave in.

When I used to feel bad, my sisters would tell me it was only in my

mind, that I was just putting on a show, making a big issue out of nothing. They didn't want to think that something wasn't right with me. So I stopped telling because I was afraid they would judge me. In my culture most of the women keep everything to themselves because there is a stigma attached to that. They don't want to tell anyone. They want to paint a very rosy picture outside of the family, a picture that says, "Nothing is wrong with me." A man can go and tell anything about his wife but a wife is not supposed to do this. And it's inbred in you because there is no concept of divorce or anything over there. When you are married, they keep on telling you, this is your home and you can only get out of it when you die. There are not many choices available to women. I think there are no choices for women. In our society, if something is not working it's because the woman isn't trying. It is because she is not all right. But I knew I was all right.

When I was depressed in India, no one thought of taking me to the doctor. I didn't openly tell them that I was depressed, but the symptoms were there, like crying. I couldn't stop crying. I couldn't sleep. I would just walk around, wanting to just run out. I felt empty, like I was nothing. My father would come to my house and try to talk me out of it. My brothers used to come and say that this was the way to happiness, to be a mother to my children. If I went out to work they wouldn't have so much of me. I felt good about that, but no one told me I was doing a good job. I had never cooked or cleaned in my life until I got married. I would just tell the servants to do all that. I had no skills or interest in household chores, even now I don't. So, I would feel like I knew nothing, that I was doing

nothing. My husband would tell me that if I couldn't cook, I couldn't do anything, so that made me feel worthless, too. He used to tell me that I was unwomanly because of all that. Yet, somehow I still didn't bother to do any of that. I just didn't want to develop any of those skills. Even now I'm not bothered. I feel so liberated here. No one here would tell me I should worry about those things. A man can be as interested in the house as a woman.

So, I just waited for someone to take me to a doctor, but no one did. That is the sort of education we are brought up with in India. You don't take your troubles outside, not to anyone. In India, they don't have counsellors, they have psychiatrists, and they only work with extreme cases. There is a sort of stigma attached. People don't take it lightly that someone has gone, so it doesn't occur to anyone to go. I mean, no one thinks that in our situation we have to get counselling. The concept is not there.

Finally though, I went to the doctor myself and told him that I was not able to sleep. He couldn't think of anything that was wrong, so he gave me some sleeping pills, but I didn't take them. Then my mother came and stayed with me for some time. She always told me that if I needed help then I should just go and stand in front of the mirror and that was the person who was going to help me. You have to come out to a solution yourself. She taught me how to pray for myself. She shared her own experiences and taught me how she handled things when my father was always away in the army; she took charge of things. You need someone to pray to. That gives you strength and courage to help yourself. So, over a

period I had to come to the decision that whatever happened, I could help myself. I had to find the strength in myself to get over that problem. It must have helped because I prayed and then I went and found myself a job.

Sometimes, even now, I go into a depression thinking about all we gave up in coming here, our house and property and everything. We are living in an insecure position, with no house, having to work for everything we have and no security. But, my son reminds me that over there, I had nothing. It was all my husband's. But, I had a comfortable life and security. When I get depressed I tell myself not to be because there is no way out. After coming to Canada, our total situation was depressed - my husband had no job, no place to live, and he wasn't trying. So one day I got up and didn't tell anyone and took the bus and went to the college to get myself a registration book. I enrolled in a six-month training course and I got a job. I took action; I didn't depend on my husband. Now I have stopped depending on him for everything. It's amazing. I amazed myself. Now I wonder, I always had this strength and I let people tell me I was nothing.

After we came to Canada, I thought that there was no reason for us to come here and go through all this humiliation. I mean, if my in-laws had told us that they were not going to look after us... maybe my husband had misinterpreted. They never had any inclination of helping us. And, looking at the Canadian situation, I don't think that anyone is so comfortable that they can look after anyone else. But we were living in that crazy net and didn't realize that people were having problems. And when we came here there were no jobs. My husband has a high education,

but he couldn't get a job. He doesn't have the attitude. He brought that with him. It was harder here to find a job. You have to go back and learn new skills. You can't just get into society. It's totally different from where we have come. We had to start all over again, and I thought I would start from wherever I had to.

When I went to college, one of my teachers noticed that I was really depressed, so she sent me to a German doctor, her own doctor, and she said that he was a sort of counsellor doctor. I didn't want to go but she kept asking me if I had gone and telling me that there was no harm in my going and talking to the doctor. Then I figured that I had nothing to lose now that I was here and everyone knew my situation. We used to talk about our troubles in the class and the teacher would always say we could talk to her. They gave me the feeling that they understood what I was going through, that they understood how I felt, and they showed it. They said I was not alone; everyone who went there went through the same cycle. It was a mistake to come here but then we have to try and fix the mistake and put it right. I felt safe there. And I didn't mind telling them because they were not going to go and talk to anyone else. I was desperate. I had to find a way to go on and I had no one else to talk to. I was totally on my own.. I am not supported by my husband. I would never consider my husband a support after coming here. So, all those barriers were not holding me anymore. In my country I would not have told anyone that I was on social assistance. But, I was desperate.

So I went to see that doctor two weeks later. I saw him two or three times. After talking to him I really felt better inside. What he said to me

was right. He told me that the things I was feeling were real. He also gave me a prescription for my migraine headaches. These headaches increase in intensity when I am depressed. I always think that you can talk to anyone, you can talk to a counsellor, but it's your own strength which pulls you out. No counselling will help you if you are not ready to help yourself. I have seen so much insecurity since I have come here. I found out that no one stands beside you. I worry for my children and for myself and don't give a damn about any other thing, just my work and my money, what I'm making. I don't think about my husband, I don't talk to him, I just get up at 7 o'clock and go to work, twenty-four hours I worry. I am just surviving. If someone were born and brought up here that person would think about counselling, but I think it's not for me, I think it's my inbred insecurity. I have the responsibility of being someone to take action, to rectify things. I had an idea in the back of my mind that I wanted a better life for my children, to see the new world. So I should stand beside him (my husband). I don't want to leave him. We have gone through so many things together and I have come to a sort of understanding now after so many years that it's not important to look towards him for everything. He's not capable of providing everything. We are brought up to believe that he is the sole purpose of being. We have to look to him for everything. Even small decisions you can't make for yourself. And that can be frustrating. And it's frustrating for the man, too. Sometimes even the man can't make all these decisions for everyone else, but he doesn't like being told that he's not capable. I'm feeling quite relieved now that I understand that. He's taking it quite hard though. It's not easy for him to

get used to.

### Commentary

This interview was interesting because the participant, S, had only been living in Canada for four years. Her story was rich in insights about Indian culture and beliefs, particularly those pertaining to the Indian culture in India as opposed to that in Canada. She maintained throughout that she did not go for counselling help, though she referred to the recommended doctor as a "counselling sort of doctor" with whom she visited two or three times. The idea of somatizing emotional problems has been referred to in the review of the literature. S insisted that she went to this doctor for her migraine headaches and not to talk about her depression, though she did in fact talk to him about it, and reported feeling much better thereafter.

S included in her story several reasons for not having gone for counselling help. Some of these were a part of her explanation of the Indian culture. She had two stories of her help-seeking process, one in India and the other in Canada. Her reasons for not getting help in India were that no one had taken her for help. She waited for a family member, someone high on the hierarchical ladder to give her permission. Family members offered counsel and suggested physical exercise to help her conquer her depression. When she did go to her doctor, he could find nothing wrong with her, so he provided her with sleeping pills. S spoke about ingrained beliefs, ideas hammered into Indian women. At times she spoke of women in general, but my sense was that she was referring to herself as well. She talked about the consequences a woman might face if

she were to leave her marriage. This coincides with K's comment that many women believe counselling will lead to divorce. Other reasons S gave for not going for help included the belief that people in India don't take problems outside the family; women are responsible for the happiness of the family, particularly that of their husbands; generations of women have suffered, so it's a woman's karma to suffer too; the feeling of worthlessness because she had no financial security, no skills in the domain of household chores, and no ability to make her own choices; the belief that counselling was for serious mental illness and if she went for counselling she would have been judged as such.

Because it was difficult to distinguish general reasons for an Indian woman not seeking counselling help and her own personal reasons, I have combined the two in the above section.

My perception of how S differs from women who do not seek counselling help (This participant did not acknowledge going for counselling.)

1. She had an education and had had a good job in India before getting married.
2. S had a side to her that was non-conformist - she refused to learn cooking and cleaning skills, she didn't take the sleeping pills prescribed to her, she went to the doctor for depression of her own volition, she believed in taking action to solve problems. Perhaps her mother's own strength in this regard can be attributed to this trait.
3. When she came to Canada she was forced to take charge and she discovered her true capabilities which raised her self concept considerably.

4. She had support from her teachers and fellow students, who normalized her feelings of depression.

5. Upon coming to Canada and having to take charge, the barriers that previously held her were removed - she began to talk openly about her situation, she had to support her husband and family, extended family was not there to comment on her actions, positively or negatively.

### Sixth Narrative

I was born in Canada in 1968. I'm the youngest of five and the only one not born in India, but everyone says I'm more Indian than the rest of them. My parents moved here from the southern part of India in 1964. While I was growing up, my parents put my sister and I into everything that was going - music lessons, gymnastics, all the sports you can imagine, book clubs, Guides, Brownies, you name it. Their expectation was that we could do everything and anything, and we did. Of course it's nice to be proud of your kids, and in my family my brothers weren't really accomplished, so I think there was more responsibility for my sister and I to be everything. In Indian families I find very much that it is what you have accomplished that dictates your worth. It's about how you look reflecting back on how your family looks. South Asian people have more of a family identity than a single person identity. Also, in Indian families, and certainly in my family, boys are treated much better than girls; the boys are almost out of control. I remember my mom putting aside food for my sister and I, but the boys could eat as much as they wanted. My sister and I had a very prescribed role in the family. If my parents had a party, we had to take the trays of food to the guests and serve them and smile

and talk to them. My mom would say, "Oh, you're not shy, go." I remember my mom kind of pushing me, "Go, it's okay, it's okay- go, you know these people." And really I did not want to be there. I wanted to be with my brother who was in Mom and Dad's bedroom watching T.V.

I am very close to my family. I mean, I really identify with the family. It gives me strength in that I see myself as being one of many people, and what I do is very important to them, and what they do is very important to me. So, even though I was born in this country, I think I am quite different from people of European decent; I am more Indian in that way. When my parents moved away, it was like I lost my right leg. It wasn't the same when my sister left, though. She had left years before. I was really hurt that she would leave me, because we're very close and I was shocked, almost in denial for the first five months. I was really angry with her. But, when my parents left it was different. I was just very sad because they were my best friends and I had lost them. Just before I got married I remember thinking, "Oh my God, my parents are the only source of external validation that I value." It scared me because I thought, "One day they will not be here and what will I do?" I was very dependent on them emotionally. Actually, with my dad it was also the reverse. He depended on me a lot, to bounce ideas off of and to talk to about the rest of the family. That's part of it, too. He was always very disappointed with my brothers, so it was up to me to make them proud, to do what I knew was right.

When I think about what it took for me to finally go for counselling, a lot of those expectations played a part in my struggle. I guess the

trouble started in my university days, after my parents had moved away, which was a huge loss for me as I have said. I started doing really irresponsible things, things that were not good for me. I would go out a lot and I drank a fair amount. Things would happen and I would end up just scraping by, not quite getting into serious trouble. I was scaring myself more and more each time, and whatever I did became more and more extreme. I was also in a really bad relationship. And then I kind of reached the lowest point that I could reach and I realized that I was very unhappy and quite depressed, but I would hide it with friends and get myself really involved in school. I was the busiest person. And then when I'd come home at night, and I'd be alone, everything would stop, and I'd realize I was just not happy. I was really a mess. I can't even describe it in words: I didn't know what I was going to do with my life, I was in a really bad relationship, my whole family was removed, I got busier and busier to the point where I just couldn't keep up anymore. I would drag myself around and I got sick quite a bit.

I couldn't talk to my parents about it because I knew it would have embarrassed them to even think... I always had everything together, or I was really good at making it seem that way. I didn't want to disappoint them or worry them unnecessarily. Even though we were really close, there were things we just didn't discuss. It was just, "Yes, you're allowed to this, no, you can do that, or you should have done this", and that was it. It wasn't really a touchy feely emotional relationship. And if I had done something bad, I would just say, "Dad, this is what I did." If it was a big problem, a really big problem, that would cause a lot of

heartache for a lot of family members, I wouldn't even bring it up. I would just suffer in silence. That is common in Indian families. And, if someone does end up going for counselling, it is done in a way that not a lot of people know about it. It's not talked about - just get it over with and that's it. "It's all done? Oh, that's it, you're fixed? Okay fine. I don't want to know the details." I think if I had told my parents they would have said, "No, no you're fine, or you're just being irresponsible, grow up or something." It would have been a real judgmental thing. The message would have been, "You're embarrassing us."

Actually, I did write them a letter at one point and I told them about it. They didn't acknowledge that they even got the letter. Later, I told them how upset I had been and my mother said, "You know, when we got the letter, we thought you were on drugs, because you are the last person anyone would expect to have any kind of problems. You can do everything, you do well in everything, you have no problems, you have lots of friends." This is months later! I had been such a mess, and here, they didn't even acknowledge it. That's one strong reason proving you can't be open about things. And of course, they blamed themselves. "What is it? We've done everything for you that we could. You have a strong family and all the support. What is the problem? What is missing?" I was raised to honour my parents. And what you do and what you say and who you are all goes back to them. So by sharing things that were negative, it was like I was blaming them for how things turned out somehow.

Anyway, finally I decided in my mind that things didn't have to be that way, there were things I could change. And I made a few minor

adjustments and the results were huge. I got rid of my boyfriend, I told people, "No, I can't do this, no, I can't do that" and started setting some boundaries. Also, school had finished which was a big thing for me and I had done well. So within a few weeks things went on this big upswing. And then I made a huge move, a geographical move. I had found something that I could study that I felt really passionate about. And I met someone new. But, somehow things were still not great. I think the most obvious symptom was my temper. It was getting really, really out of control, like scary. I would wind up getting really angry and then feeling so bad about it that I would feel guilty for days on end. I was really sad and then I'd get really angry and I was rarely happy. Things had been looking up for so long, and then it started to plateau and then to go back downhill. I was out of control. And I had met this man, who is now my husband, and he was becoming very important to me and I was beginning to realize that I would probably lose him if I didn't do something.

I realized I needed to start to figure some things out, but when I thought about going for counselling I thought, "Oh my God, if I take the responsibility of going to counselling, that might mean I figure out what it is, and how much will my life change, and will it get any better?" It had been on my mind for a long time and that wasn't easy. One hour I would be going and the next hour I couldn't. Why? Because it would look bad. It would look bad on me and on my family. What would it all say about my family? Why had I messed up? Was it because of my parents? Would it reflect badly on my family? I didn't want to lower their position in my mind. That would have been so destructive for a person like myself

whose sense of self is dependent on her sense of family. I thought, "My God, if I find these things out, is it going to be worse than it is now? Which is worse? Should I just try to deal with this and let the unknown be unknown?" But I had read that behind anger is pain and I had to find out where the pain was coming from, for my sake and the sake of my relationship. I guess you could say that my whole personal identity was coming up very strong and I needed to reconcile things for myself. In the end, it was me who mattered here.

I remember going back and forth for about ten days - "Should I call? Yes. No." Then I remember making the phone call; my hands were shaking. I was really nervous because I thought, "Oh my God this is a total stranger and what if they know someone I know or someone my parents know? What if they're Indian?" I don't think I would have gone if the person was Indian because I thought they would have judged me somehow: "Oh my God, what have you been doing?" Somehow this person would judge me as being less of an Indian woman than I should have been because I should have been stronger and able to deal with all that inside myself instead of needing outside help. Or, they would let someone know who I knew who was Indian - that whole confidentiality thing. I wouldn't have wanted our Indian friends to find out because they gossip a lot. It is a very grapevine-ish community. I remember when I was younger there was an Indian girl who had a nervous breakdown. She was thirteen and I tell you, ever since that, her whole family was seen very differently by that Indian community, like something was wrong. They made comments about the mother, never the father, now that I think of it. The family totally withdrew. I think they

were ashamed. I was a kid at the time and I knew people were judging them.

I didn't tell my parents I was going for counselling. I didn't tell anyone in my family, because I didn't think they would be all that positive, and it would really worry them: "Oh my God, she's a psychiatric patient! She's depressed! Is she on medication?" I'm sure that's what they would have thought, so I never told them. And I never told any friends, either. I've never placed much importance in friendships, because they've never been all that supportive of me - nothing like family. Nothing is constant. My boyfriend, now my husband, was my closest friend and he was really supportive. That was a huge part of my decision to go. Also, there was one woman with whom I worked who went for counselling. I would see her the day after her sessions and I was really watching because I was trying to figure out what it was like, what she was like after her counselling session. She'd be really reflective, but she'd always say that it was really good for her. It was difficult but she was figuring things out. I never asked her for the number of her counsellor, but I took her positive comments as being, "Oh, I can do that too."

And after I had gone for counselling, I thought, "Oh my God, now what do I do? What is going to happen when I see them again? What will they think?" Just by making the decision on my own to go for counselling I had changed. I ended up telling them over the phone, before I saw them. I didn't want to shock them all at once. I was doing everything I could to ease the blow. I was feeling responsible for them. And, it wasn't bad. They just said, "If you feel better that's great." I guess going for

counselling was so big for me because I hadn't involved them in the decision. My parents had quite a few problems with my brothers, one was withdrawn and the other outspoken and rebellious. That was very difficult for Indian parents to deal with. So, they arranged for them to see a social worker. But the difference was that they had arranged it. They were saying, "We have a problem," and because it was coming from the top down it was okay. But I went out of my own need and my own decision. That seemed huge for me.

It's funny because my dad is a medical doctor — doctors are like gods in India — and in his practice he does a lot of counselling and really sees the benefits of it. He says things like, "Why don't you bring in your husband and we can talk. It doesn't really sound like you need these antidepressants - it sounds like there is a problem with your relationship and if you talked that might help." And my uncle is a doctor in India who does a lot of counselling rather than prescribing drugs to his patients. And my aunt is a counsellor in Canada, but I would never have told her about my problems. I wouldn't trust her keeping things confidential. But as far as my dad goes, I guess I just figured he would be open to it as long as it wasn't in his own family. I'm not convinced I am wrong on that point even though they were okay with the news.

### Commentary

A second interview was not granted by this participant.

Although A was born in Canada she feels she is more Indian than her siblings who were born in India. This could be attributed to her close relationship with her parents and her sense of identity as being very much

connected to them. Though she made the final decision to seek counselling help without including them in the decision-making process, she felt a lot of guilt about it. She had not been raised in a family where she made decisions on her own, without the input of the hierarchy of the family. In fact, her depression seemed to have stemmed from the loss of her family. She felt alone and lost and so acted out in the form of risk-taking behaviours and by involving herself in a destructive relationship. The grief and shock A suffered from having her family move away could possibly parallel that felt by the other participants who left India to come to Canada. It could also give insights into the intense fear an Indian woman might feel at the thought of losing her family over a decision to go for counselling help. The collective identity is very apparent and strong in the Indian community and in the world view of all seven participants.

The reasons A gives for hesitation in going for counselling are her fears around disappointing her parents and bringing shame to them and to herself as an integral part of them; her low self-concept before taking some initial control of her life; her past experience when she experimented by being open in a letter to her parents which resulted in them ignoring the problem completely; her fears that counselling would mean blaming her parents for everything, or would fail to improve things; her fears of being judged by an Indian counsellor or being identified by a counsellor who knew her or her family; her belief that she should be strong enough to deal with her own problems; the stigma that is attached to counselling and mental illness as illustrated by her earlier experience with the girl down the street.

A's perception of why Indian women do not seek counselling help

1. By going for counselling, one must admit there is a problem and there is shame in that, both on the individual and on the family.
2. Problems are kept and dealt with inside the family unit. And, if the problem might cause 'heartache' for a lot of family members, the problem rests with the individual. "You suffer in silence."
3. There is a patriarchal system which dictates from the top down what the family members can say and do.
4. If a person needs counselling, the perception is that she/he is unstable. This will reflect badly on the family should anyone in the community find out.

A's perception of how she differs from other Indian women who do not seek counselling help

1. A had made some changes in her life when she felt she was losing control and those changes had made a positive impact.
2. She had started a new relationship which she feared she would lose if she didn't get some help in dealing with her anger.
3. She had done some reading about anger and wanted to get to the source of the pain beneath it.
4. She had a lot of support from her boyfriend.
5. She had seen the positive effects of counselling through the experience of a woman at her work place.
6. She was well educated.
7. Because of the community work her father had done through his medical practice, "somewhere inside me I knew my parents were

generally amenable to counselling.”

8. She had lived on her own for a period of time, away from her parents. “I really began to know myself on my own.”

9. A had heard her parents say that “ultimately, you have to decide what is best for you.”

### Seventh Narrative

I was born in Punjab in 1963. We moved to England when I was three, and seven years later we moved to Canada. From my parents point of view, our home was very traditional, but I didn't want it to be traditional. So the culture clash was always there. They did ingrain a lot of traditional ideas into me at a very early age, but I always had different ideas for myself because I saw so many different things outside of that. Plus, I grew up in an isolated small town where there were no other East Indian people around. All I saw was what I saw in my Caucasian friends, and their way of living was a lot different from ours. The traditions that their parents were teaching them were different from those my parents were teaching me. So there was this constant battle all the time.

When I made the decision to go for counselling, I had already left my marriage. That I did of my own free will, not because of counselling help. I guess I was lucky because I had an education, I have a Masters degree, I had a career so I was financially independent, and I had a car, a means of escape. Things had become so unbearable in that marriage, the emotional and mental abuse of both my husband and my mother-in-law, that one morning instead of going to work, I just drove to Vancouver where I had relatives. I didn't pack anything, everything was left behind - it was that

bad.

Actually there were two abusive marriages, back-to-back. So basically, I've been to hell and back. With the first marriage, I went to India to meet him. I didn't know him well. We just knew of him and his family. I knew something was wrong when I came back to Canada after marrying him and he didn't ever write to me. He called me once a month, but he was quite distant over the phone. When he finally came here he said, "You don't mean anything to me and I don't mean anything to you." Well, it was obvious why he had got married - to immigrate here. From the very beginning there was physical, emotional and verbal abuse. It was really bad. We spent one week in Vancouver with his family because things were so bad. His family said, "Come here and join us. We're going to try and fix things." This is common for the family to get involved in "fixing things." So we came here - it was my Spring Break at school - and then after my break was over we both went back. And then my mom and my brother came and stayed with us because the whole thing was such a mess. But the abuse was bad - I won't go into any of the gory details, but it was bad. What he did and said were pretty horrible. And then he left me at the end of two weeks of being in Canada. I was devastated - I didn't know what to do. I was pretty shaken up to say the least. But I had a good lawyer who was able to show the judge what had happened and the divorce was granted to me on the grounds of mental abuse.

And then a few months later I was introduced to the second man. His family had met me at an Indian function and were really interested in having me marry into their family. I don't know why. Maybe they thought,

"Well, she looks nice and vulnerable, let's take her." He had been married twice before. He told me about that, but he only told me half the truth. Of course he always blamed the women for the problems. But later I found out that those girls were actually very nice and the same thing that happened to me had happened to them. But I didn't know that at the time and his family was always telling me what a great guy he was, and I thought that because I was divorced nobody would ever want to marry me. My family also worried about my marriageability. That's the way Indian people think. It all goes back to that idea of women being a commodity, being a liability and not really being a person in her own right. From the time an Indian girl is born the only thing that comes into the parents' minds is, "She's not ours. Some day she is going to leave." So they never make that bond with their daughters. They think, "God, we've got to get her married off." That is a big burden for them. And that goes into the whole dowry thing.

Maybe if I had been given some more freedom and been given the opportunity to know him better things might have turned out differently. It wasn't exactly an arranged marriage since I'd met him and the decision was basically up to me, but not really. I mean, we were never allowed to date or get to know each other, really. And he gave me only a month to decide. He lived in the States, so we were only able to talk on the phone. Sometimes on the phone things didn't seem quite right. He wasn't the affectionate type - he just didn't seem like he was really interested, not very caring. But in spite of my misgivings, we got married and I moved to the States. We were only married a couple of months. The abuse started

right away; it was there all the time and I just didn't see it right away. Maybe I didn't want to believe that this could be happening a second time. It was a lot of emotional abuse, a lot of name-calling, swearing, putting me down, putting down my family - it was both him and his mother. I was totally alienated, which often happens in these situations with Indian marriages. I was crying all the time, crying, crying, crying. I'd be on my way to work and I'd be crying. I had just started working then, but I couldn't concentrate on my job. You can't work when you're in a situation like that. I would also cry a lot on the phone to my parents and my sisters. They knew that something was wrong. My sisters would say, "You don't sound happy." And my parents were kind of in denial about it. They didn't want to accept it. My mom kept saying, "You're married into that home and you have to stay there." That is a common belief. Indian people think that if you are married into a certain family you stay there, regardless of what happens. You will live and die there. I remember my mother teaching me at a very young age that my in-laws would be my real parents.

And finally I decided, "This is too much for me, I can't take this." I probably would have done myself in, or they would have done me in. The tension was so bad that I was really scared. He had quite a temper. Although he never actually hit me, I think it was just a matter of time. His mother would tell him all the time that I wasn't good enough for him. She was really angry that I hadn't come with a big enough dowry. They had expected a lot of money to come with me. My parents didn't have that much and they don't believe in the dowry so much. My parents said, "I'm giving you my daughter; that's enough." But Indian people want dowries.

It's a really big problem in our culture.

I didn't figure it was going to get better. That never crossed my mind. When I got into my car all I thought was, "I want to get out of here, now! I just want to leave, I don't want this." It's almost like I didn't really think an awful lot about the leaving part - it was just, "This is it, I've had enough, I'm not going back to that house." I knew that what was happening was very very wrong and that was it. I didn't even have a toothbrush. It was pretty horrible. I remember checking myself into a hotel, because I was very tired. I slept for a while and then I got into the car and drove. At first I was afraid he might follow me, but I knew there was no way he was going to find me out on the highway. He phoned just when I got home, so we had contact once or twice, but that was it. It was a pretty clean break. I hope and pray that I never have to talk to this man again.

But that was not the end of it. Yes, he was out of my life in a physical way, but I found myself not dealing with things very well. I hadn't actually got past what had happened. I was not happy. All the time I was reliving in my mind the things that had happened, and I just couldn't stop thinking about them. I was getting a lot of flashbacks. All of a sudden I'd be sitting somewhere and something would trigger a memory. Or, an incident would happen and I would remember what my ex-husband would have said to me. It would have been pretty horrible what he would have said or done at that time. That made me feel really horrible and sad. And I had a lot of fear about ever getting back out there and trying again, as far as a relationship went. I guess the big push came when the

opportunity came up for another relationship and I realized I wasn't okay. I was really terrified.

One of my sisters actually said that I should go for help, but at first I was reluctant. I think I was living in denial, that I hadn't actually been living in an abusive relationship. I didn't think that I would ever get myself into another abusive relationship. I thought I knew better than that. I didn't really realize the impact that it was having on me. But my sisters saw it. I was kind of withdrawn. So my sisters kept encouraging me to go for help. I didn't know if I was ready for it. I didn't want to face up to the fact that this had actually happened. I wanted to block it out of my mind. But it doesn't work that way. It keeps popping up every now and then.

I guess I knew that I really needed to get things off my chest, but I also I knew it wasn't going to be easy. And counselling was hell. There were a lot of tears. Before I went, I didn't know what to expect. It was a bit scary to think of opening up to a total stranger and telling her things that had happened. I shared some very intimate details of the abuse and the type of abuse that had happened. Telling her was pretty horrible. And before I went, there was a part of me wondering what it was going to be like reliving the whole thing over again. I didn't really want to do that. I hadn't told anyone about it before. My sisters knew that my relationship had been really abusive, but I didn't tell them the details. I told one of my sisters a little bit about what had happened at one time, and she started crying. So I thought, "I don't want to put my family through that." It was gross stuff. And I didn't tell my parents at all about the counselling. I

don't know if they would understand the purpose of it, maybe because they don't know what really happened to me and what the long-term effects of the emotional hurt can be. Indian parents have a tendency to think that if you have a problem, you should figure it out and solve it yourself. They also think it's your fate. If something goes a certain way, it's your fate. That's just the way it's meant to be and there's no trying to do anything about it. My parents would have thought that. They are very traditional. I thought that being in a really bad marriage was my fate and I blamed God for everything. You know, "Why isn't this working?!" But staying in the marriage wasn't my fate. I knew that leaving was in my control.

Besides the memories of the abuse, another thing was bothering me when I started being on my own. I would wonder if what I was doing was acceptable. This Indian girl having all this freedom is not really considered right. I really questioned whether I should be doing that. Going for counselling was part of that, being independent and making that decision on my own. Indian girls don't grow up with choices or control. As a young girl I wasn't allowed to go over to my friends' houses. I was basically told that no matter what I wanted to do, I couldn't do it — no matter what it was. "You just can't do it." That was all there was, no explanation. One of the reasons that Indian girls are so protected and brought up with a certain naivete is because their parents don't want them to have independence. They don't want their daughters to walk on their own, to do their own thing for the fear that they might end up being with somebody that the parents don't want them to be with. The parents are afraid of losing control. They don't want their children, especially their

daughters, to marry someone out of the culture, somebody they don't approve of. They just don't want women to have that kind of power over their own lives and their own destiny.

Even when I moved away to college, wanting to be on my own at the age of twenty-four, the idea of arranged marriage was so deeply ingrained in me that I was still not able to have the courage to choose my own relationship. I grew up believing that my parents would find somebody for me. Now, at thirty-five I have the courage. These things take a long time to get out of your system. Other people who I have met, especially Indian men, still do not accept this in me, but I accept it now and that is what matters most.

When I finally decided I wanted to get some help, I remembered a magazine article I had read about abusive relationships and leaving abusive relationships. It was in an East Indian magazine, *Mehfil*. They had listed five or six organizations that gave help to East Indian women. I really wanted to find someone that would understand things from an Indian perspective. Anonymity wasn't really a concern for me because I wasn't vulnerable to being physically hurt by anyone. The only thing I wanted was confidentiality, because I didn't want other people to know about this. I was lucky that I was living alone and didn't have to worry about someone finding out and trying to prevent me from getting help. It was really nice to have somebody listen and validate how I felt, somebody who didn't make me feel like it was wrong to feel this way.

#### Commentary

SJ spoke about having been brought up in a traditional Indian home,

yet she did not always agree with those traditions, having been exposed to western ideas in England and in Canada. However, she also said that many traditional beliefs are ingrained in a person and "things take a long time to get out of your system." She said in the interview that she was always aware that counselling existed, but it never occurred to her to go for help in the time between her first and second abusive marriages. She allowed her family and her first husband's family to try and work things out for her. She also spoke often to her family over the telephone during her second marriage, and no one suggested she leave or go for help. Sympathy and cultural advice were all she received. Although SJ said that the decision process to go for counselling didn't begin until after she had left her second marriage, the decision not to go seems bound in cultural traditions. I have already noted the idea of the family fixing whatever problems a couple might have and the fact that SJ did not even think about counselling as a way of coping with what she had endured. She also remembered her mother's comments that a marriage is for life, no matter what, and a woman's in-laws are her real parents. Perhaps these ingrained beliefs kept her from considering other alternatives until she finally realized that she would either kill herself or her husband would kill her if she didn't leave immediately.

Once SJ had left her second marriage, she began to actually think about counselling. She talked about various factors which caused her hesitation. These were her sense of denial that she couldn't possibly have been living in a second abusive marriage; her numbness to think or act after what she had endured which showed itself in the form of withdrawal

from life; her low self-concept in that she blamed herself because she should have 'known better'; her fear of reliving the past in counselling; her fear of facing up to what actually happened; her fear of opening up to a stranger; her belief that a person's problems are her own to be figured out on her own; her ingrained belief in fate and therefore, acceptance of her problems; her self-doubt around being an Indian girl and acting independently by making her own decisions.

### SJ's perceptions of why Indian women do not seek counselling help

SJ prefaced her comments by saying that these factors depended on the acculturation level of the woman. She also said that help seeking has a lot to do with the upbringing of the woman and how much her parents have instilled certain values and what kinds of values they have instilled.

1. The family should get together and solve the problems.
2. "Once an East Indian woman gets married that is her place. She goes there, she lives there, and nothing different can ever happen regardless of the situation that she might be under".
3. Indian women are protected as children because their parents don't want them to be independent. They are afraid of losing control of what kind of people their daughters will be and whom they will marry.
4. Women are repressed. The men don't want them to have power over their lives and their destinies.
5. "Marrying off a daughter is a burden on the family from the day she is born, so to divorce after all that effort would be very disrespectful and a burden on the family to find another match".
6. People in India are naive about abuse, so they don't know how to

cope with it when it happens. "They just ignore it and hope it goes away."

7. The idea of a woman leaving her marriage is not a possibility that Indian people consider because of the stigma attached to divorce. "If a woman goes for help, she will undoubtedly leave her marriage. In the western world they know that there is a way out (of the abusive situation). They can leave. There is counselling available" (to help women leave). This again confirms the previously mentioned belief that counselling results in divorce.

8. A woman is raised to believe that she has no right to express her own opinions or feelings.

SJ's perception of herself as different from Indian women who do not seek counselling help

1. She was brought up in a western culture; she left India at the age of three. And, she lived in a small community where no other Sikhs lived.

2. She had an education.

3. She was tormented by the memories of the abuse.

4. She had begun a new relationship and was afraid of not being able to handle it.

5. She had strong support from her sisters.

6. She had no one else to turn to since she could neither tell her sisters nor her parents about the details of the abuse. They had proven unable to cope, and SJ felt bad about burdening them.

7. She had information about Indian counsellors from a South Asian magazine.

8. She was not worried about anyone finding out since she lived

alone and her parents were living out of the province, and she didn't fear repercussions from her husband since he was not living in the same province either.

9. Even though she adhered to many Indian traditions, she has always considered herself independent and strong-willed.

### Common Factors

While each of the seven participants' stories of their decision-making process in seeking counselling help constituted unique individual experiences, nine common bipolar factors of hindrance and facilitation have been extracted. The factors do not always stand separate from the others. Their interwoven relationships are discussed within the given factors. A factor in this study constitutes any condition that helps or hinders an Indian woman from seeking counselling help. In reflecting on the factors that hindered their decision to seek counselling help, each of the participants commented in some way on the following: isolation, fear, low self-concept, lack of maturity, stigma and shame, denial of the problem, the influence of a male hierarchical structure, the daunting process of finding a counsellor, fate. The opposing factors of facilitation commented on by each participant were support, preservation, an increased sense of self-worth, maturity, acquired information about counselling, acceptance of the problem, rejection of the hierarchy, easy access to counsellors, rethinking fate's place in life.

Each of the factors will be discussed in relation to each of the seven narratives. Each of the hindering factors will be followed by its opposing facilitating factor.

### Isolation

Isolation, whether actual or anticipated, emerged in each of the seven narratives. J, Su, A and S were isolated from their families and were unable to discuss the possibility of counselling with them. They did not have the guidance or support readily available from a family member. G, J and K were afraid that they would be isolated from their families and the community should they pursue counselling help. SJ and A indicated that isolation worked as a facilitative factor in that they were not as worried about their families discovering that they had sought counselling.

### Support

Support was an essential component in all seven stories of deciding on counselling help. J and A had support from friends and co-workers, G had support from friends, K had support from friends, teachers and siblings, SJ had support from siblings, Su had support from co-workers and her father, and S had support from teachers and fellow students. The support took the form of encouragement to seek counselling help as in the cases of J, A, G, SJ and S, in the form of help in finding a counsellor as in the case of S, or in the form of modelling as in the case of A who observed a co-worker in the process of counselling and the positive effects it had on her life and sense of well-being.

### Fear

Fear took on many forms in the various stories. There was concern of losing familial and community respect in the cases of J and K. For J it was those in India where her family still resided, and K's worries were tied to the community in which she was an active member. K was also

afraid of losing the respect of her siblings should she have left her husband and then had to renege on the decision as is often the case with Indo-Canadian women. The fear of going for counselling was expressed by K, A and SJ. Having to relive the past was a foreboding thought for SJ, and K and A were worried about the 'truth' being revealed. Su and K, both in physically abusive marriages, were afraid of further abuse. Su feared for herself and her son and K for herself, though I suspect she felt concerned for her children as well, even if it was that of having them witness the abuse as opposed to actually enduring it physically. G's consternation was about the repercussions she would face should her family discover she had gone for counselling help. She had already experienced their wrath when she chose to have a boyfriend. She knew what losing their trust meant financially and emotionally. Both A and SJ talked about their dread of never being able to have a healthy relationship; for A it was around her anger and being unable to control it, and for SJ it was around her previous experiences with abuse by her two ex-husbands. These were factors around fear which actually facilitated A and SJ's going for counselling help.

### Preservation

The participants' fears seemed to have been overcome due to their feelings of desperation to preserve that which they stood to lose. J felt a sense of sudden responsibility to go for help when she realized how much her daughter needed her to be strong and supportive after J's husband's heart attack which they all feared would be fatal. Su reached a point of hopelessness when her husband held a knife to her throat and wouldn't

allow her to leave for work. Her son was present at that time. She realized then that she was no longer prepared to risk either her own or her son's well-being. It was as if her fear had climaxed and then moved beyond to "I have no choice but to call the police." K reached her saturation point when her husband's frustrations with her drove him to grab her by the throat and raise her above the ground, preventing her words from leaving her mouth; however, this incident happened after the counselling decision process had begun and ended. S felt compelled to act when she found herself reliant on social assistance, depressed, and without support from her husband. In addition, she had disclosed intimate details about her life to outsiders, thus feeling she had already broken several cultural rules and wanted help desperately. G's point of action seemed to evolve rather than take a sudden turn. She was failing her classes; she was miserable at home; she and her boyfriend were not speaking; she was smoking too much, drinking too much coffee, and she didn't feel she could talk to her friends. G needed to find new coping skills because she was determined to make something of herself in the way of a career. A's final decision came with her rage which was often explosive and would end in feelings of guilt and depression. She was certain she would lose her relationship if she didn't act. And SJ, like A, felt a yearning to put her life back together and find happiness or she, too, would lose a potentially good relationship or the ability to ever have another.

#### Low self-concept

The low self-concept of each of the participants at the time of their

decision-making process were attributable to several factors. For some it was a feeling of worthlessness stemming from the cultural belief that the woman is responsible for keeping the family happy and intact. This was true for K, S, and SJ. It was also a sense of self-doubt about whether or not their feelings and actions were acceptable, as in the cases of J who had suffered ongoing child sexual abuse, K who had been repeatedly reprimanded for her spirit and social interactions, Su and SJ who had both suffered from physical and emotional abuse, and A who was feeling so low and ashamed of her coping strategies that she did not feel worthy of asking for help. Su said that she had lacked confidence from a very early age because she was 'too skinny and tall for an Indian girl'. G expressed a sense of worthlessness as she watched her grades drop due to her inability to concentrate on school work when her family was so angry at her. Because of this sense of low self-worth, all were unable, for varying periods of time, to muster the energy to seek counselling help.

### Self-confidence

Just as a low sense of self had hindered their decision-making process, so too, had an increase in self-worth facilitated the participants' going for counselling help. J's confidence increased as she became less isolated from the community and began working. Su's time away from her husband contributed to her sense of strength, both emotional and physical, and helped to increase her self confidence. K gained confidence by returning to school and receiving positive feedback at school and in the community. When she offered to participate in her child's daycare, a man in the community expressed pride in her willingness to be an active

member in the community. S gained confidence when she realized all the things she was capable of doing now that there was no one to do them for her, such as go back to school and earn a good living. Her husband was taking no initiative in doing either of those things so the responsibility fell on her shoulders and she thrived on it. G gained confidence first through the support of her friends and then later with the help of one or two counselling sessions. A gained confidence before she moved to Vancouver when she successfully made a few small changes on her own to try and take back some control. SJ gained confidence through the encouragement and support of her siblings. She had had the strength to leave her marriage, and she would have the strength to get through counselling.

#### Lack of maturity

Lack of maturity for all the participants was about having been brought up in a traditional Indian family where the girls were highly protected. In all seven of the narratives the women talk about their lack of independence to make decisions, take on any sort of responsibility, choose friends and boyfriends, question the male hierarchical structure. (This did not apply to Su and A. Su explained this as a phenomenon of the South where there is a matriarchal as opposed to a patriarchal system. However, the protectedness was still a factor for both women.) As a result of this protected childhood, when they were on their own and away from family support systems, they were ill-equipped to handle problems of any magnitude. The decision to go for counselling was a significant decision for all of them, and not one that they felt easily prepared to make

independently.

### Maturity

An increase in maturity can be attributed to several factors - age, acculturation, and the need to take responsibility. In the cases of J, Su, S, and K their decision-making process took several years. During that time they would have naturally matured. Both J and Su had arrived in Canada in their late teens and both had been brought up in the traditionally protected environment of an Indian girl. Both marriages had been arranged and they were leaving their families and their homeland for the first time. As they matured in age, they were also becoming increasingly familiar with western culture and the concept of counselling. Furthermore, both were parents of young adolescents by the time they made their final decision. They had the responsibility of taking care of another, less capable being. Similarly, K was only 16 when she returned to Canada after her marriage and one year in Malaysia. It wasn't until three years later that she began to think about counselling and how she would get agreement from her husband. And it was her fear around his irresponsibility in providing for the family that drove her to insist on his going for drug and alcohol counselling. This step led to couples counselling without much effort on K's part. However, it is clear that her increased maturity and her sense of responsibility towards her children played an important role in the decision. S also matured in that she was put into a position of responsibility where she had never had to take on any before. She had to assess the situation and take action to remedy it quickly. That meant going to school, learning English and getting a job. G began to mature as

she had to take on the task of financing her schooling by working part time. She also began to see the destructive aspects of her relationship and so ended it for a time. She decided to stop taking risks and start taking some control over her life. A was forced to mature when her family which she was dependent on, moved away from her. There was no one but herself to rely on at that point. SJ began taking control when she made the decision to drive away from her home and never return. She began a life of independence by living alone and changing the ways she viewed dating and relationships. At that point she decided to leave behind some of the traditions with which she had been brought up.

### Shame and stigma

These two factors are combined because each is an integral part of the other. The shame of having to admit there is a problem that needs to be solved outside of the family is one component, yet the shame is also embedded in the stigma attached to counselling, mental health and in some cases divorce, commonly thought of as a direct result of counselling. Because the structure of East Indian society is based on a collective identity, when a member of the family is shamed, so too, are the other members of her family and extended family. All seven participants underscored stigma as a part of their reticence in seeking counselling help. J worried what others would think, particularly those in India. Su's family was forced to maintain a lie for three years as to why she was then living with them and behaving so uncharacteristically. The concern based around the family being shamed by the community was great. K felt shame within herself for not being able to make a success of her

marriage, but she did not worry about the stigma. It was more to do with her family's concerns and the effects such news would have on them and the other unmarried siblings. The repercussions on the family which would translate into repercussions on themselves were concerns for both G and A. G and A also worried that people might think they were 'crazy'. In India, S was told by her siblings that she was just trying to get attention through her depression. Her explanation was the stigma attached to mental illness. SJ did not feel the impact of stigma since she lived alone and didn't worry about anyone discovering her. She was, however, very concerned about confidentiality during the interview process. Stigma is only an issue if someone learns of the individual's actions. Unlike the other participants, S had no one close by to observe her behaviour.

Within this factor is also the issue of confidentiality. There would have been no need to fear others' finding out about the counselling if the women had felt safe to tell their stories to a counsellor. All seven of the participants battled with their fears around facing a counsellor who might know them or someone in their community, or who would in some way let the word out that this person had been under counselling care. K referred to the Indian community as 'grapevine-ish', a metaphor with which all participants would undoubtedly concur.

#### Knowledge about counselling

As indicated above, the issue of confidentiality is connected to that of shame and stigma. Although the shame did not subside until the counselling began, and the stigma in the community around counselling and

mental illness did not go away, the women's fears about being discovered were dissipated as they learned about confidentiality, and as they grew accustomed to the concept of counselling. Counselling became more normalized for many of the participants. With J's work, she was exposed to counselling regularly because of the children in need of counselling services. Su was first told about battered women's shelters by her boss, but it wasn't until her fear became acute that she reached for the telephone. At that point she had been reminded of the shelters from a community member who told her that the abuse would not stop until she called the police and left the house. The more information she gathered the more likely it was that she would make the call. She had to make a second call a year later, and this came with no need for advice. She knew then what services were available to her. G overcame her concerns by talking to others, walking around the counselling centre and preparing herself to go. This was for her a normalizing process. A, S and SJ did the same things. They listened to others talk about counselling as a way of normalizing the process and accepting it as a means of viable help. K did not need to normalize counselling for herself. She gave her husband an ultimatum because of his substance abuse. She had no control over the issue of confidentiality since he told her parents about the counselling to gain their sympathy and support.

### Denial

This factor is based on the accounts of the participants in their struggle to come to terms with what was happening in their lives. J convinced herself that the sexual abuse hadn't actually been abuse since

she hadn't told anyone about it at the time. This was confirmed by her husband. Su didn't want to believe what was happening since she had agreed to marry this man and he had been so wonderful at the beginning. K said that it took her several years to really see what was happening in her marriage. She had been trying to negate the instances of abuse and drunken episodes. S was told that what she was experiencing was just an act, and so she tried to believe this for herself. She tried to deny her feelings through the use of meditation and thought repression. J also talked about her attempts to push out her thoughts as a means of coping. G tried to convince herself that she was okay and didn't need counselling help. A tried to remedy minor discomforts in her life to avoid facing what was really bothering her. And SJ didn't want to believe that she had got herself into a second abusive marriage.

### Acceptance

With denial followed acceptance that help was needed and necessary. All seven women came to face the reality of their individual situations and to take action to solve their problems. Most of the factors already dealt with contributed to the acceptance: support, preservation, self-worth and belief in themselves, maturity, and counselling information.

### The influence of a male hierarchy

The belief in and acceptance of the dominance of a male figure was another common factor in all seven narratives. An Indian woman raised in a traditional family is brought up to respect and abide by the demands of the male figures in the family and community. J could not go for counselling without the permission of her husband. Su needed the

guidance from her father to help her out of her situation. K believed that she was responsible to take care of and please 'her man', and she attempted to do so by trying to make her marriage work in spite of all the abuse. She was further controlled by her step-father who continues to exert a good deal of control over her life. S was brought up to believe that her husband should take care of her financially, and in return she should take care of his needs. Her father and brothers supported this idea and tried to make her understand her role in the family as cook, housewife and care giver. G had to put up a facade in her home when her in-laws were around. Although she and her husband had an equal marriage, there was a show to be made so as not to shame him as the man in the house. A was very dependent on the advice and acceptance of her father, more so than on that of her mother. She also talks about the privileged lives her brothers led while growing up. SJ was advised to remain in the home of her husband under all circumstances. She was responsible for the marriage and its success. There was no way out but death itself. This was confirmed in S's narrative as well.

### Rejection of the hierarchy

To give themselves permission to go for counselling help, the participants were forced to break away from some of the constraints of the hierarchical system. J, S and G had to risk telling their stories to a counsellor without the permission of the men in their lives. Su had to make the decisive phone call without the immediate guidance or feedback from her father. Likewise, A and SJ had to let go of the cultural influences that dictate a woman's place in the community; a woman does

not make these kinds of decisions independently. K had to insist her husband go for counselling help, risking repercussions from him and her family.

### Finding a counsellor

This daunting task delayed most of the participants from seeking counselling help. J, K, A, and SJ didn't know where to begin to find someone who would understand them from their cultural perspective and who would be non-judgemental and assure confidentiality. A was worried that she would be looked down upon as a 'bad' Indian woman. K remembered seeing Christian counsellors advertized when she began to think about counselling and wasn't prepared to explain all they would need to understand about her culture. J and SJ didn't have the energy or confidence to begin the search. G went back and forth to the university counselling centre, afraid of being misunderstood or exposed by way of her school records. Su didn't even consider counselling help until she was given the name of a doctor. She had only been in Canada for four years. Her desire to go for help in India was not met with attention. She had to take the initiative and go on her own. The results were disappointing. She was given a prescription for sleeping pills.

### Information

Information about where to find suitable counselling was the factor which helped the participants overcome the overwhelming feeling of being isolated in their situations. J found the information through her job by way of the parents looking for help for their children. Su was told to phone the police by a respected community member. Consequently, the

second call was made easily since she had already been to the shelter and felt comfortable there. K was able to access couples counselling through the study being done that was recommended by her husband's drug and alcohol counsellor. Her husband's desire to please his counsellor opened the door. S was given the name of a 'counsellor type' doctor. This enabled her to go because counselling help was provided through a medical doctor for a physical problem, not an emotional one. G had the convenience of a counselling centre on campus, and where she was able to see a counsellor at the time she got up the courage to walk in and make an appointment. SJ found the name of an Indo-Canadian counsellor through a South Asian magazine. A could not remember where she had located the name of her counsellor.

### Fate

Fate was called different things by the different participants, but whatever it was called, fate played a significant role in their help-seeking decision. For all, it was a matter of accepting that they could believe in fate, karma, or Kismet and still take some action to better their lives. Their reasons for taking things into their own hands have been covered in the preceding facilitating factors. All continue to believe in the concept of fate while still seeing a place for counselling in the lives of Indian people.

### Abstract Narrative

The following is an abstract narrative of an Indo-Canadian woman's decision-making process in seeking counselling help. It is derived from the seven narratives and the extracted factors already presented in the

chapter. It's purpose is to bring the commonalities of the individual stories together in order to present a picture of the struggle that could be faced by any Indo-Canadian woman in deciding on counselling help.

Although there are commonalities among all seven individual accounts, this abstract narrative can only be generalized to those seven participants.

### The Narrative

The woman has spent several months coming to terms with the problem she is facing. She has tried to keep life happy for her family, fulfilling her role as wife and mother. She has tried strategies suggested by her grandparents, her parents and other members of her family. She has been reminded that this is her fate and she must endure this life she has been given. Yet, nothing is working for her. She feels desperate for help. She has heard on TV and read in the community paper about counsellors in the community who can help Indian women, but she has also hear rumours of their hidden agenda to break up families and advise divorce. Her family is very important to her, and she feels hopeful that these problems can be worked out with a little help. She loves her husband, her children, her family. Which brings her to another thought. What would her family say to counselling? She knows they would not approve. Taking one's problems outside of the home is not okay. It is shameful. What if someone in the community were to find out she was having emotional problems? There would be talk, talk behind her back and talk behind her parents' backs. How could they continue to feel apart of and respected in the community? Who would marry her sister or her own children after that? They would

say she brought bad luck to the family and would bring bad luck to anyone who married into the family. How could this possibly be kept confidential? Everyone knows everyone in her community. And if she went to a Caucasian counsellor, what could she know of her culture? How could she begin to explain all the things that cause her pain and heartache? A look from her mother-in-law can bring her to her knees in shame. She would stand to lose her family and her place in the community. No, she is fine. This is life and she must go on as those before her have done.

Her Caucasian friends have been encouraging her to go for counselling. They say it's a good thing, nothing to be ashamed of. They have seen a downward shift in her mood. They don't understand why she hesitates. They don't understand what it would mean to her, what she stands to lose. But, then again, she is losing now. Her husband is losing patience with her, her children and parents are worried about her, and people are probably starting to talk behind her back. Maybe she should take the chance. Maybe a counsellor can bring some life back into her, so she can face the days and face her family again. She will lose it all if she continues in this vein. Perhaps they will come to understand her decision when they see she has returned to her old self.

## Chapter 5

### Discussion

#### Introduction

In this study the researcher interviewed seven participants individually, and reinterviewed five of the seven. Two of the participants were unavailable to attend a second interview. Participants varied in age from twenty-one to forty-eight. The research product was twofold. First, it resulted in seven stories of decision-making which captured individuals' lived experience of the process of deciding on professional counselling help. Narratives provided a context for the numerous factors involved in the decision making process of an Indo-Canadian woman. Second, a comparative analysis of the seven stories engendered nine bipolar factors of hindrance and facilitation in the decision making process of the seven women: (a) isolation vs support (b) fear vs preservation (c) low self-concept vs increased sense of self-worth (d) lack of maturity vs maturity (e) stigma and shame vs acquired information about counselling (f) denial of the problem vs acceptance of the problem (g) influence of a male hierarchical structure vs rejection of the hierarchy (h) process of finding a counsellor vs access to counselling (i) fate vs rethinking fate's place in life.

#### Limitations of the study

This study generated and clarified nine factors which could hinder an Indo-Canadian woman from seeking counselling help. Further, it effectuated nine opposing factors which could facilitate the same woman in deciding upon mental health care. The degree to which these factors

fully encapsulate the decision making process warrants further investigation. More research is required to corroborate, expand, or revise the factors.

The study was additionally limited by the number and source of participants. A larger participant size would be more desirable in order to make greater the generalization of the factors. Furthermore, five of the participants were recruited through researcher contacts, and the other two recruited via the researcher herself. All spoke fluent English and all had had positive counselling experiences. Moreover, all were recruited from Vancouver, British Columbia. How representative their stories of decision-making are of the general Indo-Canadian population is yet to be established.

Another limitation was participants' abilities to articulate their individual experiences. Some were able to articulate clearly this portion of their lives, while others appeared to find it difficult to remember details of thought-patterns and actions during the time of the decision-making process. Moreover, there may have been some details participants held back because of an unwillingness to disclose. The information was extremely personal and often emotional in nature. Conversely, all seven participants seemed forthcoming in the telling of their individual experiences.

A fourth limitation is the possibility of the researcher having misunderstood something that was revealed in the told stories. The narratives and factors were, however, verified with five of the seven participants and no major changes were necessitated. Naturally, all

narratives were affected by participants' biases, levels of self-awareness, and memory.

Also limited by the researcher's perspective and understanding are the extracted factors. Someone else might have drawn out other factors. The research tried to address potential biases by use of the following procedures. Transcriptions were reviewed by an external reviewer to verify that the narratives were representative of the told experiences of each participant. Five narratives and sets of factors were then reviewed by the individual participants, and all seven were reviewed by the supervisor. Through this process stories were verified as accurate portrayals of the individual lives.

#### Implications for help-seeking

The nine hindering factors drawn from the experiences of the participants' decision making process confirmed prior work in the area of help-seeking. Across the seven stories there is evidence linking help-seeking behaviours to isolation (Agnew, 1986; Assanand et al., 1990; Gune, 1994; Jayakar, 1994; Rack, 1982; Wiebe, 1994; Wilson, 1978), fear (Assanand et al., 1990; Das Gupta, 1986; Jayakar, 1994; Wilson, 1979), low self-concept (Assanand et al., 1990; Agnew, 1986), lack of maturity (Gune, 1994), stigma and shame (Assanand et al., 1990; Balgopal, 1988; Jayakar, 1994; Rack, 1982), denial (India Mahila Association, 1994), influence of a male hierarchical structure (Assanand et al., 1990; Jayakar, 1994; Rack, 1982; Wiebe, 1994; Wilson, 1978), finding a counsellor (Assanand et al., 1990; Balgopal, 1988), and fate (Jayakar, 1994; Rack, 1982).

Also found in the literature were the following facilitating factors: support (Agnew, 1986; Assanand et al., 1990; Jayakar, 1994; Rack, 1982; Wiebe, 1994; Wilson, 1978), access to counselling services (Assanand et al., 1990; India Mahila Association, 1994; Women Working with Immigrant Women, 1988), and rejection of the male hierarchy (Dhruvarajan, 1993; Bachu, 1993).

This study extended prior research to find other facilitating factors which could serve as help to an Indo-Canadian woman struggling with personal and cultural influences around the utilization of counselling services. These were factors which moved the participants beyond the barriers of help-seeking. Included were the need for preservation, an increased sense of self-worth, maturity, acquired information about counselling, acceptance of the problem, and rethinking fate's place in life.

#### Implications for counselling practice

This study confirms the need for more culturally sensitive and accessible mental health services as indicated in several recent documents on Indo-Canadian women (B.C. Institute on Family Violence, 1996; Dosanjh, Deo, Sidhu, 1994; India Mahila Association, 1993; Mehfil Magazine, 1996). Evidence of the need for counselling help in this cultural group is abundant. As indicated throughout this study, the barriers are considerable but not insurmountable. Indo-Canadian women do want and need to utilize mental health services.

Additionally, this study provides insight into how these women have gone about seeking help. Through this, mental health services are provided with insights as to how these women can be appealed to for utilization of

services.

A critical feature in the decision making process of all seven participants was the high quality of support and encouragement in seeking professional help they had from friends, teachers or co-workers. Through these social networks the participants found the strength, the motivation, and in some cases, the referral, to make their final decision less onerous. With this understanding, programs designed to facilitate and improve the help that informal helpers provide can begin to address this issue. By integrating counselling help into supportive informal networks, the issue of self-esteem might also be partially addressed. The greater the feeling of acceptance and support, the greater the feeling of self-worth and self-acceptance.

Information accessibility was also a significant barrier for the women in this study, along with many others as cited in the research (Assanand et al., 1990; Balgopal, 1988). A change in policy with regard to distribution of literature may be necessitated. Perhaps information before leaving their home country is a viable solution for those women living in protected environments upon arrival in Canada. Or, information may be needed at the airports with a contact person there to encourage and explain in the woman's first language, the rights and responsibilities of all Canadian citizens.

Continued and more extensive public awareness of the cycle of violence is another essential need in the community. Violence pervades all sectors of society. It is further exacerbated by relationships of dependency (Beiser, 1988) which are frequently a reality in the Indo-

Canadian community due to the various cultural factors and constraints discussed throughout this study. Many of the participants spoke of the feeling of desperation that led them to counselling services. Information concerning violence against women needs to be accessible to all women, entailing translations in their first language. Through education, the women in the South Asian community can access resources before they reach the point of desperation. One participant in the report on spousal abuse done by the India Mahila Association (1994) is reported to have said, "These services have to be advertized repeatedly, even knowledge of English no guarantee. We live in denial to survive so we are deaf, blind and quite dead to the world" (p. 40).

Public education for the male figures in the Indian community is essential. Because women are more often those who seek counselling (Cheatham et al., 1987; Gourash, 1978), they are the ones targeted for needs and changes. Men, however, have their own cultural burdens which need to be addressed in the realm of mental health services. The destigmatization of counselling in this group is of equal importance, for change is difficult without all family members involved in a positive way. This is particularly true in cultures whose world view is based on collectivity as is the case in the Indian culture.

Counsellors must also be open to sensitization and change. Once a woman enters the counselling setting, there is no guarantee she will stay. Counsellors must be willing to alter their therapy to meet the cultural needs and values of the culture within which he/she is working. For example, until the relationship has been established, the therapy could

begin with something other than intense feelings since many minority groups are not used to discussing such emotions in a public forum. At the same time, the counsellor must remember within group differences. She/he must suspend preconceived notions of cultural beliefs and expectations until hearing from the client. As mentioned in the review of the literature, acculturation levels and degrees of ethnic identity play important roles in where the client is in their acceptance of mental health services. The result of a change in perspective and therapy on the part of mental health workers could lead to an increase in referrals by support networks, particularly those coming from the South Asian community. Positive attitudes towards the counselling field are much needed in the community.

The need for multilingual counsellors is a further consideration for the counselling field. Counsellors who are able to function in the language of the client can be incredibly affirming to the client. It is an acknowledgement of the importance of the client's culture and of the members of their community who are able to use their skills and language in a useful and meaningful way. Additionally, first language counsellors provide positive role models for clients who often see only factory and custodial work as options. Perhaps the use of such mental health care workers would address in part the issue of self-esteem which emerged in the participants' stories. Identity and self-worth are tied to one's culture. If individuals see the members of their culture in a positive light, they will also see themselves in that same light. Training for first language support workers and counsellors, therefore, needs to be

increased and made more easily available. Moreover, we need to value immigrants who are trained professionals. The counselling field loses many well-educated and capable people due to policy constraints.

The hope of the researcher is that as Indo-Canadian women gain knowledge and understanding of mental health services, and as mental health service workers gain understanding of the Indo-Canadian values and beliefs, they can work together to encourage East Indian women to utilize the available resources, and to support them in their undertaking thereof. It is further hoped that this process will lead to the dissolution of the shame and stigma that surround professional help services within the community. If women feel supported by their community to seek counselling help, the fears around being discovered will dissipate. Randhawa (1996) wrote: "If they weren't so afraid of censure from members of their own community, perhaps more people would be able to make decisions that dignify their hopes and dreams instead of making choices that credit only conformity" (p. 16).

#### Implications for future research

Further research is required in order to establish whether the accounts of decision-making collected in this study are representative of a wider population within the Indo-Canadian community. Women from different parts of British Columbia and from the other provinces who have gone for counselling help need to be interviewed, their stories collected, and a process of decision-making articulated. Women at different degrees of acculturation and ethnic identity need to be included in this process.

As well as replication, this study could be extended through survey

research. Questions would need to gather data about specific support networks, meaningful experiences before and within the counselling process, and individual interpretations of events.

If after replication of this study interventions are implemented, field tests will be needed for evaluation. These could include interviews with help-seekers within the system, mental health workers, and potential help-seekers or others in the community who might hear of the service changes through media or word-of-mouth.

### Personal reflections

When I began to explore help-seeking in the South Asian community, I was unsure as to how my queries would be met in the community. I wondered if my interest would be met with distrust and perceived as being motivated by voyeurism as opposed to altruism. What I found was an incredible enthusiasm and desire to support my undertaking. The women in the community were willing to provide me with referrals, meetings and interviews. When I attended the India Mahila Association meeting, I was honoured by the proceedings being held in English instead of the usual Punjabi. Many of the women there welcomed me and expressed their appreciation of my efforts to help the women of the Indian community.

The seven participants were equally affirming. All showed eagerness at the prospect of sharing their stories and of their experiences having an influence for other women in the community. One of the participants had to be reinterviewed because of a malfunction in the tape recorder. She did this without hesitancy or signs of irritation. At the end of the follow-up interview she thanked me for having allowed her to be a

participant. With all of the participants I felt connected to them in a way that was much more than simply a researcher/participant association.

What has stood out most over the past two years since I began my research is the incredible strength and hope the women of the South Asian community hold. Many have, as one participant put it, "been through hell and back." And yet, they have survived and are now facing life head-on, with dignity and enthusiasm. Several of the participants are working within the helping profession while others are volunteering or supporting through friendship, those who are presently facing difficult life decisions.

In my reflections, I speak of the participants as well as of others I have met through my counselling work. I spent the eight months of my practicum requirement at Surrey Delta Immigrant Services Society where seventy percent of the clientele are from the South Asian community. The women I met there had had similar experiences as those in this study. It is for this reason that I can see quite clearly the commonalities among stories. The stories of isolation, loneliness, abuse, and desperation are not unique in their essence. The details of each story may differ somewhat, the characters may have different names and affiliations, but the overall theme is that of need and desire to experience life without the intensity of sadness, isolation, and prejudice on the part of family, community and society at large. The women were there, in counselling, to learn, to understand, and to find ways of making real changes in their lives. That is what drives me to work with this community. The women want change. They are not helpless nor are they hopeless. In fact, to the contrary, their hope provides inspiration and encouragement to myself and

to the field of counselling psychology. At the completion of their report on the Assessment of Needs and Services to South Asian Women in the Lower Mainland Area, the India Mahila Association (1993) wrote: "We do believe that we have reason to be optimistic about our future as women within the South Asian Canadian community."

The following poem is a testimony of sadness and a thirst for life written by a Bengali woman in 1960 (cited in Wilson, 1978):

### The Prisoner

Shut up tight in a cheap tin trunk  
 hidden under a mountain of musty mattresses and torn quilts  
 cast away in the kitchen's sooty corner, it moans - the prisoner.  
 Its colour - still purple like the waves when the sea is angry  
 its border - still liquid gold like the sun in summer  
 its every fold still holds millions of petals, russet, which the  
     autumn showers while passing.  
 'Take me out, take me out, wear me,' it cries  
 but none hears it cry, no one cares -  
 for she whose it was lies dying, giving birth to her ninth - with luck  
     a son maybe.

suddenly a miracle happens someone is stirred in her depth.

In one of her countless flittings  
 from the kitchen to the bedroom and then on to the lean-to  
 - where death is vying with birth -  
 she, the sixteen year old, puzzled weary dishevelled, pauses for breath  
 rests her tired head on the torn quilt  
 - when the miracle happens  
 The voice, soft yet persistent goes on pleading, 'take me out, take  
     me out try me on...  
 my angry purple will go so well with your burnished brown,  
 my sunlit border flashes like lightning on your monsoon cloud hair  
 my russet petals will gather up your lissome body to their hearts of  
 flower  
 try me on once - on you, sixteen - you are sixteen only once - remember?'  
  
 her eyes begin to shine, her mind wanders with desire

her body is a flute quivering for the petal strokes of the wondrous lover.

'Where is my rice?' shouts the father, 'everyday, must it be late?' he mutters

A miserable lowly, ill-paid clerk, shrivelled up untimely with endless worries of making two ends meet.

'Water, a little warm water,' wails the dying woman in her lean-to.

'We are hungry,' shrieks the battalion of young sisters and brothers.

Waking up with a jolt, ashamed, repentant, the sixteen-year-old bends down to scold the allurer; 'look what you've done! Not now, not now, not now, this is not the time, later may be - not now - can't you hear the cries'.

'I can', says the sari sighing, 'I can - she too said the same - 'some other time' - she who is lying in the lean-to, dying; the time never came to her'.

Days pass - months - sixteen turns seventeen; tongues wag, neighbours sleepless

most keen to know what's been happening, what's wrong - for 'Our Leela was married and a mother of two at her age'.

So to set the wrong right the wretched father pulls his belt tight and sells his house outright - "What else can I do?" he asks and finds no answer - for *all* know a daughter means disaster.

With the dowry money merrily jingling, the oily priest mantras mumbling with the deafening blowing of conch shells and burning of incense with the lavish pouring of melted butter, the holy fire benignly glowing - the marriage is solemnised.

At an auspicious hour of a starlit night

the father gives the daughter away to a man he does not know quite knotted to a stranger - the husband to be - just behind him seven seven times round the fire, modestly careful, seven small steps takes she bowing her veiled head, she accepts her destiny and becomes his wife and enters new life.

In the father-in-law's house under the eye of the mother-in-law queen, in the maddening jungle of inquisitive in-laws - sisters, brothers, cousins, easily umpteen -

days pass, become months, then years - round the clock cook food, serve guests, wash plates, tend the old, nurse the sick on the move from the kitchen to the bedroom to the lean-to the flood is on, sons come, follow daughters - some die, some remain

a little joy, more pain -  
 two slave chained together, whipped by life  
 no time to sit together, chat together, laugh together, know each other  
 - no time to shed tears -  
 Why does the spring come, the cuckoo call and the trees sing  
 - Who hears?

'You fool, the cuckoo calls for you to hear', says the sari  
 'the trees sing for you to laugh, not to fear' says the sari  
 'the spring has come to fill your heart' says the sari  
 'You fool, I am here for you to wear' says the sari  
 'have me on' pleads the sari  
 'my angry purple grown soft with age will hide your pallor well,  
 my border, now like the sun when the day is dying, will hide those  
     streaks of grey  
 my russet petals yellow tinged with approach of winter will sigh for that  
     lissome body  
 - but sighing will embrace you - with grace  
 take me out, wear me once, time is passing,' sobs the sari.

Sighing the busy housewife says 'I know what you say is true  
 yet I must rush, have to go, get ready, have a lot to do  
 My mother-in-law's great Guru will be here in an hour or two  
 and with him will come his disciples, at least fifty-two.  
 So - not now, not now, some other time, later maybe, you see  
 I must fly, time is passing'.

Days have passed become months become years  
 Alone in the darkening shadows sits she musing  
 - life is nothing - only tears -  
 'You are right,' whispers the sari, all in tatters  
 - 'Life is nothing only tears.'

This is the time for the women of the South Asian community to don  
 the sari. This, too, is the time for mental health providers to help them  
 on with it.

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## APPENDIX B

Consent Form

STUDY: THE FACILITATORS AND HINDRANCES OF HELP-SEEKING OF INDO-CANADIAN WOMEN.

INVESTIGATOR: Marla McLellan

SUPERVISOR OF RESEARCH: Dr. Larry Cochran

This research is being conducted as one of the requirements for Marla McLellan for the masters degree in Counselling Psychology. The research is to determine what helps and what does not help in an Indo-Canadian woman's decision to seek counselling help. Participants are asked in a 45-60 minute interview to reflect on their culture in terms of seeking counselling help and then to recall the decision-making process that led them to seek counselling help. Interviews will be tape recorded, transcribed and given a number code to ensure confidentiality. The narratives and theme descriptions written from the transcripts will be returned to the participants for comment and revision. The tapes will be erased upon completion of the study. The total amount of time that will be required of each participant should not exceed 2 hours.

The research investigator will be happy to answer any questions you might have concerning the study either before or after the interview. It is important to note that your participation is voluntary and that you have the right to withdraw from the study at any time without prejudice of any kind.

I HAVE READ AND UNDERSTOOD THE ABOVE AND CONSENT TO BE A PARTICIPANT IN THIS RESEARCH.

I ACKNOWLEDGE RECEIPT OF A COPY OF THE CONSENT FORM.

Name of Participant:

Address:

Telephone Number:

Signature\_\_\_\_\_

Date\_\_\_\_\_

Researcher: Marla McLellan

APPENDIX A  
Contact Letter to Volunteer

DEAR \_\_\_\_\_,

You are being asked by a mutual contact to participate in my graduate study. This research is being conducted to determine what helps and does not help an Indo-Canadian woman in making the decision to seek counselling help.

Participation will involve a 45-60 minute interview. In the interview, you will be asked to talk a little about your culture in terms of help-seeking. You will then be asked to recall the decision-making process that led you to seek counselling help. Interviews will be tape recorded, transcribed and given a number code to ensure confidentiality. The tapes will be erased upon completion of the study. Once the tapes have been transcribed and made into a narrative, you will be asked to read the finished product to ensure its accuracy. The total amount of time that will be required of you should not exceed two hours.

The purpose of these interviews is to develop a thematic framework of what facilitates and hinders the decision-making process of Indo-Canadian women wishing to seek counselling help. The development of such a framework may have an indirect benefit to you. In addition to impacting upon the ways in which counselling help is broadcast within the Indo-Canadian community, it could also have an impact upon the practice and training of counsellors who work with Indo-Canadian women.

Your involvement is entirely voluntary and you may withdraw from the study at any time. All responses will be kept strictly confidential. A dummy number will be the only means of identification once the interview is completed.

If you would like to participate in this study, please call me to arrange a suitable interview time.

Thank you for your time and interest.

Respectfully,