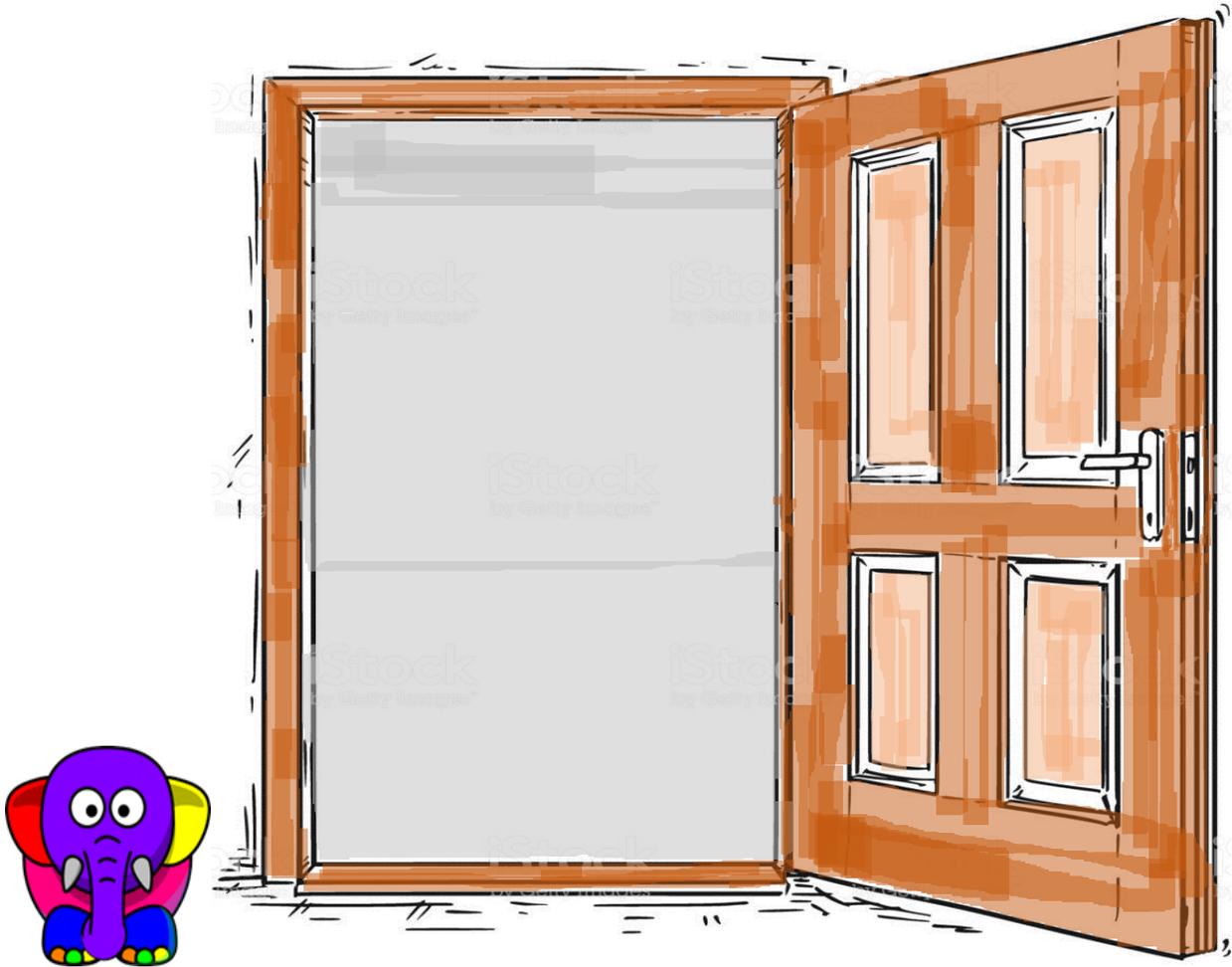


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# **ELEPHANT IN THE THERAPY ROOM**

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**Counselling experiences of ethnic immigrant women survivors of family violence in Aotearoa, New Zealand**

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**Research portfolio submitted towards completion of a Master's Degree in Counselling, University of Auckland; December 2017**

## FULL TITLE

*Elephant in the room...*

Narratives of Asian, African and Middle Eastern immigrant (ethnic) women survivors of domestic violence from collectivist backgrounds living in Aotearoa, New Zealand: A qualitative study giving voice to their lived experiences in therapy.

## ABSTRACT

Asian, African and Middle Eastern communities are by and large collectivist in nature (Chang & O'Hara, 2103; Orozco, Lee, Blando & Shooshani, 2014). For most women from such communities, leaving abusive marital relationships can be extremely daunting as they become mindful of cultural obligations and compulsions that accompany collectivist traditions that continue to enforce the sanctity of the institution of marriage over individual safety. One obligation in such cultures is to maintain family and social honour which could irrevocably be ruined if a wife were to leave her husband.

My own experience as well as that of other survivors I have counselled in my practice have taught me that the transition from being victim to survivor can be often traumatic, as women begin their journey of freeing themselves from gender-biased patriarchal values and culturally sanctioned oppression. The socially-imposed onus on women to preserve their marriages irrespective of abuse, makes them prioritise their spousal relationship over individual wellbeing. For immigrant women living outside their country of origin and displaced from birth families, the intra-community isolation they would face within their country of residence, exacerbated by social ostracisation, can become huge deterrents to them escaping violent relationships. For women with children, this prospect is even more challenging. Childress (2013) finds that their family of origin would not let the women separate from their husbands and would ask their daughters to cope with their husbands for the sake of the children.

In the context of women who are sponsored into Aotearoa, New Zealand for the purpose of marriage, fleeing an abusive relationship is even harder to contemplate as their husbands would withdraw sponsorship and they would be threatened with deportation. For women in such a situation, seeking external agency intervention outside of the family is an act of desperation, and if they were to access counselling, families and communities would be inclined to regard such a course of action as a reflection of the victim being mentally unstable, thereby soliciting social

stigmatisation. Ciftci, Jones and Corrigan (2013) offer examples of such possibilities in their research on mental health stigma in the Muslim communities suggesting that Muslim women may avoid sharing personal distress and seeking help from counsellors due to fear of negative consequences, socially.

For the purpose of this research I have studied immigrant women survivors of Asian, African and Middle Eastern origins who have been in heterosexual marital relationships and living in Aotearoa, New Zealand. The government initiative 'Family Violence: It's not OK' claims on its website that 1 in 3 women in New Zealand experience physical and or sexual violence from their partner during their lifetime and 76% of recorded assaults against females are committed by an offender that is identified as 'family'. The New Zealand Family Violence Clearing House website states that there were 118,910 family violence investigations in 2016 with 89% of the respondents named in Protection Orders, being male. From my professional experience of being a community development practitioner and Counsellor, I believe that the ratio of such male respondents would be far greater within ethnic immigrant communities. However, due to an absence of specific ethnicity breakdown (other than European, Maori, Pacific, Asian and Other) in the New Zealand police statistical data, I am unable to fully validate this assumption for ethnic communities in New Zealand.

My work with Shakti --- a culturally-specialist ethnic community organisation supporting survivors of Asian, African and Middle Eastern origins in Aotearoa, New Zealand and Australia -- has also provided me with a deeper insight into the complex ethno socio-cultural dynamics within such communities. One such peculiarity is that of female in-laws randomly becoming co-abettors to the violence perpetrated by males in the family. Practice-based evidence informs me that such abuse perpetrated by female on female has close linkages to the maintenance of deeply entrenched patriarchal family values and culturally sanctioned oppressive practices perpetuated within collectivist cultures, such as dowry abuse, forced marriage, underage marriage, Female Genital Mutilation (FGM) and so-called honour-based violence. I hope that through this research I may be able to throw more light on these dynamics and their co-relation to female in-laws as abusers.

My interactions with the counselling community in Aotearoa, New Zealand have revealed that a significant majority of non-ethnic counsellors may not be fully cognisant of such culturally sanctioned oppressive norms and socially-sanctioned forms of violence as well as the human

rights violations that occur within collectivist ethnic immigrant communities living in New Zealand and several other parts of the western world. This lack of awareness and understanding could result in loss of recognition of critical issues that emerge in collectivist settings and which could be highly significant within the therapy context when counselling women victims from such communities. The limitations in such critical knowledge on the part of the counsellor and other allied factors may take the form of the proverbial elephant in the room, and problems arising out of such issues could well be left unexplored.

From my own experiences of studying counselling in New Zealand, tertiary educational institutions, by and large, appear to focus on imparting knowledge built around western individual-centric frameworks/models using a predominantly mono-cultural (white) lens. McCarthy (2005) who explored various models, modern and post-modern, as being practiced worldwide, believes that “the references to the counseling system and process overall as they relate solely to collectivism are scarce” (p114).

It is within these contexts that I have conducted this research beginning with a Literature Review, in an attempt to discover the counselling experiences of ethnic immigrant women who have accessed counselling in Aotearoa, New Zealand and or in any other western country. I then interviewed women survivors and examined the efficacy of counselling, through their voices.

I am optimistic that this study will be able to contribute to a meaningful dialogue if not posit the need for an appropriate therapy framework for counselling immigrant women survivors from collectivist backgrounds living in western countries. Potentially, this work could progress towards benefiting all immigrant people of colour from collectivist backgrounds, besides counsellors / therapists and others involved in the field of emotional and physical wellness.

## ACKNOWLEDGEMENTS

I would like to acknowledge all those who have been a part of this research journey with me.

To begin with, I would like to thank Shakti, the immigrant women's organisation where I have been working for the past 15 years. It has been an immensely humbling experience and a fertile ground for me to sow the seeds of this research. I would also like to acknowledge the founders of Shakti, including Farida Sultana, who have been a fountain of inspiration to me, in carrying on the crusade of helping women and children remain free of fear and violence.

I would also like to thank the women who actively participated in this research and for opening up to me with the kind of trust that I am truly grateful for. Without their courageous voices being embedded in these pages, this research would be meaningless.

Having been a journalist prior to being involved with Shakti, and a writer and advocate soon after, I struggled to match the expectations required of academic writing. I would like to sincerely acknowledge my Research Supervisor Dr. Jan Wilson whose wonderful brain I often picked in terms of her research expertise as well as her views on some of the challenging topics I have explored here. Her gentle guidance and narrative approach to supervision egged me on to complete this research within my targeted timeframe of 12 months.

I had burnt the midnight lamp much too often and had given up several weekends and holidays for this research, all of which had kept me away from those who cared for me and whose company I cherished. This includes my dear mother and good friends who were a constant source of encouragement throughout, never making any demands on my time.

I would also like to thank Auckland University lecturers Dr. Peter Bray, Dr. Margaret Agee and Sabrina Zoutenbier for their valuable teaching. My appreciation extends to the Auckland University libraries and their staff for enabling me to access an array of academic resources that I could plunge into, all of which will hopefully enable me to make a useful contribution to the counselling world on behalf of and for the immigrant communities of colour living in Aotearoa, New Zealand and other western nations.

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## LITERATURE REVIEW

### **Introduction:**

Domestic violence within Asian, African and Middle Eastern communities is a socially and culturally sanctioned phenomenon. Having worked with immigrant Asian, African and Middle Eastern families for 15 years in Aotearoa, New Zealand, nine years of which has been as a New Zealand-qualified counsellor, I have become increasingly aware of the dynamics of such abuse and its social and cultural endorsement within these communities that exhibit a shared commonality of 'collectivism'.

Being of South-Asian (Indian) origin and a former survivor, I am acutely aware of the gendered nature of such abuse and its various cultural manifestations on women. This awareness has, in practice, contributed to my discovery of the incongruence that exists between current counselling models and frameworks, which I presume are 'western' in ethos, and the therapy needs of such victim-survivors who come from multicultural collectivist backgrounds. At the heart of this incongruence is the possibility that western counselling frameworks are individual-centric in theory and practice, which may be in conflict with the collectivist ideology that predominantly places family well-being as paramount over individual well-being.

### ***Rationale and significance***

Through therapy and discussions with victim-survivors, I have been informed of the emotional conflict and trauma they face when having to choose between conforming to traditions and the collectivist values of 'family first' (we) and the 'individual' first (me). For instance, a woman wanting to leave an abusive marriage without the consent of her parental family members may be seen as being individualistic and as acting in defiance of the collectivist expectation of continuing to be a victim-wife who should honour family over self.

I believe not all counsellors may be able to relate to the trauma emerging from such collectivist cultural values due to limitations in not having lived such experiences and or held similar worldviews. On account of this lack of relevant experience, they may subsequently lack cultural competence. Further, their practice may be modelled on western counselling frameworks which tend to be individualistic in outlook. Sokolof and Dupont (2005) cites Gondolf's (1998), Almeida & Lockard's (2005) and Rivera's (1997) suggestion that cultural competence necessitates an understanding of the cultural differences of clients including the specific cultural and structural

needs that different communities have. They add that a culture-blind approach is counterproductive to achieving cultural competence. I would like to assume that therapists who have the lived experiences and worldviews of such collectivist cultures may have an advantage over their professional counterparts when counselling people who belong to such communities, a perspective that will be explored in this research.

For effective therapy to occur, the therapist and client must be able to *send* and *receive* both *verbal* and *nonverbal* messages *accurately* and *appropriately*. While communication breakdowns can occur between members who share the same culture, the problem becomes exacerbated between people of different racial or ethnic backgrounds (Sue & Sue, 1999).

Current counselling theories do not offer significant evidence of the existence of collectivist therapeutic frameworks that may be used for counselling ethnic immigrants living in western countries. In Aotearoa, New Zealand, while Maori perspectives of mental well-being (Durie, 2013; Smith, 1999) and Pasifika perspectives (Fotu & Tafa, 2009; Kupa, 2009; Samu & Suaalii-Sauni, 2009), significantly assert the impact of colonisation, kinship (*whanaungatanga*) and the importance of family in achieving mental well-being, categorical theoretical constructs on the influence of cultural collectivism on the mental wellness of New Zealand's ethnic immigrant communities of colour appear to be explicitly lacking.

Through this Literature Review I intend to uncover some of the challenges in using existing counselling models and examine the suitability of such frameworks for immigrant women survivors from ethnic collectivist backgrounds. Over 100 articles were researched through books and websites including the Auckland University Library, Google Scholar, research websites and various electronic journals. Contents from over 40 articles are cited in this review. The articles reviewed were mostly qualitative in nature and the majority of the authors happened to be based in Western countries, either of European or of immigrant origins. The keywords researched during this review included: *multicultural counselling; decolonisation in counselling; western counselling models; individual centric counselling; collectivism; collectivist frameworks; immigrants from collectivist backgrounds; cultural and social oppression faced by women of Asian, African and Middle Eastern origins; domestic violence in immigrant communities; social justice issues for immigrant women.*

### **The following topics were explored in this Review**

- Individualism and Collectivism
- Are Western Counselling models individual-centric?
- Impact of colonisation and the need for decolonised perspectives
- Worldviews and identifying individual identity within the collective identity and the dynamics of interdependence
- Culture and its contribution to Multicultural Counselling frameworks/models
- Communication in individual and collectivist cultures and its relevance to therapy
- Cultural and social sanction of domestic violence within collectivist cultures and their impact on women victims: challenges of navigating gender and social justice issues
- Efficacy of using existing counselling frameworks on ethnic immigrant victims of domestic violence living in Aotearoa, New Zealand and other western countries

### **Individualism and Collectivism**

The constructs of Individualism and Collectivism can be traced back to early human civilisation when people lived as hunter-gatherers. In the context of ecology and culture, these constructs take on multifarious meaning and form. Kim (1995) in his exploratory study of individualism and collectivism draws linkages to ecology and believes that access to food supply was a major determinant in how societies and cultures developed.

Citing various authors (Barry, et al., 1959; Segall, et al., 1990), Kim (1995) postulates that migratory hunter-gatherers functioned as a collective unit with division of labour and territories negotiated and the success of hunting shared within the collective unit. Some of the migratory tribes eventually discovered agricultural techniques and animal husbandry and no longer needed to migrate. The agrarian communities that developed from this process created another form of collectivism, with work on the land and the produce from it, shared between families. A difference evolved between the two types of collective units as low food accumulation associated with the migratory tribes stood out in contrast to the high food accumulation tendencies within non-migratory agricultural communities. The pattern of socialisation practices

evidenced differences with the migratory hunter-gatherers displaying the individualistic traits of autonomy, assertiveness, achievement and self-reliance and the more sedentary agrarian communities exemplifying the collectivistic traits of compliance, obedience and responsibility.

The turning point according to Kim (1995) came in the 16<sup>th</sup> century as human beings began to claim greater control over their ecology. With the development of science and technology the effects of varying climatic conditions on crops etc., could be managed, and combined with urbanisation, manufacturing and paper currency, market economies (driven by human efforts) began taking shape. This radical change brought about changes in the community structure and social cultures, as intergenerational relationships built on collective cooperation (largely agrarian based) was being challenged by urbanisation marked by movement from farms to cities and the industrialisation of labour in which industries drew individual contracts with workers. These dynamics created a deep wedge in existing collectivistic societies and gave birth to nuclear and individualistic ways of living and survival. Collectivism returned to urban and industrialised areas only when profits of manufacturers soared and the labour force felt exploited and made to work in undesirable working conditions. The process of collective bargaining came into effect when individual workers, feeling exploited, got together to form a collective to negotiate better work conditions and pay. Such collective actions introduced political ideologies like capitalism (individualistic), communism (collectivist), socialism and democracy.

Various countries adopted various political and social ideologies and this in turn had impact on their communities and the subsequent adoption of individualism or collectivism. The Western nations, for instance, predominantly became market-focused and capitalist in nature. According to Hofstede (1980) “capitalist market economy fosters individualism and in turn depends on it and “various socialist types of economic order foster collectivism and in turn depend on it” (p.233, quoted in Kim, 1995, p.9). Kagitcibasi (1990) as cited in Kim (1995) prefers to describe individualistic cultures as *cultures of separatedness* and collectivist cultures as *cultures of relatedness*.

According to Triandis (2001) the most significant cultural difference among cultures is the individualism-collectivism cultural syndrome and he suggests that while people in individualistic cultures *are autonomous and independent* from their in-groups, those from collectivist cultures *are interdependent* within their-in-groups. While the former gives *priority to their personal goals* over the goals of their in-groups and are governed primarily by their *individual attitudes* rather

than their in-group norms, the latter emphasises *priority to their in-group goals* over their own and their behavior is essentially *communal* and determined by in-group norms. People in collectivist cultures need to adjust to their ascribed social environment and are therefore flexible, and their personality traits often unclear. People in individualistic cultures see the self as stable in a changeable social environment, and therefore lean towards shaping the social environment to fit their personalities (Triandis, 2001).

The interdependency between people of collectivist backgrounds gives importance to the concept of family first (we) before self (I). This is endorsed by others including Hofstede (1980) who believes individualistic societies emphasise the 'I' consciousness while collectivistic societies stress on the 'we' consciousness. Further while individualistic societies seek autonomy, emotional independence, individual initiative, right to privacy, autonomy, pleasure, financial security, need for specific friendship and universalism; collectivistic societies bank on collective identity, emotional dependence, group solidarity, sharing, fulfilling duties and obligation, the need for stable and predetermined friendships, group decision-making and particularism to the group.

Through his study with IMB employees, Hofstede (1980) found that those from American, Canadian and West European communities were high on 'individualism' (small power distance) while Latin American and Africans ranked high in 'collectivism' (large power distance and hierarchical).

Delving into the dynamics of Chinese culture, Lau (2000) maintains that collectivism is a central characteristic in Chinese culture, with preference being given to achieving harmonious interpersonal relationships within a hierarchical structure. Hwang (2009) elaborates on certain value-based concepts that are cherished in eastern cultures and that celebrate collectivism. For instance, he suggests that principles of life generated through Confucianism are based on the core value of benevolence or *ren*; filial piety, respect for superior or hierarchy and subordination. Taosim, according to him is about balancing *yin* and *yang*, the two opposing components in the universe. This principle suggests the need to balance harmony between humans intra-personally and between humans and nature and society. Buddhism is interpreted as becoming enlightened and enabling freedom for all from suffering. Hwang (2009) believes, theories and practices of mainstream counselling psychology have been constructed primarily on the

presumed ideal of individualism, whereas theories and research paradigms of indigenous Chinese psychology are developed on the presumption of relationalism.

Psychologist Marwan Dwairy in an interview with Diller (2011) says family systems in Middle Eastern communities, particularly Arab/Muslim families tend to be collectivist in origin, in that they prioritise the needs of the family and familial harmony over the self-actualisation of its individuals. Individuals are directed by collective norms, values, and expectations rather than the self and its needs. According to him, individuals in a collective society are dependent for their survival on their families; and families' cohesion, economy, status, and reputation are in turn dependent on individuals' behaviour and achievements. "Individual choices in life are collective matters, and therefore almost all major decisions in life are determined by the collective" (p.24, quoted in Diller, 2011, p. 292).

These collectivistic in-group expectations can often have catastrophic bearing on safety for female domestic violence victims. In Indian society for instance which is essentially collectivist in nature, the onus of keeping 'face' for the family and the community by and large rests on the female gender. Dasgupta and Dasgupta (1996) contend that within some South Asian families, women are frequently seen as responsible for "the upkeep of family honor or *izzat*" (p. 228) and therefore divorce is discouraged. Women who leave their husbands, even in the context of abuse, are frequently socially ostracised, and the shame they feel can extend to a 'loss of face' for their entire family. Counselling people from such collectivist backgrounds effectively necessitates a deeper exploration and understanding of such expectations within the domain of psychology and counselling.

The counselling theories and frameworks currently used in western counsellor education and practice were developed by persons from predominantly individualistic cultures living in Western societies (McCarthy, 2005). According to him, these cultures and theories are based on the values of autonomy, personal responsibility, awareness, and the independent self. However he also cautions against blatantly assuming that 'individualism' has significantly influenced counselling as the concept of individualism-collectivism as it relates to counsellors has been barely investigated.

## Are Western counselling models individual-centric?

Counselling and psychotherapy have traditionally been conceptualised in Western individualistic terms and the profession has developed from a Western European perspective (Sue & Sue, 2008). Whether the particular theory is psychodynamic, existential-humanistic, or behavioural in orientation, they share certain common components of White culture. According to Mogan-Aydin (2000), many Western models were developed out of clinical experience with clients who share the same cultural standards, values, myths, roles, attitudes, and history, thus reflecting the cultural characteristics of Western people. "White middle-class value systems are often reflected in counseling and social psychological research regarding racial and ethnic minorities" (Sue, Arredondo & McDavies, 1992, p.479).

This understanding is validated by Cory (2005), who in his study on limitations to multicultural counselling, identifies the western, individual-centric slant of Psychoanalytic, Modern and Post-Modern frameworks. Incidentally the founders/co-founders of these counselling approaches (with the exception of Insoo Kim Berg who is of Korean origin and who co-founded Solution Focused Brief Therapy) were White and developed their theories while living in western countries. According to Cory's analysis, in Psychoanalytic therapy, the internal focus is often in conflict with cultural values that stress an interpersonal and environmental focus; in Existential therapy, the values of individuality, freedom, autonomy, and self-realisation often conflict with cultural values of collectivism, respect for tradition, deference to authority, and interdependence; in Person-Centered therapy, some of the core values may not be congruent with the client's culture, e.g., lack of counsellor direction and structure are unacceptable for clients who are seeking help and immediate answers from a knowledgeable professional; in Gestalt therapy, clients who have been culturally conditioned to be emotionally reserved may not accept the Gestalt experiments; in Cognitive Behavioural Therapy (CBT), some clients may have serious reservations about questioning their basic cultural values and beliefs in the need for change; in Feminist Therapy criticism of the model's bias towards the values of White, middle class, heterosexual women raises questions; in Postmodern approaches, certain clients may doubt the helpfulness of a therapist who assumes a 'not-knowing' stance and in Family Systems therapy, concepts such as individuation, self-actualisation, self-determination, independence, and self-expression would be alien to some. "The value of 'keeping problems within the family' may make it difficult to explore conflicts openly" (Corey, 2005 p.486).

According to Sue and Sue (1990) “most forms of counseling and psychotherapy tend to be individual centered – that is they emphasize the ‘I-thou’ relationship” (p.35). They believe such a concept stands in contrast to say, traditional Asian families, who discourage self-exploration because of its individual approach and the recommended way of dealing with negative affective elements would be to think about the greater good of the family rather than the self and to not expose themselves. “This is totally contradictory to Western notions of mental health --- that it is best to get things out in the open in order to deal with them” (p.39).

However, Triandis, Bontempo, Villareal, Asai, & Lucca (1988) as cited in McCarthy (2005) argue that obstacles to the willingness to seek the services of mental health professionals may factor in both individualistic (idiocentric) and collectivist (allocentric) cultural orientations. For instance, if people are socialised to be independent, it would also follow that seeking help can be associated with weakness. However, if assistance is indeed sought, the client with *idiocentric* (individualistic) tendencies may want the helping relationship to be briefer in duration and based on counsellor-advice, or see the etiology of the problem as lying within him or herself. On the other hand, individuals who are higher in *allocentrism* (collectivist) may also be discouraged from using mental health services for cultural reasons. If they needed help they would be encouraged to seek support within their in-group, such as the family or religious institution. If they were to seek professional counselling outside their group, it would be viewed as an out-of-group intervention and would attract disapproval. Taking a problem to a member of an out-group could be highly discouraged as such out-groups can be viewed with significant mistrust and suspicion (McCarthy, 2005).

Further, the stigma associated with mental health issues could be a further impediment, for both cultures, but more so in collectivist cultures. Ciftci, Jones & Corrigan (2013) citing various authors (Coker, 2005; Marrow & Luhrmann, 2012; Mak & Cheung, 2008) say that in Egypt, for instance, mental illness, in a more collective sense, is seen as a significant threat to social order, as exemplified by the physical isolation and segregation of psychiatric facilities. Chinese families are more likely to keep a family member’s illness a secret in order to save face. Within Indian families perceptions of family honor, shame, and moral responsibility, and cultural acceptance of biomedical approaches to mental health treatment, combine to lead Indian families to hide family members with severe psychosis within their homes.

Indian society is collectivistic and promotes social cohesion and interdependence. According to Chadda and Deb (2013), the traditional Indian joint family, which follows the principles of collectivism, lends itself as an acknowledged support system for members with mental health illnesses.

Sue and Sue (2003) believe that although well-intentioned, psychology as a discipline excluded cultural values and practices that did not fit into a Western, reductionist, individualistic framework (cited in Tate, Rivera & Edwards, 2015).

### **Impact of colonisation and the need for de-colonised perspectives**

Considering that theories being taught and reviewed within institutions have been predominantly researched and written by White authors within given knowledge frameworks, the application of such counselling concepts to collectivist communities of colour, particularly originating from colonised / formerly colonised nations, needs to be exercised with caution and understanding.

According to Smith (2000) Western institutions claim 'theory' as Western and have constructed all the rules by which the indigenous world has been theorised. In doing so "indigenous voices have been overwhelmingly silenced" (quoted in Smith, 1999, p.29). She posits that 'research' by itself is an important part of the colonisation process because it is concerned with defining legitimate knowledge. "The word itself, 'research', is probably one of the dirtiest words in the indigenous world's vocabulary. When mentioned in many indigenous contexts, it stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful" (quoted in Smith, 1999, p.1).

Laenui (2000) in Tate, Rivera and Edwards (2015) suggests that colonisation occurs through five stages: denial of subjects' cultures; attempts to destroy the culture; belittlement and insult of cultural values and practices; token acceptance and accommodation of certain aspects of a culture; and a co-opting and control of the expression of cultural values and practices within the dominating structure of the coloniser. According to him, colonisation goes beyond occupation of land and political control and involves colonising the psychological and social worlds of the colonial subjects. Therefore, when applying this framework of colonisation to counselling

competencies and research, it is obvious that counselling competence has also been defined and researched within a colonial framework.

McKenna and Woods (2012) in their submission of decolonised counselling for indigenous peoples say, given that Western institutional initiatives and expectations for indigenous people are to 'Whiten', or acculturate, and discourage traditional/ cultural practices directly or subtly, the health landscape for the indigenous look prohibitive. Further, discrimination and racism generate avoidance and withdrawal from western initiatives.

For effective decolonisation-counselling, indigenous perspectives and Indigenous psychological concepts are essential and need to be viewed through the lens of indigenous psychology from within the culture itself. Therapists working with Indigenous peoples through indigenised psychology and counselling need to acknowledge the historical and contemporary trauma indigenous communities and individuals have faced (McKenna & Woods, 2012).

"The struggle for the validity of indigenous knowledges may no longer be over the recognition that indigenous peoples have ways of viewing the world which are unique, but over proving the authenticity of, and control over, their own forms of knowledge" (Smith, 1999, p104).

In the context of India, a formerly colonised nation, several transformations occurred over two centuries of British imperialism among its people, society and culture, and inter-generationally. According to Danino (1999), in an effort to colonise the Indian mind, the British encouraged, on the one hand, an English and Christianised education system in accordance with the Macaulay doctrine, which projected Europe as an enlightened, democratic, progressive region, whilst on the other hand, they relentlessly pursued a systematic denigration of Indian culture, scriptures, customs, traditions, crafts, cottage industries, social institutions and its educational system. The effects of Western imperialism impacted on radical and lasting changes in Indian society and culture.

After migration to western countries, individuals and families from such colonised nations, continue to be oblivious to the impact that colonisation has had on them inter-generationally as it may have, to a large extent, become internalised. However being removed from home countries enables them to re-evaluate the significance of their cultures and traditions as they become compelled to acculturate into the broader society of their adopted country. Therefore it

is imperative that formerly colonised people also examine themselves and their research through a de-colonising lens. According to Gorski & Goodman (2015) “a decolonizing view, pushes us to gaze up the power hierarchy, where inequalities are embedded in systems and structures that privilege the few at the expense of the many” (p.7).

Smith (1999) contends that it is important for researchers to have a critical understanding of the underlying assumptions, motivations and values which inform research practices.

Decolonization, however, does not mean and has not meant a total rejection of all theory or research or Western knowledge. Rather, it is about centering our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes (Smith, 1999, p.39).

## **Culture and Multi-cultural counselling**

“Culture is the stuff of which human paradigms are made” (Diller, 2001, p.67). According to him, culture provides them content – their identity, beliefs, values, and behavior. It is learned as part of the natural process of growing up in a family and community and from participating in societal institutions, in effect making one’s culture, one’s paradigm and which defines what is real and right.

The diverse origins of ‘culture’ are well-explained by Gerstein et al (2007, p.378)) who theorises that a culture is determined by *enculturation* (passed on inter-generationally), *knowledge* (acceptable and mutually understandable norms) and *behavior* (a variable between members of a culture because of differences between its various groups of people, defined by gender, class, location etc.). Despite these complexities, certain behavioural attributes and patterns can be common to a culture (e.g., a culture where violence is an accepted means of solving a conflict vs. a culture where non-violence is most desirable). According to Gerstein et al (2007)) a final component of a *culture* relates to the *shared collective experience* of a specific group of people who are capable of communicating and interacting with one another in compatible ways. They also share a common cultural identity, which essentially means they recognise themselves and their cultural tradition as distinctive from other people and other cultural traditions.

My own experiences of growing up as a South-Indian in a multicultural, cosmopolitan Indian city, Mumbai, brought with it some learnings about the significant differences that exist between various Indian states particularly those identified broadly as North Indian and South Indian. Though we identified ourselves as Indian and as originating from a formerly colonised nation, the characteristics, values and behaviours differed between our peoples, essentially identified through differences in languages (there are 22 major languages in India, written in 13 different scripts, with over 720 dialects), food preparation, physical appearance, way of dressing etc. For instance, traditional Northern Indian food is predominantly wheat based while South Indian food is rice-based; the customary clothing differs considerably and the way they are worn (e.g., the men wear the *mundu* in the south, while the men wear the *dhoti* in the north); their appearances vary; literacy levels differ and their worldviews can be remarkably different. The additional dimension of religion, with several religions being practiced in India including Hinduism, Christianity, Islam, Buddhism, Judaism, Jainism and Sikhism needs to be factored. Cultural values that emanate from such religious and socio-cultural philosophies or diktats have significant bearing on community culture and its people and its relevance is often ignored in the western counselling domain.

Katz (1985) while dwelling on the sociopolitical nature of counselling says that counselling as a profession has at its core, essentially White values, and if we were to be responsive to the needs of the multicultural populations we must be willing to self-examine these cultural values that form the basis of the counselling psychology profession.

For immigrant racial/ethnic minorities particularly those from formerly colonised countries (e.g. India) and living as immigrants in western countries, the pressure to adopt the ways of the dominant culture (White) can be strong. In the counselling context, colonised perspectives led to the culturally deficit models which tend to view culturally different individuals as possessing dysfunctional values/belief systems that are seen more as a handicap to overcome and as something to be ashamed of and avoided (Sue & Sue, 1990).

Sue and Sue (1990) contend that:

For far too long we have deceived ourselves into believing that the practice of counselling/therapy and the database that underlie the profession are morally, ethically, and politically neutral. The results have been (a) subjugation of the culturally different, (b) perpetuation of the view that minorities are inherently

pathological, (c) perpetuation of racist practices in treatment, and (d) provision of an excuse to the profession for not taking social action to rectify inequities in the system. (p.24)

The goals to achieve greater levels of cultural competence in counselling and psychology were initiated out of a convergence of historical, social, and professional movements in the 1960s and 1970s including the Civil Rights Movement. According to Arredondo, Blank & Parham (2008), counselling and psychology professional associations came into discord with self-empowered racial/ethnic minority members who demanded inclusion, sensitivity, shared power, and social change. Further, culture-specific mental health associations challenged existing counsellor preparation, research processes, and monocultural / monolingual assessment, evaluation, and clinical practices.

The multicultural counselling movement came into formation on the assumption that many clients were being treated unjustly within traditional, universal models of counselling practice. The multicultural competency movement that came out of it came to be based on the shared principles of social justice and inclusion (vs. marginalisation); equity, pluralism, integration, and preservation (vs. assimilation); and the essentialness of cultural and contextual paradigms in the counseling profession (Arredondo, Blank & Parham, 2008). Tate, Rivera & Edwards (2015) suggest that the counselling profession needs to expel the notions of expert-based 'truth' as a foundation for counselling and free itself of colonial sociopolitical structures. Further, researcher and counsellor contribution to this process needs to be equally valued with client contributions.

Sue (1978) presented a conceptual model that was designed to foster a better understanding of how internal and external locus of control (IC-EC) and internal and external locus of responsibility (IR-ER) provided a mind-set of privilege for some clients and disenfranchisement for others. This model introduces the power of cultural, historical, and societal factors in shaping individuals' worldviews and how the counsellor perceives such clients. For example, an immigrant woman keen to take the responsibility to provide for her family but who has no control over access to education and employment opportunities (EC-IR) may be viewed as being passive by the counsellor (IC-IR) who may value self-determination.

Another conceptual model is the Triad Model (Pedersen, 1988) which is a three-way interaction between counsellor, client and the problem from the client's perceptual worldview which may be good and bad and not simply bad.

Sue, Arredondo & McDavies (1992) suggest a cross-cultural competency framework that involves a matrix of characteristics or domains (counsellor awareness of biases and assumptions; counsellor awareness of client's worldview, and culturally appropriate intervention strategies and techniques) and the dimensions of beliefs /attitudes; knowledge and skills.

The first domain of the multicultural competencies, counselor awareness of biases and assumptions, underscores the need for White counselors to examine their own `White privilege` as well as other unexamined biases they might possess so that they can become more aware of their social impact on others. (Arredondo, Blank & Parham, 2008, p.265)

The Dimensions of Personal Identity (DPI) model developed by Arredondo & Glauner (1992) as cited in Arredondo (1999) was designed to magnify the need for counsellors to address people's multidimensional identities in the helping process. In doing so, the DPI framework also references the power of historical events that shape clients' life experiences and worldviews. Therefore the process of becoming culturally competent had significant linkages to gaining a greater understanding of the role that gender, sexual orientation, education, etc., factor in the area of human development and mental well-being across an individual's life span (Arredondo, Blank & Parham, 2008).

Sokoloff & Dupont (2005), citing various authors (Almeida & Lockard, 2005; Gondolf, 1998; Rivera, 1997) postulate that multicultural perspectives on domestic violence support the use of culturally competent services for both victims and perpetrators. Cultural competence requires an understanding of the cultural differences of clients as well as the particular cultural and structural needs that different communities have. According to Gondolf (1998) counsellors must educate themselves about how cultural and ethnic differences can affect the therapeutic process by furthering their understanding of diverse racial and ethnic groups and being alert to the ways in which racial and ethnic differences may affect the assessment of woman battering. (cited in Sokoloff & Dupont, 2005)

In essence, multicultural counselling is based on the assumption that no two people are alike and that as cultural beings, everyone is exposed to a multitude of cultural influences that sculpt respective worldview, lived experiences and behavior.

How we see and experience the world is a result of cultural conditioning that begins at birth and continues throughout the life span. For this very reason helping professionals need to be committed to understanding the relevance of culture throughout the therapeutic process. (Ratts & Pedersen, 2014, p.10)

### **Worldviews, identifying individual identity within the collective identity, and the dynamics of interdependence**

That everybody sees the world in his or her own way is an observation that conceals an age-old insight, the implications of which have not been adequately comprehended in modern day psychology (Koltko-Rivera, 2004). According to him, “worldviews are sets of beliefs and assumptions that describe reality through the lens with which one reads reality” (p.8).

It is critical that counsellors and therapists acknowledge and accept client worldviews in a non-judgmental manner in which the therapist acknowledges that he/she may not have lived the life of the other in all or at least some respects. In the context of counselling minority or immigrant communities of colour, this gains greater relevance, especially for the White therapist who would need to acknowledge that he/she has not lived the life of a non-White.

It is almost impossible for the therapist to think, feel, react, and so forth, as a minority individual. Yet cognitive empathy, as distinct from affective empathy, may be possible. It represents cultural role-taking, in which the therapist acquires practical knowledge concerning the scope and nature of the client’s cultural background, daily living experiences, hopes, fear and aspirations. (Sue & Sue, 1999, p.229)

Koltko-Rivera (2004) believes that the concept of worldview has close linkages to the process of identity development. The Dimensions of Personal Identity (DPI) model developed by Arredondo & Glauner (1992) as cited in Arredondo (1999) describes multiple fixed and flexible

dimensions that may contribute to an individual's sense of identity and worldview within a sociopolitical and historical context. The model highlights the reality that individuals can be oppressed for more than one dimension of their personal identity.

People are not sole determiners of their identities; society plays a role in the construction of identity and beliefs about human diversity (Ratts & Pedersen, 2014). According to them, the dimensions of identity are social constructs shaped and constructed by the dynamics of power, privilege, and oppression in the context of the social categories created such as race, gender, sexual orientation, religion, disability, and class. "Everything we do, how we experience the world, and how resources are distributed are based on these social categories" (p.35).

In their article on interviewing and assessment techniques for American-Asian clients, Chang and O' Hara (2013) discuss the core cultural values that are common within this client group -- filial piety, collectivistic orientation, achievement, hierarchical relationships, and emotional restraint. "Related to filial piety is the emphasis on collectivism versus individualism or interdependence rather than independence in many Asian cultures. In collectivistic cultures, group or family rights, needs, and desires take priority over individual rights, needs, and desires" (p.36). They opine that for many Asian individuals, their identity is tied to their family and therefore pride and disgrace are felt collectively by the whole family.

With regard to Middle Eastern cultures, Orozco, Lee, Blando and Shooshani (2014) believe that collectivism and group membership are central to people's identity. Family includes extended family members and the individual identity is interwoven with that of others and often seen as an extension of the collective identity. Sacrificing for the greater good of the family is valued over personal needs and the emergence of unique individual identities is essentially not valued or encouraged.

In Indian cultures, identity is not only based on group culture, gender and religion but also social status, caste, location of residence, education etc. According to Laungani (2004) "identity in Indians, to a large extent, is ascribed and, to a lesser extent, achieved" (p.69). By virtue of being born into one of the four hereditary castes – Brahmin (at the top of the hierarchy and upholds religion and religious values), Kshatriya (nobility including landowners), Vaishya (traders, business men, and framers) and Sudra (ranked lowest in the order and categorised as 'touchables' and 'untouchables' – one's identity is ascribed at birth Laungani (2004) believes.

According to Sue and Sue (1990) the greatest disciplinary measure that can be enforced by families from such cultures on individuals is to disown them. "What this means in essence is that person no longer has an identity" (p.35).

Atkinson, Morten & Sue's (1998) five-stage minority identity development model, which was later revised and labelled the racial/cultural identity development model focused on the collective racial identity of people of colour. Sue & Sue (1999) posits five stages in the development of racial identity for people of colour:

*Conformity:* Individuals in this stage have internalised racism and idealise White people at the expense of their own racial identity. Negative stereotypes about their racial group and other minority racial groups have been internalised and individuals lack a desire to learn about or maintain their own cultural heritage;

*Dissonance:* Personal experiences lead individuals to question their own commitment to the White dominant culture's worldview and they begin to take an interest in their own racial or ethnic group;

*Resistance and immersion:* Individuals begin to reject White cultural worldviews and immerse themselves in their own racial and ethnic identity. There is an increased interest in learning about one's own racial identity or ethnic identity which leads to the formation of a new identity;

*Introspection:* Individuals begin to seek ways to integrate their new identity into the dominant culture without sacrificing their own racial or ethnic identity;

*Integrative Awareness:* Individuals are able to balance their identity with pride in their racial/cultural heritage while appreciating all groups and multicultural perspectives, with a full acceptance of oneself. While discrimination and oppression remain a potent part of their existence, the individuals possess integrative awareness and greater psychological resources to deal with problems; and their preference for therapists is not based on race, but on being able to share, understand and accept their worldviews.

For most immigrants living in Western countries, their identities within the various intersectionalities are ever-evolving and each person could be positioned in a different space at different times of their lives depending on their lived experiences, all of which could subsequently impact on the therapy experience.

## Communication in individual and collectivist cultures and its relevance to therapy

People from individualistic and collectivist cultures communicate differently. Triandis (1994), while illustrating his ideas on communication in collectivism, suggests it is context dependent [emotional expression, touching, distance between bodies, body orientation, level of voice, eye contact, Gudykunst (1983)] and that people in collectivist cultures pay more attention to context when they communicate than do people from individualistic cultures. "Collectivists are not as explicit, direct, or clear as the individualists" (Triandis, 1984, p.184).

In contrast, in individualistic cultures (low context) it is relevant for the communicator to be explicit, credible, and be vocal on the subject matter using the 'I' word extensively. While the unspoken could be valued in individualistic cultures, 'silence' in collectivist cultures may indicate disagreement, hostility, rejection, weakness, unwillingness to communicate, incompatibility, anxiety, shyness or lack of verbal skills (Triandis, 1984).

Sue and Sue (1990) discuss the impact of communication on clients between counsellors that are individual-centric in approach and their clients from collectivist backgrounds and identify three significant characteristics of counselling that may produce conflict:

The first characteristic is centered around counsellors expecting their client to exhibit a degree of openness and psychological-mindedness, premised on individualistic theories that emphasise verbal, emotional and behavioral expressiveness, towards obtaining of insight. Secondly, counselling being traditionally viewed as a one-to-one activity that encourages clients to discuss intimate aspects of their lives, individuals failing to do so or resisting self-disclosure may be seen as defensive, resistant or superficial. The third characteristic implies that the counselling or therapy situation can be an ambiguous one in which the client is encouraged to discuss problems while the counsellor listens and responds. The counselling situation thereby could become unstructured and force the client to be the primary active participant which may not auger well for those from collectivist backgrounds (Sue & Sue, 1990).

Sue and Sue (1990) believe that effective counselling is dependent on the counsellor and client being able to appropriately and accurately transmit, both ways, verbal and nonverbal messages, particularly keeping in context that communication patterns vary between people of different racial backgrounds. According to them "misunderstandings that arise from cultural variations in communication may lead to alienation and/or an inability to develop trust and rapport" (p.30).

In observing other cultures Triandis (1994) suggests that it is useful to keep in mind that we see the world less “as it is” and more “as we are” which means that depending on the experiences we have had, the habits that we have acquired, we see events differently (p.13).

When working with, Arab/Muslim clients, Clinical Psychologist Marwan Dwairy in an interview with Diller (2011) extolls that therapists must make special efforts to understand the collective experience of this community and to show an awareness and empathy for the differences in their worldviews in order to gain trust.

He also delves into the impact of colonisation in the counselling process and suggests:

an unconscious transference occurring in which the client views the western therapist as superior and powerful and at the same time as associated with the oppressor who enjoys the fruits of the colonialism without taking responsibility for the suffering it has caused. Providers need to be aware of the existence of this psychology of oppression --- to understand and acknowledge it (cited in Diller, 2011, p.295).

Lau (2000) postulates that clients, especially Chinese, may wish their counsellors to tell them what exactly they should do in order to solve their problems or to deal with their emotions. Dwairy also contends that “unconditional positive regard and Rogerian nondirective therapy seemed senseless to people who came looking for direct advice” (quoted in Diller, 2011, p.293). While such a view has been experienced in my practice, I have reservations about counsellors offering advice as part of therapy. I believe `advice` is disempowering, negates the need for self-exploration of the problem, is directive and does not necessarily help the client as the associated cultural and situational contexts vary and may not be fully understood by the counsellor. Rita & John (1999) in Jing-Ying (2012) express that providing advice may impede further exploration into problem solving.

According to Triandis (1994) `culture` influences the way humans select, interpret, process and use information. “One useful way to think about culture is to think of unstated assumptions, standard operating procedures, ways of doing things that have been internalized to such an extent that people do not argue about them” ( p. 16).

## **Cultural and social sanction of domestic violence within collectivist cultures and its impact on women victims: challenges of navigating gender and social justice issues**

Sharma (2001) in her article on effective therapeutic interventions on racially visible immigrant women, identifies spousal violence as a “socially sanctioned phenomenon” (p.1408). Citing Bishop (1994), Bograd (1999), Burstow (1992) and Walker (1979) she says that patriarchal norms and practices that lay the foundations for abuse and violence to occur permit one group (men) to dominate and control another (women) resulting in patterns of exclusion and subordination. Such dynamics “become internalized by abused women as they integrate elements of this oppressive framework into their identity and use it to gauge their self-worth and potential” (p.1408).

Panjabi (2004) in her thesis work with South Asian victims in the US and multicultural counselling, suggests that expression of individual goals, experiences, feelings and problems are perceived to be self-focused and disrespectful towards the family. “Problems such as domestic violence are not readily acknowledged because they are considered private issues and their exposure can jeopardize familial and community harmony” (p.89). Domestic violence narratives are therefore kept confined behind closed doors.

In their study on the shared experiences of immigrant women from several countries Menjivar and Salcido (2002) express that if an abused women leaves the abusive partner, she risks ostracisation by her family, essentially because she has compromised the requirements of being a ‘good wife,’ and is therefore compelled into experiencing intense guilt.

Laungani (2004) while bringing to light gender differences in Indian and other eastern cultures says there are significant differences in socialisation processes between boys and girls. Male children enjoy a more privileged position than their female siblings. This privilege then transcends to identity. For instance in Hindu tradition and culture, while the male is considered an asset by virtue of him being able to bring in dowry to his family and be a support system for his parents, girl children are seen as an economic liability as her parents are expected to give dowry at the time of marriage to the groom. This linkage to economics devalues her gender identity which undergoes further compromise when upon marriage her name is changed. “Like a snake casting off its skin the daughter upon marriage is shorn off her own name” (p.39). She

acquires a new persona of a daughter-in-law and wife and is sometimes given a new first name by her husband and his family. This is besides her having to change her surname which is considered almost a norm in both Eastern and Western cultures.

For immigrant women, both economic and cultural isolation impede their efforts to seek help. Bui (2003) in her study of Vietnamese domestic violence victims in the USA says the lack of economic resources and their being distanced from family and friends, renders them financially and emotionally dependent on their husbands/partners. This in turn compels them to stay and adapt to the abusive relationships.

Fisher (2013) believes that for some women from immigrant and refugee backgrounds, domestic violence as a phenomenon is not named as such and does not exist. In her study of domestic violence within Australian immigrants from five African communities -- Liberia, Sierra Leone, Ethiopia, Sudan, and Somalia --- she finds that "both male and female community member participants talked about men 'being in control' as they supported their families financially, while the women's role was supporting their families emotionally" (p.839). Community member participants spoke from a personal perspective about the impact of government support systems for victims, and the 'freedoms' that provision of such services and support granted women and their children which was essentially threatening patriarchal norms that position women as subordinate to men in the family. Further, physical assault was attributed to disciplining and a way of "guiding" and "providing direction" to another individual and, therefore, was not considered "domestic violence." Indeed "discipline" was often seen as a duty (Fisher, 2013, p.842).

Goel (2005) in her study of Indian victims says, daughters are asked to follow the traditions of their husband's home and be a source of pride to both houses. Leaving the abusive marriage is equivalent to bringing shame on her parents and therefore not an acceptable option.

Triandis (1994) through his various studies of immigrant cultures discovered that if a woman has an illicit sex encounter she is ruined for life. As per his findings an unmarried pregnant woman may be killed by her own father and brothers just as the misbehaviour of a married woman affects her husband and brings dishonor to the family. However, after a woman becomes the mother of male children, her status improves and as daughters-in-law enter the household, she gains high prestige within the family.

My experience of working with domestic violence victims from collectivist cultures validates the above discussions as victims often strive to seek family consent for their decisions to leave the abusive marital relationship (which may include abusive in-laws) and are met with threats of disownment and so-called honour-based violence from their birth families. For therapists, to navigate such dynamics while counselling within any given therapeutic framework is challenging, as the risk of contributing to harm including self-harm of the victim is high.

In the face of such cultural and social sanctions, advocating for social justice for the victim and within her community demands specialist skills and the explicit understanding of the lived experiences and worldviews of such communities. Further research is required if therapists were to remain true to the fundamental counselling principle of 'do no harm' while advocating for social justice in such contexts.

The advent of social justice counselling highlighted by Ratts & Pedersen (2014) could provide useful strategies for therapists engaged in counselling immigrant victims of violence. They define social justice counselling as a role, a mutually collaborative process that involves counsellors, clients and the community, and an ideal that counsellors should strive to achieve. "Counselors can play a role in either maintaining or dismantling oppression" (p. 12).

### **Efficacy of using western individual-centric counselling frameworks on ethnic immigrant victims of domestic violence living in western countries**

Sue and Sue (1990) believe that western models of counselling have the implicit assumption that a clear distinction can be made between mental and physical health. However, many cultures may not make a clear distinction between the two. For instance, the Chinese tend to express their psychological distress in somatic terms. "Somatization, in an ethnocentric, Western model, is construed as the dichotomous antithesis of psychologization, which is considered the appropriate mode of manifestation for emotional distress" (Cheung, 2000, p.125).

La Roche (1996) and La Roche and Turner (1997) differentiated between individualistic and relational (collectivistic-oriented) theories of depression: While the former attributes depression to a lack of competency and decreased self-efficacy and self-esteem within a person, the

relational view of depression examines the role of constricted relationships and lack of perceived social support (cited in McCarthy, 2005).

According to Sue and Sue (1990), therapists who are unable to distinguish the difference between individualism and group orientation will find difficulty in counselling clients from collectivist cultures. Western practitioners who describe traditional Asian clients as being 'dependent' and unable to make decisions on their own, need to understand that such clients do not see the decision-making process as resting on one individual. The therapist's expectation of such individuals to be assertive and be verbally, emotionally, and behaviorally expressive could imply, them transferring their own cultural values.

Durvasula and Mylvaganam (1994) recommend that therapy with Asian Indian immigrants in western countries would need to strive to achieve a balance between the individualistic demands of Western culture and the interdependence of the Asian Indian family. The emphasis on interdependence within could, however, be "misconstrued as enmeshment and pathological dependency by mental health professionals using an individualistic model" (p.103). Further the western therapeutic goals of self-disclosure would contrast with traditional perspectives of the ideal person from collectivist backgrounds.

When conflicts exist between the western theoretical framework used by the counsellor and the cultural characteristics of the client, e.g., the emphasis on individualism of different counselling theories and the collectivistic characteristics of clients that creates a dependence on the counsellor, the counsellor can find himself/herself in a dilemma. In such a situation, Lau, (2007) wonders whether the counsellor should accept the cultural differences and adjust so that the counselling goals are consistent with the cultural nature of the client, or whether the counsellor should confront the client on the cultural issues and help him/her to acquire a new perspective in dealing with his/her problem. "To conform or confront is a choice that has to be made. To me, the latter may be a better way to accommodate individualism with collectivism within the Chinese society. Still, this idea needs further research to support" (p.50).

Watson (2011) citing West (2004) believes that developing initiatives in counselling could lead to changes in the practice with the 'deconstructing of counselling' through the questioning of the 'one size fits all' approach of counselling and training. Such deconstruction may well lead to dialogues between therapists with differing orientations and approaches and ideas, including

those using the arts, music, drama, meditation, other psycho-spiritual methods, etc. and identified as non-western (Watson, 2011).

## Summary and Conclusion

From the discussions of the above themes it is clear that there is a need for further research in the area of counselling people, especially for counselling women survivors of colour and from collectivist, and mostly colonised backgrounds. That existing frameworks and models have been conceived, developed and implemented through predominantly White, western perspectives is evident from this review and establishes the case to not only acknowledge but also enable therapy theories through the lens of collectivism, coloured by its unique attributes, complex dimensions and the varying discourses within.

Tate, Rivera and Edwards (2015) argue that it is important for counselling practitioners to acknowledge that client contribution is integral to the process of developing theories of counselling competence. Further, counsellors should actively involve their clients in the designing and facilitation of research projects. According to them, scholars in counselling need to be founding their research process and questions on the perceptions and expertise of both counsellors and clients. This creates pathways for the counselling profession to decolonise the understanding and definitions of counselling competence through collaborative engagement with clients in the research process. I find myself in agreement with that approach as the voice of the client needs to be genuinely incorporated in the development of the counselling process and theories.

Further, the domains of multicultural and social justice counselling need further investigation to enable a kaleidoscopic view more appropriate to collectivist immigrant people from Asian, African and Middle Eastern cultures living in Western nations. Though various hypotheses exist within multicultural counselling, well-established multicultural theoretical models applicable to immigrants are obvious by their absence (Panjabi, 2004). Kwang (2009) contends that a dearth of concise theoretical framework for multicultural counselling and limited broad-based empirical support for such approaches constitutes a gap within which practitioners could seize and develop a new paradigm. The intent of such research and the lenses being used in such a discourse, however needs to be authenticated.

It is hoped that this research will highlight the gaps in counselling collectivist cultures – real and perceived --- generated through the participants' voices. The findings and their analysis could perhaps shine a light on the relevance of alternate frameworks that could enhance the therapeutic relationship and outcomes for immigrant women survivors from collectivist backgrounds. Further, the research outcomes may inform the type of social justice counselling required on the part of counsellors working with such survivors.

As Smith (1999) professes:

Researchers are in receipt of privileged information. They may interpret it within an overt theoretical framework, but also in terms of a covert ideological framework. They have the power to distort, to make invisible, to overlook, to exaggerate and to draw conclusions, based not on factual data, but on assumptions, hidden value judgements, and often downright misunderstandings. They have the potential to extend knowledge or to perpetuate ignorance. (p.176)

## METHODOLOGY & METHOD

This research has been conceived to enable the voices of women survivors of ethnic migrant and refugee origins from collectivist backgrounds, living in Aotearoa, New Zealand, to be heard in terms of their lived experiences of counselling, and the issues and challenges within the therapy process.

Since the exploration of such lived experiences and how the participants made sense of them were critical to the research, an interpretive phenomenological methodology approach was used supported through narrative inquiry and research on domestic violence and women's empowerment. Rich thematic data gathered through an inductive process has been subjected to qualitative analysis that often crossed semantics and buried itself at latent levels. Qualitative research involves a systematic inquiry into the meanings which people derive to make sense of their experiences and guide their actions, with the fundamental goal being to uncover and illuminate what things mean to people (McLeod, 2003).

This study is interwoven with heuristic anecdotes arising from my personal reflections on this subject. Having been a former survivor I shared vignettes of some of my own experiences with a few of the participants, as appropriate, during pre-interview discussions. Such self-disclosures I believe could be relevant considering the feminist leanings in my work and the need to establish a sense of solidarity with the participants whom I viewed, to an extent, as co-researchers. Sanders & Wilkins (2010) believe that a researcher self-disclosing experiences in a relaxed conversation could elicit more deeper and meaningful explorations in participants.

I solicited narratives with thick descriptions of individual experiences within the therapy room with counsellors and also of the women's day to day lives with families and the communities they affiliated with.

Keeping in context that the women interviewed would have borne the trauma of abuse including the impact of being interrogated by the police and other agencies, perhaps repeatedly, it was imperative on my part to adopt a model of interviewing that would involve conversations and exploration of narratives in an easy going, semi-structured interview format. Such a format

would not have the essence of interrogation, but only curious questioning on my part. This approach would also enable the participant to express more freely, words, thoughts and feelings that may or may not have direct relevance to the subject and for the researcher to recognise such content and validate its value to the research (Sanders & Wilkins, 2000).

I was acutely aware of the possibility of my personal thoughts and agenda creeping into the research and assessed this potential issue with my research supervisor through a pre-suppositions interview/discussion, and thereafter kept such possibilities in check through various supervision sessions.

### **Application for Ethical Approval**

As a first step, I applied for ethical approval to the University of Auckland Human Participants Ethics Committee. I developed a poster, titled '*The Elephant in the room*' with some questions aimed at encouraging women survivors of Asian, African and Middle Eastern origins to respond. (Appendix A). I also developed a Participant Information Sheet (Appendix B) which gave a brief introduction about myself, the intent and subject of my research and clarifying the process that would be adopted for the research. A Participant Consent form (Appendix C) was drawn up along with Participant Interview Guideline (Appendix D) sheet, the latter of which had some questions that would guide the participants towards understanding what the research objectives were, and the second of which would enable them to make an informed decision to participate and provide signed consent. I received the Ethical Approval from the University on February 27, 2017 for a period of 3 years. I then proceeded to the next stage of this research.

### **Sourcing of Participants**

Upon receiving the Ethical Approval I emailed the research poster to several agencies, regional and national, including Shakti's networks. Shakti is a culturally specialist non-government organisation servicing Aotearoa, New Zealand's migrant and refugee communities of Asian, African and Middle Eastern origins in the area of domestic/family and sexual violence intervention and prevention. I also displayed the posters at various sites within the Auckland

University Campus. I received responses from 8 women of which 6 consented to be interviewed and to have those interviews audio-taped.

Being a practitioner at Shakti I decided not to solicit any direct or indirect participation from my clients as I was aware of the potential conflict they could face in either accepting or declining the request from me or made on my behalf, as well as in being able to express freely and frankly their experiences of counselling with me. However, I was also aware that by not involving my clients in this research, I would potentially lose rich data that could be highly valuable to the research. This research has essentially been informed by my experiences of counselling ethnic immigrant domestic violence survivors: I had realised then that the theoretical knowledge and practicum skills that I had gained through study were often at odds when it came to responding to clients whose personal experiences were dominated by cultural specifics associated with collectivism and socially sanctioned abuse, besides colonisation, racism and gender discrimination. On further investigation I had realised that the counselling frameworks and models that I had been trained in, invaluable as they are, were the work of therapists of primarily Caucasian descent who may or may not have had the opportunity to consider 'diversity' in its entire gamut. This in turn may have inadvertently contributed to the presence of the elephant in the counselling room, particularly when non-Europeans of immigrant backgrounds living in Western nations, were being counselled.

The women who responded to my research were based in Auckland, Christchurch and Tauranga. One of the women who had expressed interest was another Auckland University student who after discussions with me about the scope of the research had realised that she would not be able to contribute as much as she had earlier thought, since her experiences on the given topic were very negligible. A woman survivor with significant language barriers expressed interest and wanted to use her son as an interpreter, however, the interview did not materialise as it was mutually decided (through her caseworker) that using her adolescent son in the process could potentially compromise his emotional well-being. Yet another survivor after her having given an incredibly valuable interview, upon reviewing the transcript that I had sent her, decided to withdraw from the research as she felt she faced the risk of being identified within her own community and the town she lived in, and that such exposure could potentially impact negatively on her two minor girl children.

These instances reminded me of the extreme vulnerabilities and ongoing fear that women domestic violence survivors live with in general and particularly those of immigrant origins who are already confronting isolation and social stigmatisation. Further, language barriers and the participant's apprehension of not being accurately understood is a reality that adds to their vulnerability.

The five remaining women who consented to be audio-taped were between 25 to 45 years of age and were of South Asian, South East Asian and African ethnicities. Since Middle Eastern perspectives are also an important part of this research I incorporated some such perspectives that surfaced during my counselling sessions with Middle Eastern women survivors. This was done with the guidance of my Research Supervisor so as to ensure that any ethical issues that could arise are addressed beforehand.

At the time of the interview, two of the women were mothers, with one of them being a divorced, single mother. Another participant was divorced and single, while the remaining two had endured abusive intimate partner relationships. All of them had University education background, mostly gained in Aotearoa, New Zealand, with one of them specialising in studies pertaining to gender dynamics and colonisation and the other in the process of becoming a registered psychologist.

## **Data Collection**

Once I had gathered the participant contact details from their respective caseworkers in the agency they were involved with, I emailed the Participant Information Sheet (Appendix B), Participant Interview Guidelines (Appendix C) and Participant Consent Form (Appendix D) to each of them individually. Except for two participants who were acquainted with one another, the other participants did not know each other. I approached three of the participants through their agency caseworkers and contacted the other two participants directly as they were no longer seeking agency support.

A few days after I had emailed them, I called and spoke to each of them to provide them with clarifications, if any, and listen to any apprehensions they may have in participating in this research and in audio-recording their interviews.

Since I had participants from Tauranga and Christchurch as well as from Auckland, I had to organise appointments well in advance so that I could schedule my trips to visit them. The places of interview were mutually decided upon and ranged between private rooms in their respective agency premises and private rooms within community centre premises. The interviews were held on weekdays as well as on weekends depending on the availability of the participant. One of the participants appeared for the interview with her minor child and I ensured that during the interview the child was looked after by a colleague in another room.

Opportunities were provided for the mother to interact with the child at intervals. Refreshments were offered to the participants and privacy and confidentiality were once again assured, with as little interruption as feasible. I also reminded each participant of the offer that I had made about them being able to access counsellors of their choice, free of charge for three sessions, were they to feel adversely affected by the research interview process.

I commenced each interview with an informal pre-discussion around the topics outlined through the questionnaire I had supplied to them. This helped them clarify any jargon that was used in the documents and allowed me to simplify some of the questions which may have appeared technical and may not have had accurate translations in their respective ethnic languages. Pseudonyms were chosen by the participants for the research. The interviews were semi-structured in format and led by responses to some of the questions that were asked in simplified version even as care was taken to ensure that the purpose of the interview was not diluted in any shape or form. A digital dictaphone was used to audio-record while I took notes of emerging themes that were important to respective participants. The taped interviews lasted roughly an hour each. Once concluded I reassured each participant once again of the confidentiality of their name, specific details of their abuse and of any other identifying factors. I also informed all the participants that I would send them the transcript of the tapes for them to make corrections/changes if any.

## **Data Analysis**

Once the interviews had concluded, I began writing up the transcript of the tapes. This was an extremely time-consuming process, especially since I had chosen to do the transcripts on my own and had to review each one at least twice before finalising the verbatim. While engaging in this process I also picked up emotions, expressions, tone of voice and silences that had

accompanied the interviews and I made a note of them. Before beginning the analysis, I sent the transcripts to respective participants for their approval. Only one of the participants entered new data and expanded on some of the content as she had used her language dictionary and found discrepancies in what she had earlier said and what she had actually meant. Further, she had taken the help of her caseworker (who spoke her language and was of the same ethnicity) to get final clarity before emailing me the edited version of her transcript. When the caseworker informed me that her assistance had been sought, I sent her the Interpreter Confidentiality Agreement (Appendix E) for her to sign and return to me.

Once I had received the approved transcripts from the participants, I listened to each tape once again to make sure I had not omitted any underlying nuances of the participants' responses that I may have earlier missed. As I listened and re-read the transcripts I noted similarities between the data items around factors that had impacted on the counselling process, albeit the meanings drawn from the process differed between the data items. This was in addition to their actual experiences of being in the counselling room which varied as well. I began colour-coding each data item which had relevance to the research and noted that multiple themes had emerged. The method of identifying, analysing and reporting patterns (themes) within the data is suggestive of thematic analysis (Braun & Clarke, 2006).

I then created a word document with columns and rows for each data item and inserted the verbatim extracts alongside corresponding colour-coded themes. I also provided an initial analysis on the verbatim extracts (image i) and put each data item verbatim into plastic jackets. Inter-connected meanings and messages developed between themes within each data item and across the data set. Subsequent to that, I cut out some of the verbatim extracts that I would be using for the research from the various data items and pinned them on to cardboard panels (image ii) under the various colour-coded themes. In order to appropriately validate the importance and significance of the multiple sets of data information and related themes revealed during the interviews, I created two sets of data groups: The first group pertained to actual counselling experiences which came as a response to the primary research question while the second group pertained to some of my other questions and ensuing discussions that revealed their deeper connection to the primary research question, and which I believed would be significant to this research. This process involved considerable immersion, on my part, in the data and to some degree, triangulation.

To gain further clarity in the analysis process I made diagrammatic representations (image iii) picking up the key themes and associated data impacting on the counselling experience and image (iv) breaking down the data on the broader theme of the actual experiences of counselling. The analysis that followed was conducted at a latent level going beyond the surface and examining underlying ideas, assumptions, conceptualisation and ideologies that informed the narratives of the participants. Besides some critical findings, several discussion aspects emerged during the process, which I have reserved for the Discussions section.



Image (i)

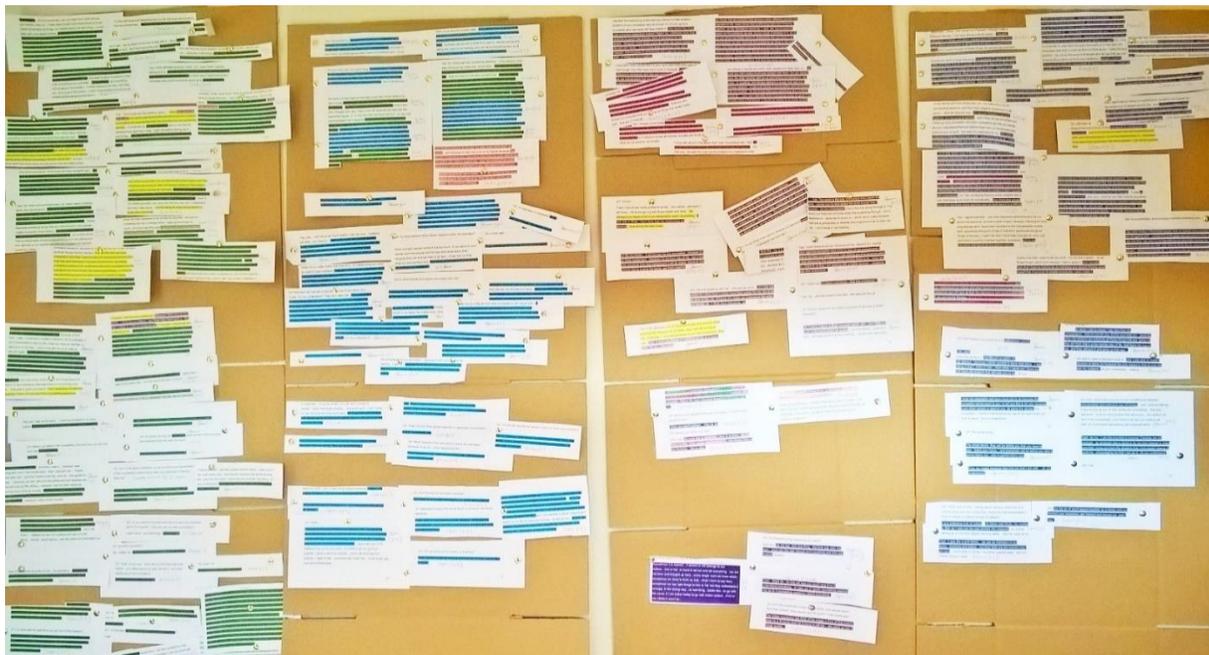


Image (ii)

## Rigour and Ethics

All through the research process and especially during my interviews, the conscious raising of my self-awareness became essential as I was a researcher who had had experiences similar to those of the participants and the danger of my own assumptions and ideologies infiltrating the conversations and content were very real. Moreover, as researchers it is important to acknowledge our own theoretical assumptions and values (Braun & Clarke, 2006). At times, such personal reflections did appear to seep into the analysis section and these were fortunately picked up by my Research Supervisor who made me aware of such indiscretions. Such reflections were then relegated to the Discussion section of this research. I was also aware of transference-countertransference issues in relation to our actual experiences and how we related to one another as therapist-researcher and participant. However, no such issues or conflicts emerged during the interview sessions.

The fact that I had been a survivor (a disclosure I chose to make to some of them when it gained relevance during the conversation) placed the participant and me in a familiar zone albeit with me acknowledging that no two lived experiences could ever be the same. I made concerted efforts to go deeper into the meaning behind the thematic data presented by the participants and was able to cross-check my understanding with the participant at various times beginning with during the interview process and later while having the transcripts vetted by the participant.

While I was keen that my research would give voice to the participants I was also reminded that “giving voice” (Fine, 2002 as cited in Braun & Clarke, 2006) cannot be as simplistic as it sounds because researchers could use that approach to select narratives of participants that would substantiate their arguments. Being conscious about such a possibility, I ensured that I had invited the participants to participate in this research beyond the interviews they had given, and collaborate with me, which was also in consonance with my egalitarian stance. This was received well by the participants and at least two of them expressed interest in wanting to be subsequently involved with my research, were I to explore further the Findings of my research towards the development of an alternate framework in counselling.

As stated earlier, the distribution of the poster and participant solicitation only took place after the Ethical Approval was secured. The enclosed Appendices (A, B, C, D & E) which were read

and signed as required bear testament to the Ethics process having been followed. I also implemented the protocols for accepting the withdrawal of one participant, after the interview, and after her having considered her story as too risky to publish.

Since English was not the first language for any of the participants (including myself) I was aware about conversations, questions and responses being easily misinterpreted or misunderstood. To ensure that this did not occur, I enquired with the participant, when I felt this was the case, and in at least one participant's case I had to spend considerable time explaining my question and the meaning behind my question. I also encouraged participants to use language dictionaries if needed as none of them had requested interpreters at the time of the interview. However as stated earlier, one participant did eventually use the help of her caseworker to clarify/rewrite her statements and put them in the appropriate context.

I was also aware of the potential trauma-based triggers that our conversations/questions could induce in the participants and regularly checked with them during the interview breaks if they were feeling anxious or disturbed, and gave them the option to stop the recording and exit the interview, if they felt the need to do so. However, none of the participants reported any stress or anxiety during or after the interview. Neither have they asked to see a Counsellor following our interviews which has assured me that they are emotionally safe at the time of submitting this research.

For two of the participants, the interviews exposed the need for additional casework and advocacy and I passed that information on to their respective agency caseworkers to follow through. In at least one case I had to link a participant up with a lawyer. All this was done outside the scope of this research and both participant and I understood and acknowledged that aspect.

## FINDINGS

### *Part A*

The data analysis of the five participants interviewed produced two sets of findings: The first set of themes were in relation to their actual lived experiences of being counselled, within the confines of the counselling room and their reflections after the cessation of the counselling sessions. The second set revealed significant data information that took the form of allies or foes (to the lived experiences) and the impact they had on the counselling process and the therapeutic relationship. This set of findings could be attributed to the watchful elephant sitting in the room during the therapy process.

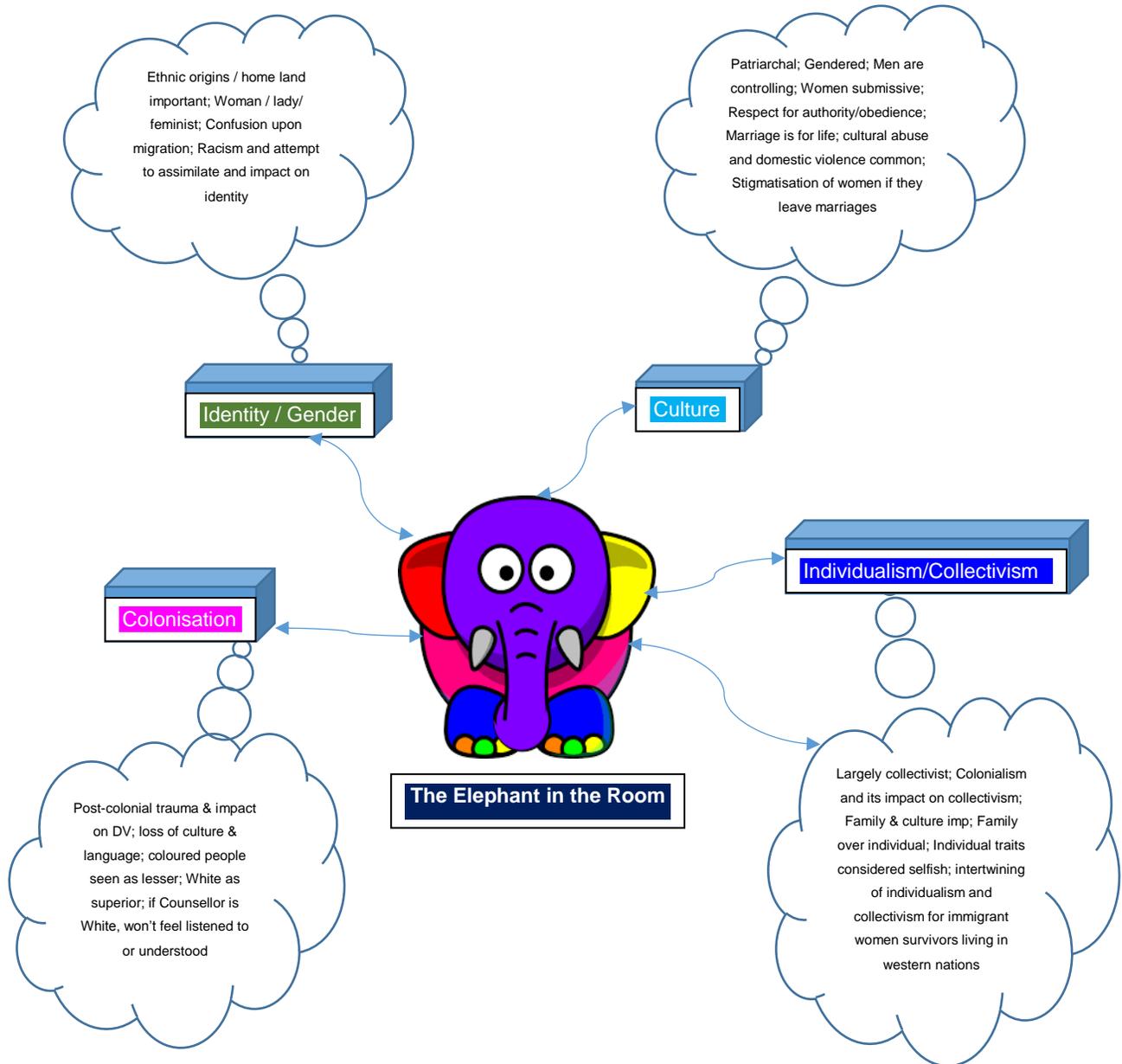
The narratives within the two sets of themes had linkages between the realities experienced in therapy and the realities of living in New Zealand society underneath the umbrella of their respective communities and the cultural discourses within. Thematic analysis explores data experiences, meanings and the reality of participants (essentialist or realist method) or the constructionist method, which examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society (Braun & Clarke, 2006).

I will begin this chapter with the second set of themes and its findings and their linkages to the first set, which is the primary data set. Image (iii) is a summarised version of the themes that initially came through when I worked on the data sets in column form. I was able to consolidate the various aspects of this data based on commonalities of issues that dominated the therapy experience into four main themes. They are:

- Identity & Gender
- Culture
- Individualism/Collectivism
- Colonisation

The sub-themes that emerged included Racism, which for the purpose of this research appears under the themes of Identity and Colonisation. Migration related stressors were other factors that remained unaccounted for in the therapy process.

(image iii)



## Identity & Gender

Individual ethnic origins and deep-rooted affiliation to their original home land were emphasised by almost all participants, besides them identifying themselves as a 'woman' and 'lady'. Though they appreciated the support and physical safety that Aotearoa, New Zealand offered them, with the exception of the younger two participants who expressed confusion over their identity while attempting to integrate within the mainstream, the participants strongly endorsed their respective ethnic origins. All the participants directly and indirectly acknowledged how their identity had been formulated through the patriarchal societies they had been born into.

One participant identified herself as a 'feminist' which resonated with her need to stand outside of the patriarchal norms of her upbringing, while another identified herself as her 'father's little angel' and seemed to receive comfort from it. Identification with an original home state, specific ethnicity/tribal affiliation, and language stood alongside their identity as migrants/refugees. One participant of mixed ethnic origins said she had discovered her identity during the counselling process, while being counselled by someone from one of the ethnicities she identified with.

The two participants who had experienced confusion about their identities, especially in their younger years as they attempted to integrate and or assimilate with the New Zealand mainstream society (seen by and large as White), were subsequently confronted with rejection in several forms. Their struggle to establish their own identity for themselves in Aotearoa, New Zealand revealed the various facets of racism and discrimination that prevails in this country, particularly against migrant and refugee communities.

Saiba and Mangalam, who had migrated to Aotearoa, New Zealand as minor children (along with their parent/s) talked about 'labelling' and 'racism' and how that had impacted on their identity. Saiba said, *"I knew that I was a migrant and that's what students in high school labelled us but I actually didn't know what it means to be a migrant..."* It was evident that in terms of her identity she felt boxed and labelled which set her apart from many others in class. As she grew older, she said she wanted to be 'White' so as to be accepted by her classmates since *"(being) more brown skin...there was a lot of racism and I tried to hide my identity"*.

Mangalam who as a young woman had entered into an intimate partner relationship with a White male, said *"he spat in my face twice during arguments.... I don't think he would've spat in*

*my face if I was a White girl.”* She believed that her identity as a “*woman of colour*” was the cause of her ill-treatment at the hands of her White male partner. She was confident in her knowledge that he had not spat on his previous partners of his own race and that his act was racist. According to her, “*women of colour experience degradation in relationships with White men, and micro-aggressions are on the less extreme end of the spectrum of abuse, though still very damaging.*”

It was also interesting to note that Sophia preferred to hold an identity that linked her to her father (his “*little angel*”) which could have been forged from the perspective of a purely comforting filial relationship, rather than having patriarchal nuances attached to it. She smiled as she said this, and her affection for her father was evident in her expression.

Ifeoma talked about specific tribal affiliations as being part of her identity and differentiated her tribe, its customs and values from that of the other tribes in her home country. Having faced racism in Aotearoa, New Zealand she said she saw her identity as being a part of a “*lesser race*” which was “*how most Whites see Blacks or coloured people*”.

## Culture

The findings from this section of the data revealed the emphasis laid on the adherence to patriarchal norms and the occurrence of widespread gender discrimination within the ethnic communities represented by the participants, with men expected to be controlling and women submissive. Undisputed obedience and respect for male authority as non-negotiable factors were evidenced through the interviews. Marriage was considered essential for women and believed to be for life for almost all participants irrespective of the abuse and violence they had suffered including culturally sanctioned abuse such as dowry and forced marriage. Community stigmatisation of women who wanted to leave or had left their marriages was found to be common across their ethnic cultures, whether in their original home country or in Aotearoa, New Zealand.

The concept of male privilege and the rights of male members to exercise their power and control over their families and communities were reflected on by almost all the participants. Saiba said “*our cultures have some values that only focuses on the males, so it is really*

*patriarchal*". As a minor, she had faced the prospect of being forced into a marriage, while in living in Aotearoa, New Zealand, and had to escape from that situation.

For Mangalam, growing up as a teenager and her wanting to exert independence in thoughts and actions had brought about adverse reactions from home laden with frequent threats to *"kick me out of home"*. She felt, *"it was like him trying to assert power because I was getting into my twenties and he realised he couldn't control me...so that was his means of controlling me."* But when she did move out of home, he refused to let her take her belongings which was his way of imposing his control on her from leaving home without his permission and not conforming to his expectations.

Sophia spoke about her preference for arranged marriages: *"Love marriage...people say, it is totally disgusting and it will not be successful...arranged marriage is successful"*, even though her own arranged marriage organised by her Uncle and others in the family had ended on account of abuse and violence. She had met her ex-husband only once before the marriage and in a social setting. She endorsed this male-enforced societal norm as she believed it upheld the dignity of women in her culture and spared women from indecent advances and potential male assault.

For Ifeoma, marriage was something that was hard to get out of, even when the abuse became extreme. *"My people believe (marriage) is for life... They don't allow you to come back...once you are married, you are married.... they don't believe in divorce."*

According to Ifeoma, women in her community see marriage as integral to a woman's life and do not see the abuse and violence perpetrated against them in a domestic violence situation as *"victimisation"*. Further, any attempt by a woman to leave her abusive marriage would incur societal ostracisation. *"It will be hard for you to get married again, because nobody is coming to marry...you are second hand."* However, the same does not apply to men and they can easily remarry and will often take younger wives.

Sachiko who had mixed ethnicities of colour said that *"most of what I heard is that men will abuse ladies...that they think they are strong, they can be controlling... and powerful and have right."* In the context of one of the ethnicities she chose to identify with, she said while society

appeared to be getting more equal, in the employment area *“women are expected to leave work to stay home after getting married. Men are given more power at work.”*

Sophia talked about the dowry abuse she had suffered and how her ex-husband had kept her work-related earnings in Aotearoa, New Zealand, while demanding *“blank cheques”* from her family in her country of origin. On one occasion, during the marriage, she regretted the fact that she was born a girl. *“I was thinking I was cheap...why am I girl...why God make me a girl...what I did wrong?”*

The above findings revealed that ‘marriage’ was considered culturally significant and as essential by all the participants whether they would have had choice of partners or not. It appears that for ethnic immigrant women, marriage is an inevitable proposition, and living lives outside of marital boundaries would be seen as unacceptable in their cultures and society. Further, unconditional conformance by woman to cultural diktats was sought and their primary role continued to be that of wife followed by motherhood, irrespective of whether they were gainfully employed or not.

## Colonisation

Findings from this theme were predominantly from four of the participants who came from countries that were formerly colonised. The fifth participant speculated on the impact of war on her country’s society as being transformative. Some of the participants linked post-colonial trauma to gender discrimination and domestic violence and the erosion of their respective culture and language. Others saw colonialism as systemic racism which implied ‘White’ as being superior over ‘non-White’.

Mangalam talked about how, in her family, English became the spoken language at home and how pre-colonial culture and traditions were looked down upon by key family members. She also talked about the former colonisers ingeniously dividing and ruling the people of her home country to achieve their own gains, by privileging certain immigrant groups over the generations of indentured labour they had brought in from overseas. This had resulted in the privileged groups, by and large well-educated in English, considering themselves as *“really smart”* over others and adhering to the *“colonial notions about education (implying) that other people should*

*listen to me and if you don't listen to me and something goes wrong...like it's your fault...rather than systemic (as a result of colonisation).*" Such practices initiated by the colonisers had impacted on families such as hers, as their own language and traditions was being replaced by English and colonial norms. They then looked down on others who had not gained such coloniser-induced privileges and had continued with their respective language, norms and traditions. The values imbibed through this process further privileged male over female within the family. She also observed that her father's side of the family that had openly adopted colonial values engaged more than others in oppressing and abusing those whom they controlled.

Saiba, in the context of being an immigrant to Aotearoa, New Zealand said that the links to colonisation and racism had only dawned on her as she had tried to integrate and, prior to that, assimilate within 'White' New Zealand society, with the hope of being accepted. She was, however, unsuccessful. She said back in her home country no one talked about colonisation despite having been a country that was colonised for over a century. *"I didn't actually know much about colonisation then...we were not taught these things and I never thought of these things...people ignored them."* This is a poignant finding which harbours the probability of formerly colonised people having normalised and internalised the effects of colonisation, so much so, that it is barely recognised in the home countries of the participants. Further, it suggests that schools in such countries do not debate the negative impact of colonisation on people, though they may acknowledge it in passing.

Ifeoma said that had her Counsellor been White, *"she wouldn't have given me the listening ear like that...she might be looking at... the other way."* Having originated from a nation formerly colonised by 'White' it was evident that she still carried the trauma of colonisation and racism that she and others in her community had experienced in their home country, and which had transferred itself into the New Zealand environment and context.

These findings suggest the intricate linkages between colonisation, racism and post-colonial culture, and how such discourses have influenced the participants and the communities they originate from. Loss of mother-tongue and pre-colonial traditions are mourned by the participants even as racism continues to be re-experienced by them in Aotearoa, New Zealand.

## Individualism/Collectivism

This aspect of the research has strong links to the primary research question which hypothesises that people from Asian, African and Middle Eastern countries originate from collectivist backgrounds. Therefore the findings from this section are critical towards providing the scaffoldings of this research.

All the participants interviewed identified as originating from collectivist settings. However, they also talked about the need to develop alternate perspectives on traditional collectivist values. Some also noted how collectivist norms were being conveniently used by their family members to impose on them, respective ethnic values, culture and tradition, some of which were oppressive. One of them spoke about the impact of colonialism on collectivism. Almost all spoke about the family being important over the individual and that the family needs held greater priority over individual needs. Some observed that the individual traits that they displayed now and then were considered as “*selfish*” by others within their group, whether by family or friends. At least one of them talked explicitly about the need to intertwine individualist values with the collectivist especially in the area of counselling practice.

Saiba thought she was a collectivist because “*(I) have always been brought up like that and something that has been reinforced by not just by my family but by people around here (in New Zealand).*” According to her, collectivism gave its members guidelines and accountability:

*“Every action you take, you know you have the whole family to answer to....and I mean it's not in a bad way...it just makes you responsible for your actions...because whatever you have done, you have done in the context of a larger family unit.”*

This, she argued kept her and others within the collective in good stead especially in matters of self-harm and other actions that would affect the wider family and subsequently impact on the wider collective. She also talked about “*loneliness as a strange concept*” in her culture as there were always people around her and that when she talked with them about wanting her “*space*”, they could not relate to that concept.

Mangalam reported that one of her parents (the one who had gained in material wealth during colonised times and had considered it as a positive feature in life) was individualistic while the other parent (who did not gain anything significant from being colonised) conformed to collectivist traits. Patriarchal dominance, according to her, had lent its impact on her being raised in more or less individualistic ways. Interestingly, her individualistic parent's side of the family also maintained collectivist traits like wanting to arrange her marriage. She said she had consented to that process so as to adhere herself to collectivist values which she appreciated and which she hoped would help rebuild strained relationships with her immediate and wider family that had tolerated her individualistic attributes for a long time.

Ifeoma said that within her collectivist community, abuse of women had cultural sanction, and community pride in its traditions took precedence over any consideration of women's human rights:

*“Even if he is hitting or cheating...even if you complain to your people, your friends... (they) will tell you that you should endure and stay, that he is your husband you have married....no matter what you say, you have to take it, that's the man you married, you have chosen for yourself.”*

Marriage was highly institutionalised in her culture and was a fundamental element of collectivism. She said that very often, families, friends and communities took it upon themselves to bring an erring husband “*to order*” by arranging other male members to beat him up.

Sophia pointed out that despite her parents practicing two different religions, they endorsed a collectivist and a joint family framework. Her parents and her siblings along with her had lived together under one roof, “*like a joint family*” but apart from the wider family. The children in such families stayed together with their parents until they were married, no matter how old they were. She also talked about the abusive practice of dowry endorsed within such collectivist societies, though outlawed in her country of origin. Her parents felt compelled to give dowry (a collectivist cultural norm) in the form of money before and after marriage through “*blank cheques*” that were signed by her mother.

The cultural expectation within collectivist societies of children being expected to financially support their parents when they came of employment age was also revealed in the findings by two of the participants. Both spoke of this expectation which they felt obligated to follow, but

which was not understood by their counsellors in New Zealand. *“They (counsellors) couldn’t fathom... how could somebody so young support their Mum back home...and why not spend money on yourself!”* revealed Saiba.

Sachiko lived within the binary of individualism-collectivism. One parent’s side came from an individualistic upbringing, centred around the individual’s ability to compete, earn money and be successful (a trend that had developed after a major war had devastated that country) while the other parent’s side conformed to a collectivist set up of larger, wider family looking after those that were poorer and less privileged. She said she was able to differentiate between the two paradigms, having grown up predominantly in the country that hosted an individualistic culture but influenced by her other parent’s collectivistic traits, and that she personally preferred to adopt the collectivist features since that greatly valued family bonding. *“I think I can choose, but now I have a family so I like being more collectivist because I love my family”.*

While the above findings, in summary, have some relevance to the primary research question, they have considerable bearing on the counselling process and the therapeutic relationship, in terms of the client being understood and their experiences being validated and adequately processed. This leads me on to the next set of findings and enables me to establish the linkages between the above themes and their findings, and the themes and findings to follow.

## FINDINGS

### *Part B*

The second set of Findings is directly related to the primary research question: *What are the counselling experiences of ethnic immigrant women survivors of domestic violence from collectivist cultures living in Aotearoa, New Zealand?*

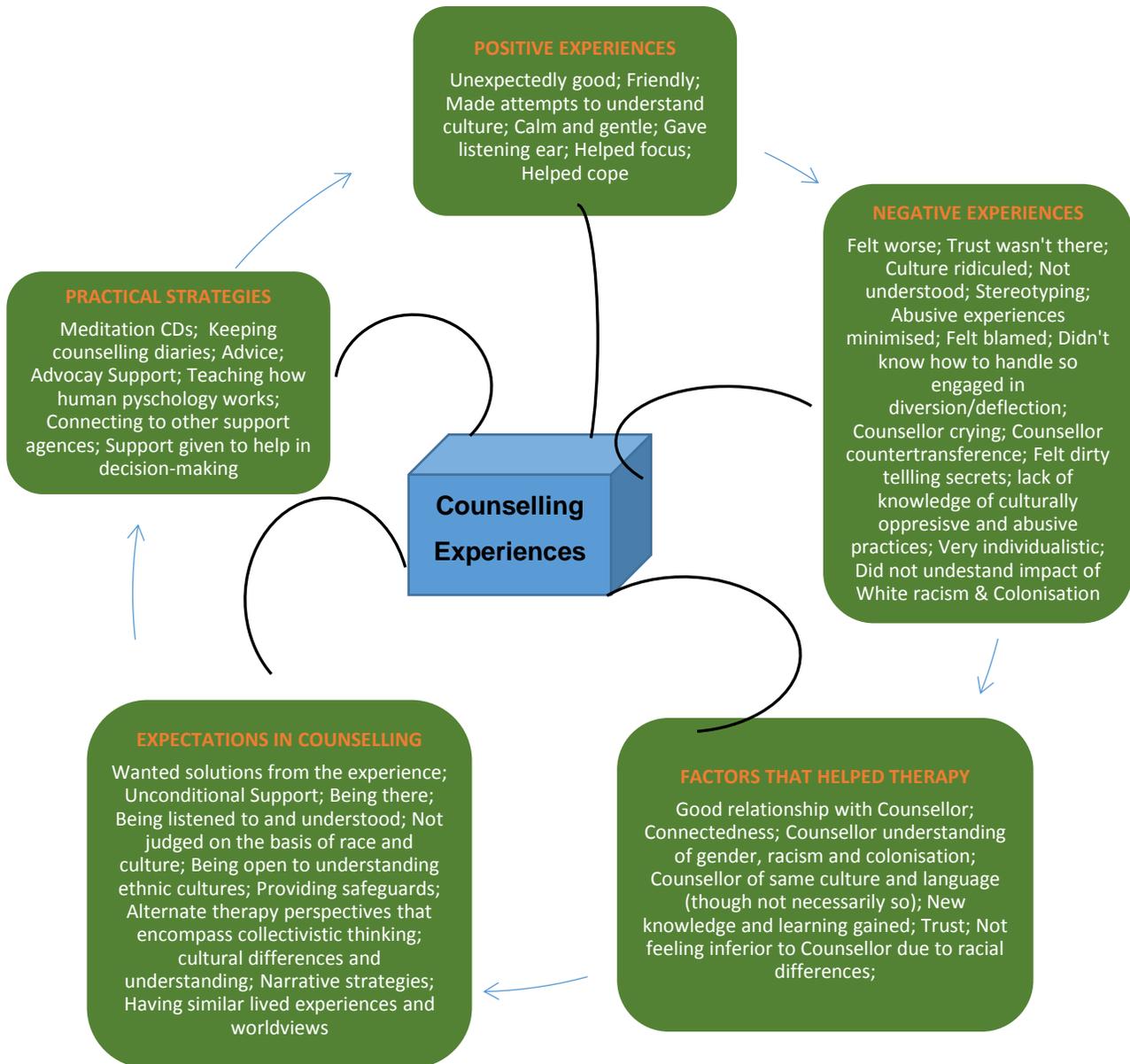
These findings are part of the extensive narratives of the lived experiences of women survivors during the counselling process and their reflections thereafter. Since these themes have several sub-themes that are implicit, analysis of which could be exhaustive and wander beyond the length and breadth of this research, I have attempted to elaborate on the findings (image iv) under the broad themes identified below:

- Positive experiences
- Negative experiences
- Practical strategies that helped
- Factors that helped the therapy process
- Participant expectations of counselling

The number of counsellors accessed varied between the participants. While some participants had experienced counselling with only one counsellor and for the first time in their lives, others had experienced therapy with up to 4 counsellors, all in Aotearoa, New Zealand. In all, between the five participants 10 counsellors were accessed. At least two of the participants had accessed a few more counsellors in between sessions with their 'regular' counsellors, however they did not consider those experiences significant enough to talk about. The ethnicities of the counsellors were predominantly European (*Pakeha*), with one counsellor being of East Asian origin, another being of part Pakeha-part Asia Pacific origin and one of South Asian origin. In terms of gender, they were predominantly female, with only one counsellor being male. In terms of sexuality, one counsellor identified herself to the participant as Queer.

Participants had availed of counselling ranging between six weeks and several years, intermittently or continuously.

(image iv)



## Positive Experiences

The participants interviewed provided varying feedback about the counsellors and their counselling experiences. They included “unexpectedly good”; “friendly”; “made attempts to understand my culture”; “calm and gentle”; “gave listening ear”; “helped focus” and “helped cope”.

Three of the participants had accessed only one counsellor each and the experience was the first of its kind for them. It appeared that without any prior experience of having undergone counselling they were unable to make any comparisons about their experiences and were grateful for the free-of-charge counselling that they had received. For instance Ifeoma, said: *“I didn’t know anything about counselling... Because I haven’t had any other experience of counselling, I would say it was a good experience for me”*.

Ifeoma said she had felt listened to and that the counsellor was able to *“understand (her)...give a listening ear”*. What she appreciated most was her *“calm and gentle demeanor”* and that she felt encouraged to confide in her. The counsellor’s ability to keep disclosures confidential was critical for her, considering the reality of defamatory community responses if her experiences of domestic violence were to be disclosed outside of therapy. *“I don’t know how I trusted her, because I have not had any other counselling experience,”* she wondered.

The other four participants also appreciated the confidentiality that came with the counselling process, as ‘trust’ was a major issue for them, considering they had opted to remain more or less isolated from their respective ethnic communities for fear of being exposed and stigmatised.

Mangalam spoke about her experiences with four counsellors in Aotearoa, New Zealand, from her teenage years onward. Her first counsellor, she said, *“changed my life”*. She had been experiencing family violence and was doing poorly, academically and heading towards a breakdown, as a result of which she had been referred to a counsellor by her University. According to her, the counsellor made her aware of the impact the abusive experiences were having on her and that her poor academic performance was an outcome of such experiences, and not because she was ‘lazy and useless’ as she was deemed to be by her family.

For Saiba, who as a teenager had endured similar experiences as Mangalam, discussed her experiences with three counsellors including a male counsellor. For her, the best outcome that therapy had produced was her interest in the field of psychology being ignited, which eventually propelled her into becoming a psychologist. This outcome had emerged inadvertently during the therapy sessions as the counsellors struggled to address her issues effectively and two of them had resorted to discussing the subject of psychology with her. *“...the second counsellor I went to, she was again, a White woman...that was really interesting because from those sessions... is why I took up psychology. The sessions turned up to be psychology teaching sessions (laughs).”*

For Sophia who had accessed only one counsellor and for the first time ever, said she had considerable trepidation before the first session as she did not know what counselling was and was anxious about whether she would be asked a lot of questions. Most survivors are uneasy about being questioned, as they are often repeatedly questioned by authorities, mostly interrogation style, while accessing the justice system. In an attempt to overcome her anxiety about being questioned and to have an idea about the type of questions that may potentially be asked, Sophia Googled what counselling meant and prepared herself for the session. However, she was pleasantly surprised as the counsellor was gentle and merely wanted to know more about her. *“It was....friendly behaviour, friendly relationship... especially she has cats...cat always inside of the room...I love cats.”* It was interesting how Sophia brought up the presence of a cat in the counselling room as an apparent comfort factor. She also appreciated the counsellor having made an attempt to understand her culture, *“...she was always trying to understand...I think she did some study regarding (my) culture.”*

Sachiko described her experience with her counsellor who was of her own ethnicity as ‘good’ and ‘relaxing’. Her first counselling session took place in a café in a relaxed environment. *“...it is good...because she can listen to my story...and also she knows our culture...and language...that is the most important thing...I can easily talk to her.”* Pertinent to note here and in the case of Ifeoma and Sophia, is the counsellors’ ability to build a rapport through relaxed conversations and active listening. Sachiko and Sophia further highlighted the importance of the counsellor being able to understand their culture or at least make an attempt to understand the culture. For Sachiko, the fact that her counsellor also spoke her language was significant to her being understood.

Sachiko said that the counselling sessions had also helped her to gain skills to relate to and care for others. *“The counselling sessions with her helped me to focus on my dream, my life, and the future. I learned how to interact with other people through the counselling. Eventually I managed to care about others through her help.”*

## Negative experiences

The research interviews evidenced several negative experiences involving multiple themes, particularly from two of the younger participants who had been living in Aotearoa, New Zealand since childhood. Some of the verbatim quoted here, as well as paraphrased, are of relevance to this research: “felt worse”; “trust wasn’t there”; “culture ridiculed”; “not understood”; “stereotyping”; “abusive experiences minimised”; “felt blamed”; “didn’t know how to handle so engaged in diversion/deflection”; “counsellor crying”; counsellor countertransference; “felt dirty telling secrets”; lack of knowledge of culturally oppressive and abusive practices; “very individualistic”; “did not understand impact of White racism and colonisation”.

Saiba’s first ever counselling experience and with a White male counsellor did not go well as he could not relate to or validate her experiences of abuse:

*“I was telling him everything about what had happened...and there was no acknowledgment...I could see that his eyes had started to wander...and then I thought he doesn’t know what he is doing and he doesn’t know how to answer, so I started speaking his language...and then the next session I went to, he would ask me things and I would make up things, so he thought I was progressing”.*

Saiba had picked up on her counsellor’s body language and had made sense of his eyes beginning to wander. For her it meant that he was either disinterested or that he could not understand her culture or experience of abuse, all of which left her feeling invalidated. It is unfortunate that instead of the counsellor making an effort to understand her, Saiba felt she had to take the initiative to make it sound as if the therapy was progressing.

In the course of Saiba’s third session with him, he started crying as a member of his family was having problems. *“I didn’t know what to do as I was in this uncomfortable position.”* Though she empathised with him, thinking counsellors “were also human beings”, she felt that being a

teenager and having sought his support, she had not expected that *“somebody who is supposed to support you ends up crying...like... the trust was never there.”*

The issue of counsellor transference was identifiable when he started comparing himself with the behaviour displayed by her perpetrator of abuse. According to Saiba, that was his way of rationalising her experience. *“He had started contrasting with what happened to me and with how good he was as a father because he didn’t know what else to say.”*

Mangalam was referred by her counsellor to a support group for other young women of similar ethnicity as according to the counsellor, women of Mangalam’s type of ethnicity *“are prone to facing violence from their Dads”*, a statement that deeply distressed Mangalam. She felt that the stereotyping of her ethnicity on the part of the counsellor was unwarranted and unhelpful. She told the counsellor that many young women of her ethnicity dated White men in the hope that they would be treated better, but in the end *“we face the type of violence that we don’t even understand at first.”*

Mangalam’s experiences with another White counsellor also exemplified the disconnect and the distinct lack of understanding such counsellors have when confronted with issues stemming from abuse within inter-racial relationships, particularly involving White males:

*“I told my counsellor that I was scared of leaving the relationship because I felt alienated as a woman of colour in a very white Eurocentric society, and her response was ‘but there are people of all races living in New Zealand’. She didn’t seem to have a concept of White hegemony and white privilege.”*

Issues associated with racism merged with the elephant in the therapy room as it was in the case of Mangalam and some others. Through the interviews it became apparent that participants did not feel free to exercise their thoughts adequately on this matter with their counsellors as they may have had with others because the counsellors were of the dominant race with an ancestry of colonisation over the coloured and marginalised. Further, the participants appeared to have situated their counsellors in a position of power and privilege over them.

Mangalam's experience of therapy with a counsellor of South Asian descent was not positive either as it threw up other dynamics linked to deeply entrenched patriarchy, post-colonial views and the highly gendered society the counsellor originated from. The counsellor had labelled her as 'sexist' when Mangalam spoke about how she had stood up to her White male ex-partner whom she felt had abused her using White male privilege. Since Mangalam was "*grounded in feminist theory*," her personal values helped her doubt the reality of the situation the counsellor had presented to her.

Saiba's experience with a White female counsellor was also unhelpful. After hearing about her experiences of abuse from a very young age, the counsellor "*apologised that she can't imagine what you (Saiba) must be going through as the worst thing that happened to me (counsellor) was that my (counsellor's) dog died.*" Saiba also reflected on this in the context of a power situation within the therapeutic relationship:

*"you (counsellor) are in this position of power that you look after people and you counsel them and the only wrong that has happened to you is that your dog has died...so, it all brought all that anger."*

The counsellor not having similar lived experiences or even a hypothesis on the kind of cultural oppression Saiba had endured can be seen as impediments to therapy. Saiba questioned the validity of the counsellor's statement, which may have had an empathetic intent, but on the contrary had upset Saiba since she may have felt pitied and faced the prospect of her experiences being minimised on account of ignorance on the part of the counsellor whom she perceived as being in a position of power and knowledge.

The dichotomy that exists within the cultural paradigm for the participants, who while being proud of their cultures, seek to be protective about it, and at the same time seek condemnation of the abusive practices within, emerged during the interviews. For instance while with another counsellor, Saiba felt defensive about her culture when she felt it was attacked.

*"..in a therapy setting I don't want people telling me how bad my culture is or I don't want people telling me that it's only your culture that is a problem or that...yes, we know that there is high incidence...I already know these things...what I want is for people to acknowledge and say yes, it happens and may*

*be even to say that it's not the fault of your culture, but the ideology of patriarchy in the culture.. ...so it happens across all cultures."*

Saiba's analysis of domestic violence goes beyond semantics and traces its origins to patriarchal ideologies which is prevalent in almost all cultures. The counsellor implying that it mainly happened only in Saiba's culture made her feel *"dirty telling her (my) secrets"* and she felt that the counsellor had put down her culture in entirety.

Lack of exposure to multiculturalism and inadequacies in counsellor education in terms of analysis of multiculturalism were also revealed in the Findings. Mangalam for instance sought out Narrative Therapy practitioners as she found them to be more effective as this approach processed individual lived experiences within individual and collective worldviews while recognising various social constructs that impacted on ethnic cultures. *"...I think they (Narrative therapists) have a more complete understanding of things like gender, race and class and the impact of colonialism...and that was really effective."*

In yet another experience, this time with a Queer counsellor, Mangalam found that the personal values and beliefs of the counsellor, if they clashed with clients, could end with the counsellor being dismissive, as she felt had happened in her case. She also felt disrespected in one instance as she tried to explain the significance of numerology in her culture in the naming of children. *"I see the practice of religion tied into culture...but she would roll her eyes...so, that respect wasn't there."*

In a session with the male counsellor Saiba felt her experiences of abuse were minimised. *"He said to me, you know the abuse happened years ago or something and why you still thinking about it."* Saiba felt he had expressed nothing different to what her friends or random people would have told her and that the counsellor lacked the depth and knowledge to process abusive experiences.

For Sophia, her counsellor had derived her own understanding of what 'dowry abuse' was as is practiced in Sophia's culture and had equated it to the European context of a man harassing his female partner for money. She could not comprehend as to why Sophia's family was being forced by her ex-husband and in-laws to give them 'blank cheques':

*“Yeah, even they don’t know what the meaning of blank cheques...is how you can give that one? They can’t understand...Indian people say and they can understand that if you give a blank cheque for dowry they can fill up whatever they want...and if they don’t have money in the bank, the case can start in court...but here White people can’t understand that”.*

Saiba brought out the issue of the counsellors not making eye contact with her during the sessions which she found disturbing to the extent she appeared to have almost felt like an object:

*“I think one of the things that catches my eye, now that I think about the counselling sessions is that the amount of writing that they do, I just wish that they would make more eye contact, just even things like that you know, you feel you are like a human...”*

She talked about how elders in her family would talk to younger people --- they would look right at them and speak.

From these findings it is evident that the counsellor’s understanding of ethnic culture, gender dynamics, impact of colonisation and racism is critical to the therapy process for women survivors of violence, besides them being able to exhibit empathy and positive regard without sounding patronising.

### **Practical strategies**

All five participants expressed that practical strategies offered by the counsellors during the therapy process, helped, post-counselling. These strategies included: ‘Meditation CDs’; ‘keeping counselling diaries’; ‘advice’; ‘advocacy support’; ‘showing the structure of the human brain’; engaging in discussions on human psychology; connecting to other support agencies; support given to help in decision-making.

For Sophia, her counsellor’s suggestion of keeping counselling diaries resulted in her keeping three such diaries in which she documented some of the counselling questions and

conversations. After reflecting on the content, the concluding message she derived was, *“in life try to be a king, not queen for anyone. Always live life king-size, not like a queen.”* This summation on her part has at its core, gender dynamics and social constructs in her ethnic community that discriminates between male and female. She talked about how she had tried to be somebody’s ‘queen’ and had ended up being abused. For her, being born female brought with it, oppression, so it would be best to follow the life of a male, a king. Further she was encouraged by her counsellor to practice meditation (which she had learnt to do while in her country of origin) which helped her to deal with panic attacks. The counsellor providing her information about the ‘rules and regulations of the country (Aotearoa, New Zealand)’ was also very helpful.

The usefulness of information awareness during counselling as well as being genuinely supportive was also echoed by Ifeoma who said:

*“she (counsellor) helped me a lot, she helped me to know what I can say about my immigration to (government department)...I was a novice...I don’t know what to say.... This lady went so far as organising the rent ...and she bought nappies, things that then I cannot afford.”*

Ifeoma also appreciated the support and ‘advice’ the counsellor gave her then that helped her to make the decision that her life would be better off without her abusive husband.

Saiba talked about one of her counsellors giving her meditation CDs and breathing exercises to relax with, though she found nothing of *“practical value”* in such strategies. She wondered how she could focus on meditation *“when there was so much stuff happening in my head”*. She did not continue with that counsellor after that. It was apparent that counsellor-therapist congruence was absent there.

Saiba, however, found the theoretical discussions on the subject of psychology she had engaged in at least with one counsellor, useful, as it had enabled her to understand how the human mind worked the way it did and which inspired her to take up further studies in that area.

Sachiko found the counsellor resourceful in matters of accessing other support and in providing information on how humans responded to situations: *“She showed me the structure of the human brain..... and other available social services which I could have access to.”*

These findings validate the need for counsellors to walk the extra mile with ethnic women survivors and to be their pillars of support, as the clients struggle to relate to counselling, wade through their advocacy issues and hope to have their voices heard by others when in need.

### **Therapy goals: Were they achieved?**

In between the spheres of positive and negative experiences, lie therapy goals. I explored the participants' goals in therapy and the extent to which they were met. The expectations of the clients were centered around establishing a relationship of trust with the counsellor; connectedness; counsellor understanding of gender, racism and colonisation; counsellor being of same client culture and language (though not necessarily so); new knowledge and learning gained through counselling; not being made to feel inferior to the counsellor due to racial differences; finding solutions.

Saiba went into counselling with the goal of being heard and being able to feel better. However, she did not experience that outcome:

*“...the goal was just to feel better... In terms of meeting expectations I didn't feel better,...I actually felt worse when I got out of therapy because I thought who had the answers if these people didn't have the answers... that was a big struggle for me as at the end of all that therapy I never got an answer and I ended up thinking about myself, counselling myself.”*

As regards the first counsellor that Saiba had met, I asked her if she had considered letting him know that the therapy was not working and she responded she couldn't, especially having been very young at that time *“...and coming from a culture where you don't question people in authority, I just found it really hard to say to him look that this is not working...maybe I should have...”*

Sachiko said that her goals were mostly met. *“Without the counselling sessions, I wouldn’t be where I am now. Life is not meant to be easy, and I learned how to cope with difficulties in my life through the counselling”*. According to her what helped was that she could see that her counsellor really liked her job, liked people and mending relationships, besides having a ‘warm heart’. It appeared that the counsellor’s genuineness and congruence (primarily because of being of similar/same ethnicity) helped seal the therapeutic relationship. *“...she can describe what’s on our inside...why we feel so nervous.”*

For Ifeoma, the goal of counselling was for her to be able to open up, talk and get help. *“I thought...I felt that she understood... she was there for me, yeah, she was there for me...talking to me”*. The counsellor ‘being there’ for her was an expectation she had envisaged and which had in turn helped build a trusting therapeutic relationship. She attributed the trust she had in her counsellor to the latter not being of western origins. *“If she was a westerner I don’t think it would have been easier for me...like to be so open to her...”* she said.

Mangalam wanted to know where her problems lay and had discovered that with the help of her first counsellor whom she thought was experienced and had built a good rapport with her. According to her, *“...counseling is not so much an effective technique rather than a good relationship with your counsellor”*.

Sophia wanted to be understood and what worked for her was the counsellor genuinely making an effort to connect with her. *“...she was always trying to understand...and meditation (the counsellor reminding her about that) was the best thing.”*

Saiba was clear that she had wanted solutions to her problems from her counsellors, but that they had not materialised. She felt this was because she was not heard by most, while it appeared that she was being listened to. *“I wanted him to hear me out... but from my understanding the reason that why I was referred to a counsellor was to seek a solution, so I thought that’s what the outcome should be.”*

## Expectations from Counselling: A new framework?

Given that the participants had experienced counselling, all for the first time in their lives, I thought it pertinent to ask for their thoughts on the kind of counselling that they would like to experience. They obliged and their varied responses identified the need for counsellors to understand not only their cultures but also their lived experiences and worldviews besides the professionals gaining a deeper understanding of collectivist societies.

Some of them reported that the counselling they received was very “*individualistic*” and did not take into consideration their collectivist backgrounds and or their narratives involving lived experiences in such cultures. The need for alternate therapy perspectives/frameworks that encompass collectivistic thinking came into discussion and which would lay emphasis on the understanding of cultural differences and the need for those differences to be acknowledged. Further, an awareness of gender dynamics and patriarchy particularly in the context of ethnic domestic violence and abuse, recognition of the impact of colonisation and the ravages of war on migrant and refugee people were considered important. I have identified below a few sub-themes that also happen to be essential components of all the above analysed themes:

### **Culture**

All the participants emphasised the need for cultural competency in counselling immigrants of varying ethnic background, particularly women enduring domestic violence. The findings also revealed that wide apprehension existed around respective cultural practices and abuse dynamics being either overlooked or ignored or paralleled through similar dynamics (for instance, an individual man demanding money from his female partner within the European community being paralleled to the culturally sanctioned practice of dowry abuse, by Sophia’s counsellor).

Mangalam said it was also important that her culture was not ridiculed or judged. “*A counsellor with cultural understanding would be able to talk about that (instance) without undermining the culture that I come from*”.

For others like Ifeoma, opening up to a non-ethnic counsellor was not an option. “*No, I won’t...I might not even speak, yah...she might not even understand what I am saying*”.

Sachiko believed that if the counsellor was not of her culture there would be a significant disassociation which would reflect on both the counsellor's and client's understanding of each other. She wondered if it was so hard for someone like her to understand 'New Zealand language and culture' even though she had lived in the country for 10 years, how could a counsellor who is not of her culture be able to understand her? Culture for her included customs, familiarity with appearances and ways, *"because she is (of my ethnicity)...we are more familiar, face, colour, maybe touch...or...she knows what is our favourite...tea or chai"*.

For Saiba, the experience of having to explain her culture to every counsellor was exhausting:

*"They (counsellors) would say to me Ok, explain it and I would have to go through the whole thing again, but it just meant that it was just explaining our culture to them.., at the end of it I was so tired I thought I don't think they would get it anyways."*

### **Gender**

On the subject of the gender of the counsellor having relevance to therapy with domestic violence survivors, all except one said they would not be comfortable with a male counsellor. Mangalam, for instance, expressed that she would certainly not feel comfortable with a male counsellor as her experiences with men in general have not been good.

Sachiko thought a male counsellor would not be a good fit, not just because of him being of another gender or that he may talk differently than women or that he may have a *"different temperament"* to women. According to her, *"maybe he will think that I am not important...I am not sure .... I think I like woman as a counsellor"*. This is a significant comment and provides an insight on how women are viewed within her social structure.

For Sophia, the gender of the counsellor being male would not matter as long as they could talk openly and understand her culture: *"If they understand our culture and tell us every single thing...maybe make things a little easy for you, it makes no difference."*

Saiba added another dimension as to how the gender of the counsellor could impact on the counselling particularly if the perpetrator also happens to be male, and the client were to be a female, as it was in her case.

*"I could get that he (counsellor) was a male as well and that it was hard for him to see...he did say he was a sensitive Dad and that it was hard for him to get...he was trying to draw a contrast and not that every man was like that but it came out across wrong...as if there was something wrong with my Dad..."*

The counsellor drawing comparisons had backfired during the therapeutic process and Saiba found herself wanting to defend the perpetrator. She believed that the counsellor was deficient in his understanding of the power and control premise that men in her culture stood up on and that the perpetrator in her case was merely one of such men.

### ***Impact of colonisation and racism***

This sub-theme brought forth some important analytical content from at least three of the participants. Two of them showed a great degree of awareness about colonisation while one of them talked about racism without linking it directly to colonisation.

Interestingly the awareness of colonisation for most came about only after having migrated to Aotearoa, New Zealand since in the home countries of the participants, colonisation is not something that is read about, studied or discussed among people. As a result, the impact of colonialism on counsellors of ethnic origins and practicing in Aotearoa, New Zealand also came up in the findings. For instance Mangalam's experience of counselling (albeit briefly) with an ethnic counsellor brought about some revelations in terms of the counsellor being unable to identify the impact of colonialism and racism on her relationship with a White male:

*"Counsellors from our background would probably have some awareness, but maybe not immediately identify it when a client is talking about it, or the counsellors may not have the vocabulary to verbalise it unless they are versed in postcolonial or anti-colonial discourse. I also think a lot of migrants including migrant counsellors are part of the migrant elite, so it isn't really in their interest to question the status quo of colonial capitalism and colonial individualism".*

She added that she was frustrated that she couldn't find a counsellor *"who is a woman of colour and with an understanding of race and gender"*.

Mangalam also alluded to the possibility of the 'migrant elite' as she called them (counsellors included) being so rooted in the colonial mindset and supposedly benefitting from it, that even if they found clarity, they would not challenge themselves or the structural racism that seeped through it.

For Ifeoma who had experienced subtle and blatant racism in Aotearoa, New Zealand, while at work placement and in general, the colour of the skin of the counsellor had bearing on therapy. *"If she was White, I don't think the relationship will develop...how strong the way it was..."*

### ***Counselling Models/ Framework***

In response to my query on what type of counselling or counselling models would suit them and other vulnerable ethnic immigrant women, living in western countries including Aotearoa, New Zealand, the participants provided varying responses affiliated with collectivism.

According to Saiba,

*"I couldn't connect with what they were saying and half the time I had to justify why I came from a collectivist culture and I noticed that they focused on self but in that context, it didn't connect with collectivism."*

Almost all of them alluded to the individualistic traits being transferred on to them by their counsellors, without such traits even being recognised as contributing to the elephant in the room. For Saiba who considered herself and her sisters as being part of a *"grieving family unit"* when they left home and with no one else to turn to, being told by her counsellors to take care of her individual needs and keep herself away from her sisters, rather than care for herself as part of the family unit she shared with her sisters, stood out for her. *"They (counsellors) need to understand that we think like a unit...I tried so hard to be an individual and started thinking about myself that I hurt a lot of people around me, I wish I hadn't"*. She said she would like to

keep the needs of others in her family in perspective, *“because that holds me responsible for being in this world...I think that it gives me a purpose”*.

According to Mangalam, when it comes to family and intimate partner violence:

*“there definitely needs to be solutions that are collectivist based...because when you are leaving a family, it is really scary going out to no one and...it is all fine and well to say you need to leave...but leave and go where?”*

She said she also found it healing to reconcile her experiences with those in her family who had caused her grief, through her understanding of their postcolonial trauma. *“It’s necessary for counsellors to have this understanding too in order to more wholly help their clients from cultural backgrounds like mine. It’s possible to understand why abuse happens without excusing it”*.

With reference to the theories that counsellors and others in the healthcare profession study in Aotearoa, New Zealand Universities, Mangalam said, *“they are all written by White men...what White man is going to write about colonialism?”* According to her, the dearth of content on colonisation (of countries that most immigrants come from) within the counselling curriculum, renders those who study counselling in Aotearoa, New Zealand with inadequate knowledge and skills for working with ethnic immigrants. She suggested that the introduction of such content would be vital if counsellors were to gain some kind of cultural competency in counselling ethnic. From her own study experiences, she said, *“its not easy for people of colour to find writing and discourse that validates our world view in academic literature unless we’re in the specific field of studying postcolonial theory”*.

Saiba, while recognising that her culture was patriarchal and that it enforced culturally oppressive practices such as under-aged and forced marriage as well as honour-based violence on women, said that the grave impact of such practices and the consequences on women for not conforming to such practices, was not picked up due to the counsellors’ inability to detect such dynamics. She was appalled at the counsellor’s suggestion of bringing the parent-perpetrator of her abuse *“to the table”* for a chat and to *“reconnect”* when she had to flee from him to escape such oppressive cultural impositions that would have deprived her, as a child, of her fundamental human rights:

*"...I am thinking you haven't understood me, what I have just told you about...you know the whole patriarchy of our culture and you don't understand what we have done to him, it would be never just be fine if we sit around the table and talk about it...like it's not just going to happen, but then again she couldn't understand."*

It was also interesting that Saiba talked about the importance of the counsellor having shared experiences of oppression and or abuse to adequately understand systemic oppression and social injustice against women:

*"...I think that first-hand experience or even second hand experience is very important in anything that you are doing and they did not have that so they couldn't understand at all the cultural oppression...like my second counsellor could not at all understand why he (family member) put us all through that and all those issues...the look of surprise on her face."*

She also spoke about the insensitivity of adult counsellors who said things like the toughest thing they had to deal with in their personal life was the death of a dog. Saiba wondered angrily how such counsellors could relate to her experiences of culturally sanctioned forms of abuse that she had endured through childhood.

*"...and my anger was, how can you be in this position when you haven't even experienced it...like who has given you the right to be here and talk about my abuse and what I was going through if you hadn't experienced any of it!"*

Perceived power imbalances linked to race and authority also came up as a factor that was important while counselling ethnic. The impact of colonisation and racism on clients of colour certainly constitutes a significant part of the elephant in the room and which is overlooked. Most ethnic clients are highly sensitised to the discrimination and racism they may have faced outside of their home countries and particularly while living in western nations such as Aotearoa, New Zealand. As Ifeoma put it, *"... (counsellor) has to be from our background...I am telling you this because when I was discussing this with an ethnic woman there is no...how I put it....there is no (feeling) that I am dealing with a higher woman..."*

Sophia brought out the finer nuances on how different the worldviews were with regard to domestic violence and acknowledged her counsellor for identifying that. *“She (counsellor) was telling in her culture we say if partner did abuse it is domestic violence, but in our culture if partner did abuse we say, it is a little aggressive.”*

The collectivist expectation of an ethnic offspring being expected to financially support parents was also not understood by western counsellors. Saiba thought that the need for children in her culture to bear the responsibility (including financial) of parents who had sacrificed for them was not such a bad thing as was seen in individualistic cultures:

*“Mum has sacrificed so much that you just support...and if me and my sisters were not able to support them, or I don't, she wouldn't have been able to look after my brother and sister...but it was really hard for the counsellors (to understand).”*

This expectation was also voiced by Sophia who felt obligated to send money to her mother who expected her to do so especially since she lived and worked in a 'foreign country'.

Sophia felt that having counsellors of similar or same ethnicity might be of significance for ethnic people as the need to explain things in various cultural contexts won't be required and they would be understood correctly by the counsellors. In contrast if the counsellor was of the same ethnicity, thoughts would corroborate with the images of the story that was being narrated:

*“...I don't need to tell her every single thing... if he or she is White it won't be. If I take six or seven counselling sessions with them (White) may be in 3 counselling sessions (with ethnic counsellor) I learnt everything”.*

Suggestions on what could contribute to alternate therapy models or framework were also offered during the interviews. Ifeoma for instance expressed that emphasising the well-being of children apart from self would augur well, especially if the children were being affected within the abusive relationship and their mothers wanted to leave the marriage:

*“..so when I talk to others I say take that into consideration...that it's not for you, it's for your kids too...because when the children are watching all these things that*

*are going on they will think that it is the normal way of life, that that's the way to live...and they will pick it and grow up that way."*

Sachiko expressed that any new model would need to address the stigmatisation associated with counselling:

*"I never heard of counselling in both countries (that she comes from) before...but in the past, people thought that if they go for counselling they may face prejudice...they may say that sick people who go to counsellor must be lazy."*

She also said that in her father's side of the culture, the men *"fix themselves"* and chose isolation and independence rather than seeking help.

Saiba, having grown up a larger part of her life in Aotearoa, New Zealand and having been exposed to both individualistic and collectivist norms expressed that any new model proposed for immigrants would need to factor in the *"individuality for people like me but also acknowledge that I come from a collectivist culture and then somehow mesh it together... I didn't find that in the therapy"*.

According to her the therapy focused much on:

*"you, you, you,...how do you feel, how do you think. But I was thinking that if I was to go back home I wouldn't appreciate it if it was just about 'we'... so I think, because again I have been here for a long time, so for me it's important to have both, together."*

Saiba said that the use of the word *'we'* as opposed to *'I'* as is commonly used in her collectivist culture was important in therapy as was the need to recognise the family being a *'unit'*. Such inclusions would encourage *"trust"* in the counselling relationship. While on this, she also expressed apprehensions around the counsellor not being aware of how the collective *'we'* may endorse patriarchal and culturally oppressive norms on women and children and the consequences that lie therein.

Ifeoma felt that while women who leave their marriages would be condemned by their community, if birth families found out that their daughters were doing so only in order to keep themselves and their children safe from harm, they may be secretly pleased. She also challenged the orientation in her culture to reconcile women back into abusive relationships and said that the victim's needs would be pivotal to therapy rather than the family's: *"The victim is the one, the person who wears the shoe...people say she who wears the shoe knows how it pinches"*.

Saiba expressed that she had been in Aotearoa, New Zealand long enough to understand the individualistic culture: *"... I appreciate the good things in that... and I appreciate the way I have been brought up, and I just wish that it could be meshed together, somehow...and to me ultimately that would be the perfect balance."*

Some of the participants were able to identify the therapy models that were used in their counselling. Saiba said some of the counselling she had experienced did focus on 'I' being at the centre of the circle *"...and I was trying to tell her that it's not like that for us... because we don't get it, they don't get it... because if she doesn't see it, I can see it, I can see that she (counsellor) doesn't understand...and if she doesn't understand there is no trust"*.

According to Saiba:

*"The problems we have is not just one story, but there are layers and layers to it and in that framework we need to have all those layers. Social isolation process is not just social isolation. Social isolation is from what: Is it from the family around here, or from the culture, is it from the family back home... so again if need to have a framework it needs to have lot of components to it. ...we may be individualistic but we still have a collectivist side to us...our problems become complex and different."*

The solution, said Saiba, would be in "meshing" the 'I' and the 'we' and balancing *"thoughts and actions with both the individualistic and the collectivistic"*.

## DISCUSSION

While embarking on this research I had with me, only an obscure hypothesis around the divergent therapeutic intervention needs for ethnic people, especially women from collectivist backgrounds and the importance of having their counselling experiences reviewed. The seeds for this hypothesis were germinated following periodic reflections on my part, of my experiences of counselling immigrant women survivors of Asian, African and Middle Eastern origins living in Aotearoa, New Zealand. I had not envisaged then, the extent to which my thinking on this subject would be corroborated by the participants of this research. Prior to commencing the interviews, I was neither aware about the counselling experiences of the participants, nor had I any knowledge of the previous counselling experiences of the clients I had counselled simply because I had not solicited such information from them.

The Findings that were produced through the interviews with the five participants of this research were extraordinary in content and depth. Multiple themes emerged during the analysis process, many of them interwoven so intricately through overlapping sub-themes that it became exceedingly challenging for me to isolate a few from the rest. This is also indicative of the complexities within the cultures and lived experiences of the participants -- "*layers and layers to it (the story)*" as Saiba expressed.

Considering the word limitations of this research paper, I attempted to extract some of the key common findings from the combined set of Findings – Findings A constituting factors forming the proverbial Elephant in the room and Findings B being the actual counselling experiences of the participants in the counselling room. These findings are all interconnected, forging constructs and images, akin to the patterns generated through the rotation of vivid glass/objects inside a Kaleidoscope and viewed through its lens.

**The key Findings have been amalgamated and paraphrased in the words of some of the participants for the purpose of this Discussion and to establish their linkages to the Literature Review:**

- *Only she who wears the shoe, knows how it pinches:* Counsellor understanding of diverse socio-cultural constructs, and lived experiences of victims, and their significance in therapy

- *She doesn't see it, but I can see it and I can see that she doesn't see it:* Colonial ideologies and inadvertent racism in the counselling room with little insight into collectivist norms
- *Counselling is not so much an effective technique rather than a good relationship with the counsellor:* The therapeutic relationship
- Framework: A union of two isms -- collectivism and individualism

***Only she who wears the shoe, knows how it pinches:* Counsellor understanding of diverse socio-cultural constructs, and lived experiences of victims, and their significance in therapy**

This group of findings brought within its purview the following aspects within ethnic cultures and their relevance to therapy:

- Gender dynamics
- Identity
- Patriarchy
- Lived experiences
- Worldviews

That culture brings within its scope, factors such as identity, beliefs, values and behavior imbibed from childhood and which define realities for the individual within that culture (Diller, 2011) was validated by almost all the participants. For Saiba her cultural values and the obligations that came with it, innately defined who she was and it had become part and parcel of her identity right from childhood. A counsellor implying that her `culture was bad' was therefore unacceptable to her and made her question her very identity and ethos. She believed that the oppressive practices within her culture, stemmed from patriarchal constructs, some of which were also common in non-ethnic cultures. The additional challenge of being able to acknowledge what is different within that commonality (e.g. Dowry abuse and Female Genital Mutilation practices) without naming and shaming, makes it harder for both client and counsellor. This brings to light the kind of difficulties that counsellors who are not familiar with ethnic cultures have to navigate through without making the client "*feel dirty*" for exposing their culture.

Singling out ethnic cultures and questioning their culturally sanctioned abusive practices without having any lived experiences of them, whether direct or through closely affiliated experiences of others, can hamper the counselling relationship. Issues such as forced marriage, dowry and honour-based violence threats that some of the participants faced would be lost to most counsellors and confusion can prevail over whether or not the client is seeking affirmation and validation of their stories or merely wants to be listened to. Counsellors need to be aware that cultural conditioning begins at birth and continues through life (Ratts & Pederson, 2014) and they need to commit to understanding their relevance in therapy.

I had wanted to explore the dynamics of mothers-in-law becoming oppressors of their daughters-in-law alongside their sons, which I had often heard of while conducting therapy as well as through others' narratives and the media. This however could not be fully evidenced through this research as none of the participants spoke categorically about their mothers-in-law. Sophia talked about her husband and his family continuing to harass her and her family for dowry, asking for 'blank cheques' a dowry-associated medium that was lost to the counsellor and to whom Sophia had to explain. The practice of dowry is validated through my literature review which talks about male privilege and how girl children are considered an economic liability as her parents are expected to give dowry (Laungani, 2014). I wonder how much knowledge of such culturally-sanctioned abuse Counsellors of non-ethnic origins would have, and what kind of understanding would they have of how such practices devalue the woman and forge for her an identity associated with liability?

The biggest dilemma for the participants was leaving a marriage (for the married) and letting their families down (for others) in order to be safe. In Ifeoma's culture for instance "*marriage is for life*" and it was shameful if the woman left her marriage, as her community did not believe in divorce and she would be seen as "*second-hand*". This finding is in consonance with what Bui (2003), Goel (2005), Menjivar & Salcido (2002), Panjabi (2004) and others found, that if a woman were to leave an abusive partner, she would be ostracised by the family and communities because she would have compromised on being a 'good wife' and jeopardised community harmony. She would also be regarded as a 'used woman'. Such ideologies entrenched in ethnic cultures in turn would keep most women trapped in abusive marriages.

Acknowledgement of domestic violence as such is often non-existent within such cultures. As Ifeoma said it is a "*way of life*" and those who are abused are not seen as "*victimised*". This is

quite significant, as domestic violence is often seen as a way of disciplining and guiding women from such cultures and their men take that as part of their duty towards women and communities (Fisher (2013). This viewpoint was also endorsed by one of my Middle-Eastern clients who despite being a doctoral student at a New Zealand University was unable to acknowledge that her husband did not have a right to repeatedly cause her physical harm since he genuinely believed that as per his religion and culture, he had a right to discipline her when she acted against his wishes.

The institutionalisation of marriage including the concept of arranged marriage, at times forced, is very much inherent in Asian, African and Middle Eastern cultures. Being of Indian descent I am aware of socio-cultural narratives that inform a married woman and I cite this oft-cited phrase in Hindi: *Ek baar ladki sasural gayi to uski arthi hi wahan se niklegi*. When translated, this means that once a girl/woman goes to the home of her in-laws, it will only be her dead-body that will leave that home.

Most counsellors would find it extremely challenging to balance the safety needs of women victims with their respective cultural requirements. It is impractical for a therapist to think, feel and react as a minority individual and the therapist would need to gain practical knowledge of the client's cultural background, lived experiences, hopes and fears (Sue & Sue, 1999).

Culture-informed worldviews have a bearing on identity development. For instance Sophia often asked herself as to why she was born with a female identity given the oppressive lives that girls had to lead in her culture, despite being educated and having the ability to live independently. At the same time she had whole-heartedly conformed to the cultural stance about choice of partner and type of marriage, having readily agreed to an arranged marriage as "*love marriages*" (where she could have chosen her partner) was "*cheap*" since it could involve elopement following disapproval from family. She had rested her worldview on social constructs and assumptions within her culture as alluded to by Koltko-Rivera (2000) who says cultures deem experiences (good or bad), behaviours and relationships as desirable or undesirable.

Participants taking pride in their respective cultures and ethnicities was visible in the interviews. As young migrants Mangalam and Saiba underwent a change in their worldviews as they grew up in a western society outside of home while being expected to take pride in Eastern values endorsed by their families. They began by trying to establish their own identity outside of familiar

cultural domains and attempted assimilation and or integration within the mainstream, much to their own detriment. The development of their identity therefore become fluid, especially in their younger years as they sought to integrate with wider Western society and ideals and underwent what Sue & Sue (1999) postulate as five stages in identity development: Conformity, dissonance, introspection and integrative awareness.

While Mangalam's experience lay more in securing a sense of identity within the White world through relationships with White men, Saiba struggled coming to terms with her identity of being 'brown' in a White world even as she tried to adopt the western individualistic values which had at one time, alienated her from her collectivist family and friends. Both endured the effects of patriarchy within their homes as they were expected to conform to filial expectations dictated by a significant male member on how they should lead their lives, with one of them having to flee a potential forced marriage as a minor.

Counsellor awareness of such dynamics is critical to the therapy process, if counselling outcomes are to be considered as effective and positive.

***She doesn't see it, but I can see it and I can see that she doesn't see it: Colonial ideologies and inadvertent racism in the counselling room with little insight into cultural norms***

Under this finding the following features will be highlighted:

- Impact of colonisation
- Racism

I have categorised 'racism' here as being 'inadvertent', which is something my participants may or may not agree with, considering the racial overtones some of them had experienced during counselling. In fact, personally, I cannot absolve myself from doubting whether such overtones were indeed inadvertent. Without dishonouring and or invalidating the experiences of the participants and their counsellors, I would call upon counsellors to voluntarily reflect on this finding.

Race and related racism is an experienced invisible that ethnic immigrants of colour are highly cognisant of, while availing of counselling from 'White' counsellors. Therefore 'White' counsellors who form part of the dominant race in Aotearoa, New Zealand must be conscious of how their 'race' is perceived during sessions and be aware of how it manifests itself in the therapy room. Further, they need to introspect on their own attitudes about 'race' and 'racism'. According to Johnson (1990) even as the term, race, may be studied in the context of beliefs and attitudes about race, counsellors must exercise caution to specify that their focus is on attitudes and beliefs about race rather than on the biological fact of race.

Most of the participants talked about the impact of colonisation on them and their families as well as the impact of racism on them, while living in Aotearoa, New Zealand. It is important to acknowledge that most Asian, African and Middle Eastern countries were either colonised or occupied by Western nations at various times and families and communities would have been impacted inter-generationally. The socio-cultural impact of colonisation is not discussed in their countries of origin as expressed by Saiba, therefore most of their learning about colonisation come about in Aotearoa, New Zealand through the racism and xenophobia that they experience. This may be supported through peer discussions and readings/studies on the colonisation of Aotearoa, New Zealand engaged in by immigrant youth.

Mangalam's family had experienced British colonisation when the colonisers had divided her home country through unequal distribution of wealth and access to privileges and had imposed the English language as the preferred language over the local language. This in turn had eroded the social structure in her home country and traditional cultural values and practices were watered down in favour of British norms and socio-cultural etiquette. This corresponds to Laenui (2000) who postulated in Tate, Edwards and Rivera (2015) that colonisation stretches beyond political control and land occupation and seeks to colonise the psychological and social worlds of its subjects.

It is within such worldviews that Mangalam, while growing up in Aotearoa, New Zealand, sought relationships with White men in the hope that she would be accepted into the Eurocentric society as a coloured woman, but instead faced painful forms of racism and discrimination within those relationships. When she brought up the issues from such relationships with a counsellor, the latter could not either comprehend or acknowledge the race issue and according to Mangalam clearly lacked an understanding of White hegemony. Self-awareness among

White counsellors about racism based on skin colour is very significant in therapy. This view is in agreement with what Arredondo, Blank and Parham (2008) wrote, who with regard to counsellor awareness of biases and assumptions believe that White counsellors need to examine their own 'White privilege' and their social impact on others.

Ifeoma, who had faced racism in Aotearoa, New Zealand and deemed herself to be part of a "lesser race" felt that had her counsellor been White, she would have been "*looking the other way*" and not at her. Such deep-rooted beliefs and worldviews born out of having experienced structural racism beckons the need for considerable deconstruction of ethnic narratives by counsellors examining such experiences through a de-colonised lens, which according to Gorski & Goodman (2015) pushes the individual to gaze up and examine the power hierarchy where inequalities are systemic and privileges the few at the expense of many.

Counsellors being unable to comprehend the need to validate belief systems of the client and how they impacted on therapy was also evidenced. Mangalam's counsellor "*rolled her eyes*" when she talked about the importance of numerology in her culture in the naming of children and the direct and indirect impact that had on family well-being. Entrenched colonial perspectives, an offshoot of racism, also casts its shadow on the lens through which non-White cultures are viewed by White. Colonised ideologies lead to culturally deficit models (Sue & Sue, 1999) that are inclined to consider those that belong to other cultures as possessing dysfunctional values and belief systems and they being viewed as something to be ashamed of and or overcome.

In the Literature Review I had considered the possibility of assuming that counsellors of same/similar ethnicities as that of their clients may have an advantage over other counsellors. However, this assumption has been challenged in my interview with Mangalam. Counsellors of colour who bear the impact of internalised colonisation, unwittingly add another dimension to the racism experienced by their ethnic immigrant clients. Mangalam's South Asian counsellor called her a 'sexist' with reference to her relationship with a White male. This could have been the innate worldview of the counsellor who found other coloured women standing up to men, particularly White men, armed with feminist theories as undesirable and as unnecessarily challenging well-established gender norms. The findings are in tune with Parham (2002) who suggests that there is a difference between skin color and consciousness, and that being a

member of a particular racial/ethnic group did not automatically qualify one to be skilled at counselling persons with similar backgrounds.(cited in Arredondo, Blank & Parham (2008)

Further it is important for counsellors too, to be well-versed with post-colonial and anti-colonial discourse as voiced by Mangalam, a notion that is endorsed by Tate, Rivera & Edwards (2015) who believe that the counselling profession needs to free itself of colonial socio-political structures.

### ***Counselling is not so much an effective technique rather than a good relationship with the counsellor: The therapeutic relationship***

The Findings revealed the following factors as impacting on therapeutic efficacy:

- Communication
- Acknowledgement of culture
- Power imbalances
- Practical strategies

During the interviews various narratives emerged on the factors that had helped therapy despite differences in race, culture and worldviews. Counsellors who showed genuineness and empathy evidenced by their desire to learn about the client culture, stood out. Merely “*being there*” and felt “*listened to*” helped those who experienced it, corroborating what Sue & Sue (1990) say about the importance for counsellors to engage in effective therapy through good communication in which verbal and non-verbal messages are received and sent. Though the client may not have met her goals expected from therapy in terms of having her issues intrinsically addressed, the ‘feel good’ factor that develops through the therapy process built on positive communication and congeniality, could contribute towards the client having ‘a good experience’.

Often, misplaced empathy can be a factor that counsellors need to tread on with caution. For instance, Saiba’s counsellor attempting to empathise by making comparisons between himself and her father and subsequently crying was regarded as a bad experience by her, and she assumed that the counsellor had attempted to compensate for his lack of skills and knowledge through such empathy. Similarly, a counsellor attempting to empathise with a client by

minimising the impact of the client's trauma --- as in Saiba's instance when a counsellor wondered why she had not moved on from the abuse as it had happened a long time ago --- can also be unproductive as the client may view the counsellor as being beyond her/his depth to address such long-term trauma.

Power imbalances between the counsellor and therapist and its impact on the counselling relationship also emerged in the Findings. All the participants with the exception of one (who had a counsellor of the same ethnicity) had experienced this phenomena, aspects of which were linked to culture and racism. Saiba for instance was culturally taught not to challenge those in 'authority' and could not therefore bring herself to let one of her counsellors know that the therapy was failing. Ifeoma alluded that she would not access counselling from a White counsellor as she believed she would not want to feel that she is dealing with a "*higher woman*." Here, what could also be occurring is the 'unconscious transference' (Diller, 2011) in which the client views the therapist as superior and powerful while at the same time associating the counsellor with the White colonial oppressors.

The need to build 'trust' emerged as a key determining factor for successful therapy. Those who felt their experiences minimised or marginalised or disrespected in any manner, primarily because of the counsellors' ignorance and their inability to comprehend the depth of the participants' experiences, were unable to forge meaningful relationships with their counsellors. For many of the participants, their expectation of making sense of their experiences and finding meaning through therapy were not entirely successful because of not being able to build rapport based on cultural understanding, similar lived experiences, values and belief systems. Saiba spoke about the inability of her counsellors to relate to her experiences of abuse because the counsellors had not experienced anything even remotely similar to what she had experienced.

The counsellor being able to speak the client's language and acknowledge even basic social/cultural etiquettes, like offering tea, were among the more important aspects in sealing the therapeutic relationship for some of the participants including Sachiko. Counsellor awareness of non-verbal cues such as making eye contact also emerged as significant: It is important that counsellors do not generalise that eye contact with authority or elders is avoided in all ethnic cultures, as there will be several exceptions as evidenced by Saiba who said she did not feel 'human' as her counsellor had not made eye contact. There is a real danger in generalising such a behavioural expectation as there are 'cultural variations' (Sue & Sue, 1990)

as well as age/gender variations that could create misunderstandings that may alienate the client and impact on the ability of the counsellor to develop a relationship of trust. For instance in Saiba's culture, elders looked at them directly and did not avoid eye contact with those that were younger. It is, however, not known in this instance whether the counsellor was doing so for cultural reasons or whether he was so busy making exhaustive notes of the counselling session that he had not bothered to look at her!

I also found it interesting how counsellors had resorted to providing meditation CDs to ethnic clients when most would be aware of such concepts but would be unable to use them because of their emotional state and would prefer talk therapy to self-help strategies. Are White counsellors adopting such strategies in their therapeutic work as a means to their therapeutic end rather than for any tangible benefit to their clients?

Other factors that helped build the relationship were offering advice and support alongside advocacy. All the participants expected advocacy support and some like Ifeoma articulated that the counsellor's advice was valuable, an expectation that Jing-Ying (2012) believes impedes further exploration into problem solving within therapy. However as Lau (2000) and Dwairy (as cited in Diller, 2011) profess many ethnic clients go to counsellors with the expectation of being advised on how to solve their problems, and that positive regard and unconditional support may not be enough in the therapy relationship to bring about constructive change in those who come seeking advice.

### **Framework: A union of two isms -- collectivism and individualism**

The main discussion points that emerged through this group of findings is the difference between the 'I' consciousness and 'we' consciousness. Hofstede (1980) believes that individualistic societies underscore the former while collectivist societies endorse the latter. This was adequately evidenced through participants like Saiba who said that the counsellors consistently expecting her to prioritise her need over her family's needs did not work as she had grown up with a 'we' consciousness. It should be noted that current counselling theories being used and taught were developed by professionals predominantly from individualistic cultures and living in western countries (McCarthy 2005) and emphasise the I-thou relationship (Sue &

Sue, 1990). Such therapy frameworks would be individualistic and keep in abeyance the needs of collectivist cultures.

With collectivism come obligations to family and vice versa: These obligations enable ethnic immigrants to feel supported and not experience 'loneliness' which is very rampant in individualistic cultures that prides itself on having 'space'. Individualistic models of counselling that the participants claimed they had experienced, worked against their very ethos and were largely unsuitable in understanding those from collectivist backgrounds. This aligns with my Literature Review findings that state that such theories were consistent with the values of autonomy, personal responsibility, awareness and the independent self (McCarthy 2005).

The enormity of social isolation that many ethnic women victims find themselves in, like Ifeoma and Sophia when they leave marital relationships, often goes unrecognised in individualistic models that applaud the courage the women have shown in having made the decision to leave their marriages, and often their families. The resultant social isolation is not self-imposed but an outcome of social stigmatisation that ostracises those who venture outside collectivist marital and filial norms. Such victims would seek to keep their abusive relationships secret, especially if they have exited the relationship, for fear of repercussions on them and their family. These findings are consistent with Dasgupta and Dasgupta (1996) and others who analyse that the perpetration and maintaining of family honour lies with the women and if a married woman left her husband, her entire family would suffer a loss of face.

Moreover if such an ostracised woman were to seek counselling she would face further stigmatisation with others referring to her as being 'mentally ill' or being 'weak', possibilities corroborated by Sachiko and both of which could have further impact on individual self-esteem. People who are socialised to be independent and fix their own problems may be seen as weak if they take the support of a counsellor. This is in tandem with my readings (Triandis et al., in McCarthy 2005) that suggest that those who are socialised to be independent may hesitate to seek help as such an act would be associated with weaknesses. However this can occur within both individualistic and collectivist cultures, they argue. Such individuals, if they cannot 'fix' their own problems, are encouraged to seek mediation within family and their social circles as going outside these circles could be tantamount to threatening the social order.

Counsellors attempting to help abused clients from collectivist backgrounds by encouraging them to alienate and insulate themselves from their oppressive communities, without them fully understanding the impact of such a stance taken by their clients, is also questionable.

Psychologist Marwan Dwairy in an interview with Diller (2011) says that individual choices in life for such people in such cultures are collective matters and therefore all major decisions are determined by the collective.

This brings us to the potential dilemma that counsellors may face while working with ethnic women survivors of domestic violence. The primary ethical requirement of counsellors is 'do no harm' and or work with the client to eliminate any kind of harm she may be facing. A fundamental challenge in the context of women survivors from ethnic cultures would be to keep them safe from harm or threats emanating from their own collectives. On the other hand the counsellors have the responsibility of enabling the empowerment process of client, help her challenge social injustice and stay free of abusive norms. The stance of change adopted by such clients may threaten the collective as it worries about the women becoming catalysts for a kind of social change that they do not approve of. So then, would it be appropriate on the part of the therapist to encourage the victim to challenge, either directly or indirectly, domestic abuse endorsed through such collectivism and liberate herself from its tentacles? If not, would the therapist then be unwittingly colluding with such social and cultural injustice that brought the victim to the counsellor in the first place? To confront or conform is a difficult choice that needs to be made by counsellors while working with such clients (Lau, 2000). For Western counsellors, making such a choice would be even more difficult than for their ethnic counterparts as the former group may be far removed from such cultural abuse and or its experiences.

Ethnic cultural perspectives within mainstream counselling academia are by and large absent, even as 'multiculturalism' continues to be a word expressed with caution within bi-cultural Aotearoa, New Zealand. For instance, the absence of an ethnic framework and commensurate cultural analysis in the current counselling domain, led to counsellors vilifying the fathers of at least two of the participants from two different countries, in a manner that stereotyped all ethnic fathers as abusers, which impacted on the therapy, negatively. It was interesting how Saiba attributed her oppressor's behavior to deeply entrenched patriarchy while Mangalam attributed her's to post-colonial trauma. This finding is attuned to my findings in literature where authors like Sokoloff & Dupont (2005) citing various others emphasise the importance of multicultural

perspectives in counselling, stating that cultural competence requires not only an understanding of clients' cultural differences but also particular cultural and structural needs of different communities.

For those who migrate from Asian, African and Middle Eastern countries to Aotearoa, New Zealand and other western nations, the concept of individualism as arising from the individual at the core of society from which other social organisations and social relations emerge is often lost as a concept. Individualism is a system of ideas that places the individual as the basic building block of society and is to be understood as part of the West's cultural archive (Smith, 1999). If counsellors were to spring such an individualistic concept on to ethnic immigrant clients, especially when they are highly vulnerable and seeking therapeutic intervention for issues related to fear, loss of family, relationships and community support, it is unlikely to fetch positive outcomes.

Such findings support my hypothesis for the development of a collectivist framework or model to counsel women and people from collectivist backgrounds, living in western nations. All the participants believed in such a possibility. It is imperative that the model is based on an 'intertwining' of the two divergent paradigms of individualism and collectivism. I believe this would be needed if affected women and families were to continue to live inter-generationally in Western countries that may continue to adhere to a predominantly individualistic outlook in all aspects of society.

Though multicultural counselling models are being theorised in some parts of the world, Vera and Speight (2003) warn that caution needs to be exercised on such developments to prevent tacit and unknowing replication of existing systems of power and privilege that colonise rather than decolonise counselling and psychology practice and scholarship. Those who propound such theories would need to immerse themselves in de-colonisation discourses and consistently be aware that White privilege does not create the hegemony that have disempowered and silenced many from ethnic collectivistic cultures over generations.

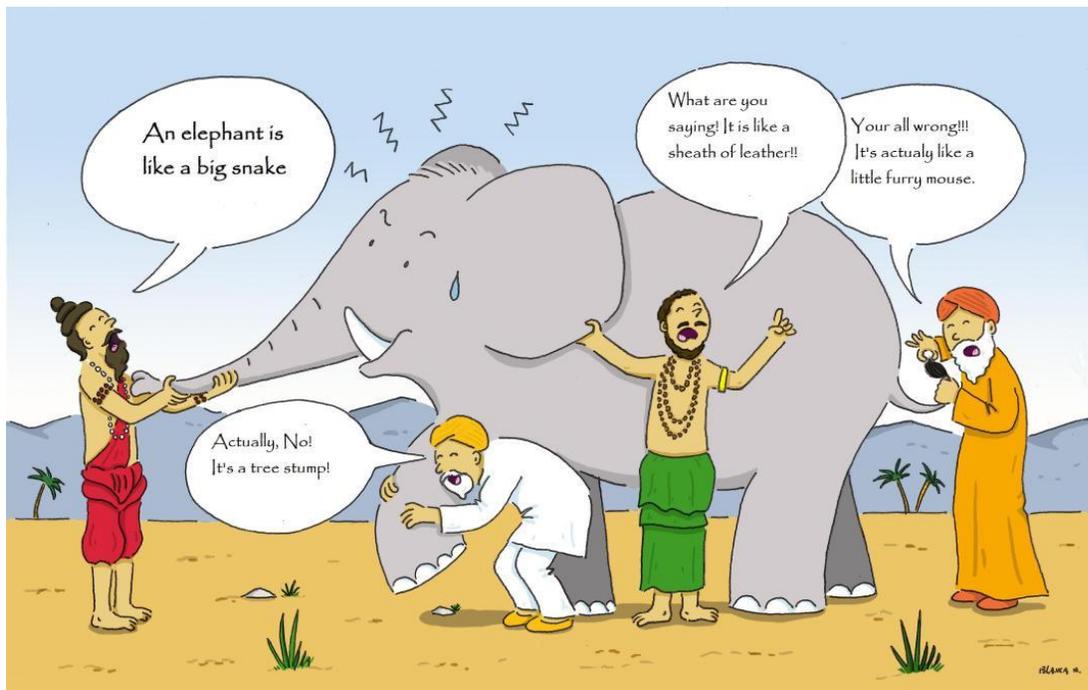
With Aotearoa, New Zealand now hosting second, third and fourth generation immigrants many of whom are products of bi-racial or multi-racial relationships, worldviews and lived experiences in the multicultural domain can become extremely complex. The continuing trend of 'one size fits all approach' in counselling and social work training, with multicultural perspectives

reluctantly squeezed in through ad hoc workshops or guest lectures, may not augur well for the caring professions in the long term. West (2004) questions the one size fits all approach of training and calls for 'deconstruction of counselling theories'. Such deconstruction could also take into context the development of a collectivist therapeutic framework that transcends the issue of 'race' not only between White and people of colour, but also within the coloured biracial/multiracial groups.

Further research in this area needs to delve into deeper structural analysis of collectivism, post-colonial trauma within such societies and the varying intersectionality within such societies; and as Arredondo, Blank & Parham (2008) suggest, to include cultural, social paradigms, religious/spiritual worldviews, socio-cultural-economic domains, gender and sexuality issues, and the unique identities of multiple-heritage individuals.

## CONCLUSION

The intent of this research was essentially two-fold: Firstly, to bring into the limelight the complexities that counsellors have to navigate through while engaging in therapy with abused immigrant women living in Western nations. The second intent was to unmask the metaphorical Elephant in the counselling room, her features, her colour, form and texture, as the counselling commences. While working on this research I was also reminded of the parable of the blind men and the elephant (image below) who after coming into contact with an elephant, conceptualise the object of their touch independent to the rest of the elephant, depending on what part of the elephant body each of them touched and felt.



<https://wildequus.org/2014/05/07/sufi-story-blind-men-elephant/>

In some respects, the blind men reminded me of some of the counsellors with whom the participants had experienced therapy. The Elephant had positioned itself in the room, invisible to the Counsellors as they had carried on with their counselling.

The research threw up some limitations and strengths, a few of which were expected and some unexpected.

### Limitations of this research

An inherent limitation to this research was its qualitative nature which limited the number of participants to a smaller sample. While it enabled rich content to be sourced from the participants, I could not widen the scope to include more ethnicities. While I had participants of Asian (South Asian, South East Asian) and African backgrounds, I could not source a participant of Middle Eastern background within the given time-frames of this research. While I had counselled several women of Middle Eastern background over the years, I did not consider it appropriate to elicit their direct participation as they had been my clients at some stage. Nevertheless I was able to cite some of their experiences, anonymously, in the Discussion section.

The other limitation was the genuine apprehension experienced by some of the participants about potentially being exposed through the research --- a real probability, considering that some of the communities are small and close-knit. I am aware of the so called honour-based violence threats that were issued against some of the women I have counselled and the impact they have had on their emotional and physical well-being. As a result of such dynamics, I lost a very valuable, Arab-speaking participant who had an incredible story to tell. Such possibilities could also have deterred many other participants of certain ethnicities as their likely identification and the exposure that would follow through a public medium such as this research, could have led to their wider ostracisation and further harm within their respective communities.

I also recognise and acknowledge that the similarities in personal experiences that I share with my participants do not entitle me to assume that I fully understand or relate in totality to the various issues the participants presented in counselling and their experiences therein. Hence, while disclosing the findings I wonder if I was able to accurately capture the finer nuances of the participants' experiences of counselling and whether I might have overlooked something that could have been significant to them. This probability has nagged me as my findings had some statements made by the participants, that could have been important to them, but that I was unable to use, essentially due to word limitations and the risk of digressing from the main themes uncovered.

## Strengths of this research

The greatest strength of this research is embedded in the participation of the research participants themselves as they courageously took the risk of letting their trauma from abuse and violence surface again during the interview process and shared their experiences with the wider public. I feel honoured to have been part of that journey with them. As co-collaborators of this research, they have joined me in actively exposing the Elephant in the room so that it can be acknowledged and its presence better understood. Along with me, the participants hoped that such a recognition would enable others in Aotearoa, New Zealand and in other regions of the Western world to look forward to more meaningful therapy experiences in the future.

At the time of conceptualising this research topic, I was not sure how successful I would be in enabling survivor voices of counselling experiences to be heard. After all, 'Counselling' was a phenomena they had never experienced prior to coming to Aotearoa, New Zealand.

I was surprised by their candid responses that took the research to realms that had not featured explicitly in my Literature Review. For instance I was not sure whether 'racism' and its manifestations would feature with the depth it has through the voices of participants. I had assumed that it would raise its head during my exploration of colonisation, but not in the way it had emerged for at least three of the participants. At the time of the review, I had focused on topics like collectivism and individualism, worldviews, colonisation and cultural sanction of abuse, and their relevance in the counselling process. Racism was implicit in my Review, not explicit.

The fact that the participants chose to articulate 'racism' during their interviews also bears testimony to the growing maturity of the ethnic community (the participants included) in Aotearoa, New Zealand, in being able to talk about such a contentious subject freely and frankly. I wonder, however, had I not been a researcher of colour, would they have expressed what they did so uninhibitedly?

## Implications of this Research and future possibilities

The Elephant in the room became clearly visible through my interviews with the participants, revealing the incongruence that exists between participant collectivist thinking and the individualistic forms of counseling they had experienced. This provides fodder towards the exploration of newer counselling models that encompass such varying paradigms and their

intersectionality across gender, race, racism, worldview, culture, social justice, individualism and collectivism. To make counselling a complete and meaningful experience for immigrants of colour, such paradigms need to be factored in, not merely at a superficial level, but at a level that is deep enough to resonate with the client in ways that they can draw meaning from.

Future research in this area will need to incorporate the differences and commonalities across a myriad of ethnic worldviews spanning Asian, African and Middle Eastern communities which could cement the foundations of a new framework and or strategy to work with immigrant women survivors and their families. An in-depth analysis of gender constructs and the subjugation of women therein would be a statutory requirement in the context of individualism and collectivism. Such an exploratory journey, as overwhelming as it may become, will enable the postulation of a suitable framework propped up by need to incorporate the fundamental human rights of individuals above and beyond oppressive cultures and tradition. However, without the active participation of former survivors, I believe such work will be deemed incomplete.

The framework that I envisage would be akin to the simple, yet complex image represented by the different objects housed inside a Kaleidoscope that, when rotated, would fall together to form an intricate pattern that changes colour and form. As complicated as this may appear, it is imperative that such a framework is developed if we are to claim success in the therapy of ethnic immigrants of colour in Aotearoa, New Zealand and other western nations.

I look forward to leading the development of such a framework along with some of the participants and others interested in the domain of therapy and overall well-being of immigrant women survivors of violence and their families.

I seek to conclude this research with a quote from M.K Gandhi who pioneered the non-violent freedom movement in India that ultimately liberated the country from two centuries of British colonisation.

*“Silence becomes cowardice when occasion demands speaking out the whole truth and acting accordingly.” — Mahatma Gandhi*



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## **APPENDIX**

**(Research Poster)**

## The Elephant in the Room...

Are you an Asian, African or Middle Eastern woman of Immigrant descent?

- Have you experienced domestic violence?
- Have you accessed counselling in New Zealand?
- Would you be willing to talk about your experience of counselling?

I wonder if you sometimes felt you were not adequately understood in terms of your culture, beliefs and values. I wonder if you were not able to talk about certain issues because your ethnic / cultural / family background may not have been acknowledged...

...These issues could converge to become the metaphorical 'Elephant in the Room'.



My name is **Shila Nair** and I am a practicing, NZAC registered Counsellor in New Zealand. I am currently doing my Research as a final year Master's Degree student at the University of Auckland. And, I am interested in hearing about the experiences of immigrant women and counselling.

If you are interested in contributing to this research, you can find out more by contacting me on:

**snai150@aucklanduni.ac.nz OR cellphone: 027 5347251**

The interviews will be conversational and will not last more than one hour. You would be able to review the transcript. All conversations will be kept confidential and stored safely. If you need more information and clarification I would be happy to provide you with that.

(Approved by the University of Auckland Human Participants Ethics Committee on Feb 27, 2017 for 3 years. Reference # 018649)



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### **PARTICIPANT INFORMATION SHEET- (APPENDIX B)**

**Research Project Title:** Narratives of Asian, African and Middle Eastern immigrant (ethnic) women survivors of domestic violence from collectivist backgrounds living in New Zealand: A qualitative study giving voice to their lived experiences within the therapeutic context.

**Researcher:** Shila Nair

**Principal Investigator:** Dr. Jan Wilson

**Date:**

**To:**

Allow me to introduce myself. My name is Shila Nair and I am a student of the University of Auckland, currently studying towards a Master's Degree in Counselling, within the Faculty of Education and Social Work. My Supervisor is Dr. Jan Wilson, an experienced Counsellor and Lecturer in the Counsellor Education Programme at Auckland University.

In my professional capacity, I am a practicing Counsellor fully registered with the New Zealand Association of Counsellors (NZAC). My work, for over 15 years in New Zealand, has been with immigrant women and children in domestic violence, of Asian, African and Middle Eastern origins. For over eight years, I have been counselling women survivors and their children at Shakti, the organization where I work.

The subject of my research has evolved from my experiences of working with ethnic immigrant women, especially survivors of domestic violence. When counselling such brave survivors, I have gained a fair insight into the emotional conflict and trauma they face when having to choose between conforming to traditions and collectivist values of 'family first' (we) versus the 'individual' first (me). For instance, a survivor leaving an abusive marriage without the consent of her parental family members may be seen as her being individualistic as against her keeping

to the collectivist expectation of continuing with the abusive marriage in order to upkeep the family honour and avoid community ostracisation.

Counselling models as practiced in New Zealand have been developed in the western world, by and large, using western perspectives which are perceived to be individualistic in outlook. Such perspectives may not take into account the context of the specific cultural issues and lived experiences of Asian, African and Middle Eastern women and families which are mostly collectivist in outlook and tradition.

Through your valuable participation in this research I seek to explore what you have to tell me about your counselling experiences. After listening to the narratives of a number of women I hope I will come up with some findings that may assist in suggesting alternate perspectives and/or different frameworks for counselling ethnic immigrant women survivors from collectivist backgrounds, and ethnic families in general.

If you have been a past survivor of domestic violence and have accessed counselling in New Zealand, I would sincerely appreciate your participation in this research, through the medium of interviews and conversations.

I will need to meet and conduct individual interviews with up to 5 women, of Asian, African or Middle Eastern origins and living in New Zealand.

The meetings and interviews are expected to take place between March and June 2017.

#### **Process of interview and collaborative conversations:**

- The interview will be held one-to-one and in a location that offers complete confidentiality with no interruptions.
- It will be held in a place of your choice, taking approximately one hour.
- I will provide you with a consent form (to sign), that is approved by the University of Auckland Ethics Committee, as an acceptance of your participation in this research.
- The interview will be conversational with some questions aimed at seeking specific information required for this research. (please see appendix on questions)
- The conversations/interview will be audiotaped. I will be the transcriber of the recording.
- I will provide you with the transcript of your interview/conversations for your approval and use in this research
- You have the right to ask for the audio-recording to be switched off if you do not want certain information to be recorded.
- You have the right to edit the transcript if you feel the need to change what you said and or add more information
- My role will be that of an active listener with a curious questioning stance, intended to unpack the meaning behind the interview and our conversations.
- The only other person who will have access to the interview data/contents/transcript will be my Auckland University Research Supervisor, Dr. Jan Wilson.

#### **Content/Data storage/ retention/ destruction/ future use**

The thoughts, observations and opinions you share will be retained by me as a data file and as hard copy text for the duration of my research. On submission of my report, your data file and transcript will be stored securely within the School of Counselling, Human Services and Social Work at The University of Auckland for the six years that is generally required. After that time all data will be securely destroyed.

### **Right to Withdraw from Participation**

You will have the right to withdraw from participation in the research at any time during and before the interview without giving a reason. You will also be able to withdraw your data from the research up until 2 weeks after receiving a copy of the transcript for review.

If we find, during the interview, that issues or concerns that are painful are brought up inadvertently, then I will cease recording and discuss with you options of seeking therapeutic intervention, with the active support of my Research Supervisor. You may choose to continue the interview at some point. I regard one of my primary responsibilities is to make this experience as interesting and rewarding for you as possible and at all times throughout the process I will be available to discuss your participation and any issues arising from your participation.

### **Anonymity and Confidentiality**

In the course of presenting key aspects of each individual story and how they contribute to overall themes your name would be kept confidential. You will be given the opportunity to edit the transcript before analysis, and remove any part you do not want included in the results.

In order to have your identity protected I will ask that you choose a fictitious name that can be used to refer to you and to mutually discuss information/data that would need to be changed for the purpose of keeping your identity confidential. Taking this precaution would be necessary considering that New Zealand's ethnic communities are close-knit and personal information that is identified with you and your family would need to be kept discreet.

### **Risk and Referral**

If serious risks are disclosed that were not disclosed prior to the interview and which you have not revealed to any agency, you will be advised of the benefits of seeking appropriate agency support and actively referred to, with your consent and willing participation. Such agencies may include women's refuge, doctors, psychologists, counsellors, etc. If issues associated with potential lethality are revealed, you will be advised that you will need to be referred to suitable agencies such as the police (if at risk of being physically harmed), mental health services (if at risk of self-harm) in your best interests. An appropriate Support Person from within Shakti may be designated to work with you in keeping yourself safe.

### **Getting in touch / Contact details**

I look forward to hearing from you once you have had a chance to consider my request for you to participate and I am happy to give answers to any questions you might have. I would appreciate hearing from you in the next two weeks so that we can confirm your participation and begin our work together, if that is your choice.

**Here are some important contact details regarding this research and any aspect of its procedure.**

### **Research Student**

Shila Nair  
School of Counselling, Human Services and Social Work,  
Faculty of Education and Social Work,  
University of Auckland  
snai150@aucklanduni.ac.nz / Phone: 027 5347251

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### **Head of School**

Dr. Allen Bartley,  
School of Counselling, Human Services and Social Work,  
Faculty of Education and Social Work, University of Auckland  
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For any queries regarding ethical concerns you may contact the Chair, The University of the Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 3737599 extn. 83711  
email: ro-ethics@auckland.ac.nz

Approved by THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON February 27, 2017 for (3) years, reference number 018649



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### **Participant Consent Form – Appendix C**

**(THIS FORM WILL BE HELD BY AUCKLAND UNIVERSITY FOR A PERIOD OF 6 YEARS)**

#### **Project title**

Narratives of Asian, African and Middle Eastern immigrant women survivors of domestic violence from collectivist backgrounds living in New Zealand: A qualitative study giving voice to their lived experiences within the therapy context.

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- I agree to take part in an interview lasting approximately one hour.
- I agree to be recorded and understand that my audio files will not be returned to me. I understand that I can choose not to answer any question in the interview and to have the recorder turned off at any time without giving a reason.
- I understand that the research findings will be included in Shila Nair's research portfolio and may also be published in newsletters or journals and reported at conferences.
- I understand that I will be given an opportunity to view the transcripts of my interviews and to ask for any portion to be removed if I do not want it involved in the analysis. I will have two weeks to make these alterations.

- I understand that I am free to withdraw participation at any time, and to withdraw any data traceable to me up to two weeks following my interview without giving any reason.
- I understand that where the interview inadvertently brings up issues or concerns that are painful for me, I can ask that we cease recording and / or suspend the interview and be supported to access a counsellor, if I wish.
- I understand that every attempt will be made to maintain my confidentiality. I will choose or be given a pretend name so that my name will not be used in the research report and any identifying details will be disguised as far as possible.
- I understand that the consent form and data will be kept in secure storage at the University of Auckland for 6 years, after which they will be destroyed.
- I understand I will receive a summary of findings verbally, specific to the content that relates to me, if I wish.

*Contact*

*Information* \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON February 27, 2017 (3) years. Reference Number: 018649



## EDUCATION AND SOCIAL WORK

SCHOOL OF COUNSELLING,  
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## RESEARCH INTERVIEW QUESTIONS GUIDELINE

### Appendix D

#### The Research Title:

Narratives of Asian, African and Middle Eastern immigrant women survivors of domestic violence from collectivist backgrounds living in New Zealand: A qualitative study giving voice to their lived experiences within the therapy context.

**Researcher:** Shila Nair, Student, Auckland University

#### Aims of the Research

The study is aimed at gaining an insight into the lived experiences in therapy for Asian, African and Middle Eastern (ethnic) women survivors from collectivist cultures who have accessed counselling in New Zealand. Through participant interviews I wish to gain an understanding of their perception of the counselling approaches they engaged with, the quality of the therapeutic relationship established between them and their counsellors and the therapy outcomes generated during the counselling process.

#### Research Question/s:

Please note that the questions below will guide the interview and provide a basic structure but as an interviewer I will also follow your conversations in order to let you focus on what's most relevant for you.

***Primary / Overarching Question***

What are your counselling experiences as an ethnic immigrant women survivor of domestic violence living in New Zealand?

The following are the **subsidiary questions** that will help unpack the main question through discussions and a semi-structured interview format:

1. How would you define your identity? Please state in the context of your culture, gender, culture, ethnicity, society, family values, migration and colonisation, besides any other factors arising.
2. Do you consider yourself as originating from a collectivist or individualistic family background?
3. Your first ever encounter with 'counselling' and your experience of being in the room with a counsellor. What did you derive from the experience? Experiences of subsequent sessions.
4. The relevance of the counsellor's ethnicity and gender in the context of her/him having an understanding of your domestic violence experiences, culture, worldview and collectivism.
5. Therapy in the context of self-determination, individuality, social justice and collectivist values: Your viewpoints.
6. Was the counsellor able to understand culturally and socially sanctioned oppression/violence within your culture? If yes, how did they address that?
7. Your expectations from the counselling sessions and to what extent were they met or not met
8. What worked well in therapy? What did not?
9. Does you see a relevance for the development of an alternate counselling framework for ethnic women victims of collectivist backgrounds living in New Zealand and other western nations?
10. Any other information or views you may wish to provide

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### **INTERPRETER CONFIDENTIALITY AGREEMENT**

#### **Appendix E**

##### **Project Title:**

Narratives of Asian, African and Middle Eastern immigrant women survivors of domestic violence from collectivist backgrounds living in New Zealand: A qualitative study giving voice to their lived experiences within the therapeutic context.

##### **Interpreter:**

Name:

I state that I will be interpreting interviews for the above research project. I understand that the information contained within the interviews is confidential and must not be disclosed to, or discussed with anyone other than the participant and the researcher.

Signature:

Date:

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