

**Developing Counselling Practice in South India:
A Participatory Action Research**

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The candidate confirms that the work submitted is her own. The candidate confirms that appropriate credit has been given within the thesis where reference has been made to the work of others.

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Abstract

Professional counselling in India is an emerging field where current practice is largely influenced by Western models of counselling. These methods are integrated with methods of Indian holistic healing. There is limited research and reviewed literature in this field in India. Most mental health research is based on psychiatry and social work. The aim of this study is to explore practitioner experiences in the social reality of their practice using a culturally sensitive, strengths perspective. These strengths stem from the individual's core and develop within the influence of culture.

This study will examine current personal and professional experiences of trained practising psychological counsellors, create awareness about strengths and develop a goal for the emancipation of professional counsellors in the given cultural context. This qualitative research has a Participatory Action Research (PAR) design with seven participants in a PAR group setting. The data collected over 10 meetings across 8 months was recorded and transcribed by me. The data was analysed using a non-interpretive, recursive, reflexive analysis.

The major findings are the realities of practice and effects of socio-cultural influences on the professional counsellor, for instance: age, gender, spirituality, language, cultural expectations and strengths. The transformative outcome was professional awareness of being instruments of change and to enable change in social reality. It also led to the development of a support group for practising counsellors. The research process was emancipatory as it directed participants to acknowledge their value as Indian counsellors, voice their need for professional recognition and begin a process of liberation by implementing their own growth and awareness socially and in practice.

The methodological approach, findings and outcome of the study are intended to be disseminated through publications in counselling, educational peer reviewed journals and presentation of papers at conferences. This aims to impact counselling training, research and practice. It will also enhance the limited body of existing knowledge in psychological counselling in India.

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Abbreviations

CBT – Cognitive Behavioural Therapy

CEO – Chief Executive Officer

COO – Chief Operating Officer

EAP – Employee Assistance Programme

LGBT – Lesbian, Gay, Bisexual, and Transgender

M.Sc. – Master of Science

MNC – Multinational Corporation

NGO – Non-Governmental Organization

NIMHANS - National Institute of Mental Health and Neurosciences

PAR – Participatory Action Research

SHREC – School of Healthcare Research Ethics Committee

UGC – The University Grants Commission

WHO – World Health Organization

1.0 Introduction

Psychological counselling as a profession in India is an integral part of mental healthcare and wellbeing. It is rooted in Western models, theories and standards of practice. Professional counselling is formally taught and practised, predominantly, based on the Western perspective. The growth of university counselling training programmes in India establishes the popularity of the subject and the need for professional counsellors in society. The focus of my research is an experiential account of practicing counsellors and the unearthing of the realities of practice. It is not my intention to debate whether the standard of professional counselling is good or not in India, but rather, I would like to shed some light on the actual reality that exists today professionally, from the counsellor's perspective.

1.1 Background

India has a collectivistic family system that is bound by tradition, faith and culture. Collectivism involves 'the subordination of individual goals to the goals of a collective' (Hui & Triandis, 1986, pp. 244-245 cited in Dion and Dion, 1993). This system functions as individuals' and societies' primary source of support and has sustained its unique sense of functioning for centuries.

Through extensive urbanization and globalisation/Westernisation, there have been structural changes to the traditional family system. The need to access higher education and improve economic stability, in a rapidly developing country, contributes considerably to this change. Medical and specialised healthcare systems (social work and psychiatry) in urban areas are fast growing. Haan (1997) states that as urbanization accelerates, families striving towards financial and social growth migrate to urban areas (for example: Mumbai, Delhi, Chennai, Bangalore) from rural areas. Haan (1997, p. 35-47) also suggests that 'rural-urban migrants continue to maintain close links with their areas of origin.' This migration has an effect on the family structure, as only the younger generation tend to migrate,

thus creating the 'nuclearization' of families (Natrajan and Thomas, 2002, pp.483-503). These changes i.e. a new lifestyle, different contexts, values, circumstances, changing environment and finances bring about mental and emotional stressors. Natrajan and Thomas (2002, p.483-503) claim that stressors arise from a conflict between 'traditional collectivist values and the new individualistic (or Western) value system.' The primary support system of family and society having undergone a change, people need to seek psychological care professionally. The established concept of professional mental healthcare or well-being has extended to non-clinical populations¹; there was a branching out of social work and psychiatry to clinical psychology and later psychological counselling (Refer 2.1.2).

Although Arulmani (2007, p. 69) highlights, 'all that is termed as 'counselling' today was embedded within a complex support system of social relationships' in India for many centuries in the '*Vedas*²', it was not until the influence of the West entered Indian society that it was accepted and professionally practised. Psychological counselling in India is gradually becoming an accepted avenue of professional mental healthcare. The Indian population, in general, has a deep rooted spiritual understanding that is cultural rather than religion based ('*karma*'³, horoscopes, superstition) that is core to their subjective experiences. This being so, a basic understanding of clients within their subjective frame of reference is a therapeutic requirement. However, in reality, this is seldom taken into consideration.

Therefore, this study will enable counsellors to understand their subjective contexts, become aware of their strengths and help clients form that frame of reference. The concept, definition and the general understanding of strengths and strengths perspective is elucidated later on in Chapter 2. An

¹Non: clinical populations - populations who are not usually using medical services such as those with psychiatric diagnoses

²Vedas: a large body of texts originating in ancient India. the texts constitute the oldest layer of the oldest Scriptures of Hinduism

³Karma: that which causes the entire cycle of cause and effect

extensive review of literature, findings and my own experiences, will substantiate this line of thought.

1.1.1 Background of Psychological Counselling in India

In India, the academic subject of psychological sciences was developed by 'imitating the research problem, concepts, theories and methods borrowed from the research done in Western countries' (Gergen et al., 1996, p. 497). 'Western, academic psychology or "mainstream" psychology was introduced to India' in the late 1920's branching out from main stream psychiatry to social work and psychology (Arulmani, 2007, p.70). However, Psychological counselling in India is still rather nascent, 'an emerging field in that there appears to be an absence of a professional identity' (Scorzelli and Reinke-Scorzelli, 1994, p. 603-610). 'Helping Hands', an NGO, was started in 1983 by Ms. Alice Saldanha to help people psychologically (through counselling), this was later taken further by Dr. Ali Khwaja who started a training/counselling centre (Banjara Academy) in 1997 and offers a certified Diploma course in counselling skills, since 1999.

Until 1995, there were no graduate degree programmes in counselling or psychological counselling in India, (Scorzelli and Reinke-Scorzelli, 1994). Br. Mathew Panathanath, at Sampurna Montfort College, started a Post Graduate Diploma (PGD) course in 1995, followed by a Master of Science (M.Sc.) course in 1998 in Holistic Psychological Counselling, affiliated to Bangalore University. It was the first course in psychological counselling that was recognised by the Government of India. Subsequently, Bangalore University and Christ University offered the same course, also recognised by the Government of India.

1.1.2 Indian References and Western Theory

There are detailed references to 'the mind, behaviour, emotions, perception, cognitions, personality, traits, and a host of such psychological constructs' (Arulmani, 2007, p.3), in ancient Indian texts (Vedas). However, professional psychological counselling, considered a Western concept, was a new avenue in mental healthcare, the practise of which became

challenging. Gradually there was awareness and acceptance of counselling, influenced largely by television, other electronic media and the rapid socio-economic growth of the country.

The stigma associated with mental illness is widely cited as one of the most influential attitudinal factors affecting the help-seeking process. Theory suggests that when individuals seek counselling services, the perception of societal discrimination or perceived stigma, influences decision making (Corrigan, 2004, Link et al., 1989). 'Persons may choose not to seek services in order to avoid being labelled as a 'counseling client', with attendant stigma' (Loya et al., 2010, p. 485). In India, this stigma is attached to practitioners as well, in spite of which, academic psychological counselling is gradually becoming a recognised career choice as evidenced by the rise in number of applications for the graduate programme at Bangalore University and Christ University for example.

Over the years of practice and training, the need for a cultural bridge between the existing traditional Indian methods and Western understanding of psychotherapy became apparent. 'To mix Western and Indian concepts and to adapt Western concepts to suit Indian culture,' (Gergen et al., 1996, p. 498). This integration was insufficient to bridge the gap. It made the practical adaptation of Western theoretical models to the Indian context of counselling, inadequate. Scorzelli and Reinke-Scorzelli (1994, p. 603) suggests that since 'most counselling theories were developed by white males from America or Europe; it is possible that they may conflict with cultural values and beliefs of the third world or minority individuals.' So, even though trained counsellors had sufficient knowledge of the two models of practice, (Western talking therapy model and Indian energy healing model), they were unable to integrate them effectively in the practical therapeutic setting.

1.1.3 Traditional Healing and Counselling

Aspects of culture, traditions and values that differentiate individuals, families, communities and societies from each other need to be taken into

consideration when adapting theory into practice in counselling. There have been several efforts to develop culturally adaptable models for mental healthcare in India especially in the field of psychiatry and social work; for instance, the Indian family therapy model through the National Institute of Mental Health and Neurosciences (NIMHANS) and a strengths based model in social work e.g. 'Strengths Perspective in Mental Health' (Aarti and Sekar, 2006). This has influenced counselling training and practice in India. These models however were researched on a clinical population and in the psychiatric family therapy unit of NIMHANS. Counselling training in India integrates professional counselling with traditional healing methods (energy healing) of which Pranic healing⁴, Rekhi⁵, Acupressure⁶, Yoga and Meditation are the most common. Moodley et al. (2008b), advocate the symbiosis of the body, mind and spirit through a combination of traditional healing and psychotherapy.

Similarly, Yeh et al. (2004) write about traditional healing and psychotherapy for ethnic minority groups. In India, this integration of talking therapy and Indian traditional healing methods has limited literature to support it. However, traditional healing in the Indian psyche is the stronghold of the community culturally. Cornelissen and Ashram (2003) describe extensively the synthesis of the underlying values of Indian psychology and the influence of Western psychology. Starn (1998. p. 576-579) highlights that energy work based on a spiritual history dates at least to 5000 BC in India, where "*prana*⁷" is recognized as the basic source of life.' This is an understanding of strength influenced by culture. Thus, tapping resources/strengths, that are within the individual and those imbibed through a cultural context needs to become a medium in the

⁴ Pranic healing: is the name of an alternative medical modality used to heal ailments in the body by manipulation of the person's energy field

⁵ Rekhi: it uses a technique commonly called palm healing or hands on healing as a form of alternative healing

⁶ Acupressure: an alternative modality of healing where physical pressure is applied to trigger points by the hand, elbow, or with various devices

⁷ Prana: vital energy as articulated in the spiritual and healing systems of India also means 'life'

therapeutic alliance facilitated by the counsellor. It reinforces cultural understanding and empathy allowing a smoother adaptation of the taught Western models.

1.1.4 Need for a Change in Perspective in Counselling in India

In my professional experience over the last decade, the ideology of talking therapy seemed to be appealing to prospective clients, despite being stigmatised. However, therapeutic interactions do not pan out, in a session, as they do in most training videos of counselling in the Western Context. Moodley et al. (2008b) state, that, from their experience with counselling ethnic minority groups in Canada, 'talking therapies' have not been very successful and there arose a need for more culturally adaptable perspectives. The approach and focus in sessions were not within the subjective world or frame of reference of the client. This was found to be because of multiple reasons: the medical model still has a large influence in society; clients expect immediate change or medication; the cost of availing professional counselling where results are long term, does not appeal to the population; and awareness gained in the therapeutic setting is difficult to transfer into the social setting. These difficulties are primarily to do with understanding cultural contexts of the social reality. There is a requirement for these to be acknowledged, included and adapted by the practitioner in practice. If Moodley found that adapting Western theory to an Indian client was not effective in a Western context, it is even more critical to question the adaptation of this theory on the Indian population in India.

1.1.5 Growing Need for Professional Counsellors

There is however, a great need for psychological counselling in India. With the growing economic state and easy access to information across the world (Westernisation or globalisation and growth of information technology) Indians experience higher levels of stress (Jain and Sandhu, 2015). Approximately 30 million people are in need of mental health

services⁸ according to The National Mental Health Programme (Barua, 2009) and these do not include anyone from the 'normal' population who is in need of help. The ratio of mental health professionals to the need of mental health care is low and the ratio of professional psychological counsellors to the need of 'stressed' individuals willing to seek help is lower still. This great need for counsellors has given rise to unrecognised certificate holders setting up so called 'Counselling' practices by virtue of having attended short courses (1 week, 2 weeks, 3 months and some 6 month courses) on counselling. Most of these courses provide personal growth and an informal support system rather than as training for professional practice. Trained counsellors are evidently a minority in the mental health profession and are few in number. It is arguably, therefore, that this reality disrupts 'ethical practice'.

Counsellors are still going through the initial phases of defining their roles and believing in the relevance of their practice. 'Counselling' and 'therapy' in India are both understood as the same thing (Carson et al., 2009, p.2) although professionally they are defined differently. The understanding that psychological counsellors work with a 'normal' population with problems is widely accepted. This however does not define the role that the counsellor plays; his/her theoretical orientation; the client population; the training received; or the quality of professional outcome. Taking the above into consideration and the lack of professional organisation, it is not surprising when Carson et al. (2009) highlight the serious lack of professional counsellors in India who have the ability to provide professional therapeutic service. Counsellor education and training in India has been encapsulated in their paper 'counselling and psychotherapy in India'. They enumerate the various means of professional training available to people who want to become counsellors. Most of these are diplomas and master's degrees in psychological counselling, or practitioner based courses in psychiatry or social work courses. Jain and Sandhu (2015)

⁸'India, with a population of a billion and very limited numbers of mental health facilities and professionals-one bed per 40,000 population and three psychiatrists per million population'

discuss counselling courses that are unaccredited with varying quality. And Arulmani (2007, p.1) discusses those counsellors who practise with no formal training or a basic training in what is popularly called 'counselling skills'. All these different ways of becoming a 'counsellor' do not guarantee the quality of the practitioner. The modules that are taught in most of these courses are still heavily influenced by Western philosophy, with a minor inclusion of Indigenous psychology and holistic practices. Codes and practices such as 'dual relationships' and 'goal setting' for instance, McCormick (1998, p.284) are 'ethical considerations in first nations counselling'. He goes on to iterate the encapsulation of culture, increased awareness of social and moral expectations among clients that make these ethical considerations challenging.

1.1.6 India: Culture and Counselling Adaptability

Varma, 1982 cited in George and Pothan (2013, pp. 2-3) illustrates seven aspects of the Indian culture that arguably make this adaptability difficult: 'mutual interdependence, lack of psychological sophistication involving introspective and verbal abilities, social distance between the doctor and the patient due to class hierarchies, religious belief in rebirth and fatalism and related accountability, guilt attributed to misdeeds in past life and social approval-related shame, and lower emphasis on confidentiality in society can be therapeutic allies.' These act as cultural barriers when represented in a counselling setting.

The therapeutic understanding and relevance to context needs a change in focus. For instance, aspects of family interaction that are classified as dysfunctional in Western theory (enmeshment and differentiation)⁹, are considered strengths in the Indian family, when viewed in a cultural context (For example: Girls do not leave home until they are married but

⁹Enmeshment: a lack of tolerance for individuality, separateness, intrusiveness, psychological control, and dependency are important aspects of family. Family differentiation is a more complex, dialectical process, in which the optimal situation is where a combination of both closeness and autonomy is achieved within families. In other words, humans not only develop best when they feel close to significant others but also feel free to explore and create an autonomous and responsible sense of self

this does not signify that adult girls are not autonomous and differentiated emotionally from their families). There is little acknowledgement of this existing cultural context which is a large aspect of the familial support system within counselling practice in India. Cultural and societal norms, attitudes, values, traditions and customs need acknowledgement as they form a large part of the clients' 'sense of self'. In most Western theories of counselling the self is seen as an individual entity (focusing on the sense of 'I') differentiated from others. For most collectivistic societies like India the 'sense of self', to a large extent, is derived from culture and society wherein the 'self is relational' (Roland, 2005, pp. 283-285). Although with recent socio-economic changes there is a 'contradictory mix of traditional and modern elements in families' (Murthy, 2003 cited in George and Pothan, 2013, p.193)

1.1.7 Counselling Training in India

Scorzelli and Reinke-Scorzelli (1994) indicate to educators the importance of not ignoring individual differences among members of multicultural groups. Standardised counselling training focuses on subjective experiences and lived experiences of the client, with the academic requirements of theoretical and diagnostic knowledge. However, trainee counsellors focus on learning diagnostic or theoretical frameworks rather than focusing on the subjective world of the client and adapting this knowledge to understand the client. This puts clients into a predefined category rather than exploring subjective functioning of the client within their context. The research problem of how an emerging field of psychological counselling, culturally adapts in practice and training is raised. The need for a contextual subjective understanding of the realities of practice arises along with a clearer definition of the role of the Indian counsellor and counsellor experiences.

Over the years there is an increase in demand for psychological counselling, as mentioned above. Needs that were met by family or friends traditionally are beginning to be dealt with, professionally. Counsellors' practice of Western models of counselling are predominantly focused on

the use of specific techniques. Practical experiences as a psychological counsellor made me introspect and examine my own practice and also consult other counsellors about their professional experiences. I realised, through this, that there is a discord between learnt knowledge and practical experiences and implementation. There is a need to find an avenue that will align one with the other within the socio-cultural context.

1.1.8 The Strengths Perspective

The concept of 'strengths' is understood as the capacity to recognise resources within oneself that will help one deal with emotional stress. Resources within oneself or drawn from family, culture and society are referred to as 'strengths' in this study. The strengths perspective focuses on assets rather than deficits of the counsellor. Historically Kaczmarek (2006) examines that the strengths based approaches have been the cornerstone of counselling (Sapp, 2006, p.111). Scheel et al. (2013, p.421) identified 'strength oriented outcomes' as 'hope, empowerment, self-awareness and motivation'. A strength based family model that identifies what makes families 'strong' might vary in country and culture (Olson, 1997). Thus working towards identification, acceptance and therapeutic use of strengths, specific to the Indian culture and context, will be a positive experience for counsellors in their personal growth and professional practice, in India. The strengths perspective is explained in further detail together with my previous research experiences in the next chapter.

1.2 Research: Gap or Problem

The above review and understanding show the different aspects of psychological counselling (theory and practice) integrated with traditional healing practices in India. There are debatable perspectives of how they were developed and integrated within the Indian cultural context. There is limited research in the field of counselling, current counselling practices and practitioner experiences in India. However, there is enough known to establish that the primary mode of practice is imitated from the West.

Although strengths are vastly researched, the strengths perspective in mental healthcare has been confined mostly to psychiatry, social work and only minimally to psychological counselling in India. There is a gap in literature, therefore, there is a perceived need, and this gap is where the findings of my research will be situated. The focus of the study is to contribute to knowledge, understanding of current counselling practitioner experiences, and a strengths perspective for counsellors in India. Though there is an existing gap in literature, in psychological counselling in India, the development of counselling practice in India, from a counsellors' perspective, is the research problem.

1.3 Aims

The research aims to explore Indian counsellor experiences in the social context of their practice using a culturally sensitive strengths perspective. It discusses how Indian counsellors can develop a more strength based approach professionally and personally.

This involves: a descriptive understanding of counsellors' current professional and personal experiences; an introduction and exploration of the strengths perspective; a collaborative effort to generate knowledge and co-construct this perspective; and the use of this perspective in their on-going practice and personal growth.

1.4 Objectives

- Explore the current experiences of trained professional practising counsellors in India.
- Create an awareness among a small group of practitioners about strengths, related to current practitioner experiences, strengths awareness and post 'strengths awareness'; practice through a collaborative reflexive process.
- Validate counsellors through their strengths and develop ownership of their practice within the larger mental healthcare framework in Bangalore.

- Create awareness and understanding of the realities of counselling practice in India and the influence of family, culture and society on the practitioner personally and professionally.
- Create a goal for the emancipation of the professional counsellor in India through participatory action research.
- Collaboratively design and develop a strengths based perspective in the Indian context.

1.5 Conclusion

It is important that the background for my research is clearly represented. This endeavours to give the reader a picture of the social context in which my study is situated. It also lays out the need for such a study.

Psychological counselling in India is a developing field in a developing country. There are various aspects of socio-cultural importance that require consideration for the implementation of this research. The aims and objectives clearly state the intended direction of the study and are flexible to the experiences of the participants and research process. The gap in published literature, in the subject, in India, accommodates my research problem. The following chapter elucidates relevant, existing, reviewed literature that focuses on the realities, need and importance of psychological counselling, strengths and counsellor experiences in India.

2.0 Review of Literature

2.1 Introduction

The literature search includes any researched evidence about professional psychological counselling in India. My frame of reference is the counsellor's perspective, experiences, challenges and strengths. The search for documents focuses on the realities of counselling practice, standards of practice, its structure and support in India. It is an extensive exploration which also includes literature on counselling practice in India by other mental health professionals (psychiatrists, clinical psychologists and social workers). This search placed epistemologically within the larger researched processes of counselling in India has arguably little contribution from psychological counsellors. This review focuses on developing this research conceptually; this outlines the literature within which my research will be placed. The process of identification of appropriate literature is guided pragmatically as there is a wide area of published information that can be easily connected to my research; however, I am cautious about choosing only appropriate literature so that it will substantiate my research aims and objectives and sustain academic reliability. The process of reviewing pertinent literature is challenging. I was looking for published literature that is relevant to my choice of methodology that will hopefully substantiate my findings so as to contain or hold my research aims as opposed to finding a gap in existing literature where my findings can be placed.

A reflection on reviewed pedagogical principles in counselling incorporated into university counselling training modules or abbreviated to suit short term counselling skills programmes in psychological counselling theories, theoretically situates the baseline of counselling training in India. It outlines the influence of Western models of counselling in India: in mental healthcare and practice, its cultural and practical limitations for practice in India; the development of university counselling training programmes, its modules and professional practice requirements. These principles guide the basic criteria for the selection of participants for this research.

The review also includes literature describing cultural tools as part of counselling training in India that are incorporated into 'East meets West counselling'. This is arguably crucial for the development of counselling practice specific to the Indian culture. The practice of counselling in India by various mental healthcare professionals and lay counsellors is primarily based on this theoretical foundation. Literature that involves counselling ethnic groups especially Indians in different parts of the world, where practitioner researchers critically evaluate the effectiveness of professional counselling or therapy on the Indian diaspora validates my research question and demonstrates the need for literature in counselling from India where it is lacking.

As mentioned earlier there is limited research in counselling in India, however, as described later on in this chapter, there are counsellor practitioner researchers in America, Canada and the UK that have published their research in counselling based on Indian population. Although the parameters of their research are different from mine as they are client focused and this research is counsellor focused, it validates my thoughts and motivation of documenting counselling in India by a practicing counsellor. This perspective is first-hand and experiences need to be verbalised to be able to develop an understanding of the profession in India. From a larger perspective it creates a baseline for counselling research in the Indian context which can be developed and researched to accommodate experiences of Indians in counselling in other parts of the world.

Therefore, to develop my research structurally, I review information on the influences of culture in counselling, multicultural counselling and multicultural competence in India and with ethnic Indian population in North America, Canada and the UK. Within this body of literature the use of the strengths perspective in social work in India and other multicultural counselling contexts is seen to be a way of adapting theory into practice and developing skills that are culturally suited. The scope, experiences and

challenges of the above are examined to analyse the reality of counselling practice in India within the larger institution of mental healthcare.

As part of this research, it is necessary to define key concepts such as: counselling in India; East meets West counselling; strengths; the strengths perspective in counselling; the strengths perspective in social work and psychiatry especially in India; alternative healing (energy healing) and psychotherapy in India; family therapy; and communities of practice. The literature reviewed has been identified in articles, books and journals where the words counselling, psychotherapy and therapy (individual, family and group) are used synonymously. Other searches are based on author and practitioner names; journals and suggested literature. This review is conducted using primary and secondary sources to elicit published reviewed literature using the keywords mentioned above.

Relevant literature was identified by searching bibliographic content and electronic resources such as: Ovid SP; Psych info; Web of Science; Medline; Scopus; Google Scholar; Sage and JSTOR. This literature was selected based on its relevance to the primary requirements of the research aims (psychological counselling in India: counsellor experience, strengths perspective and communities of practice) and its current influencing factors. The available literature was scattered, it was difficult to gather and sieve through information that is relevant and useful for my research. I was conscious not to exclude any valuable research as much as I was aware that I would not be able to include all research that may have a reference to this study but no impact. My primary focus was any published literature that has historical, present and future relevance to the context of theory and practice of counselling in India especially from a counsellor's perspective.

2.1.1 Position of Psychological Counselling in Mental Healthcare in India

Psychological counselling in India, as a branch of mental health care, is nascent. There are a vast number of people who provide this care, a small

percentage of whom are formally trained to provide professional care. Counselling as a professional service is a recent development. Carson and Chowdhury (2000, p.387) describe it as a 'new profession in an ancient land', where counselling in its essence existed long before the professionalization of the discipline. *Ibid.* One aspect of psychotherapy is the 'interpersonal method of mitigating suffering' (Neki, 1975, p.4). Neki (1975), claims that, this aspect of psychotherapy has existed for centuries in India. He cites ancient Vedic and Buddhist literature that describe it extensively; concepts of the mind, consciousness, body, behaviour and knowledge. Scholarly effort was spent in Vedic exegesis across centuries to unfold these latent doctrines (Reat, 1990).

The Western practice of psychotherapy, brought to India in the early twentieth century, was applicable in a few Indian cities that were exposed to Western influence (as a result of colonisation). However, Surya and Jayaram (1964) pointed out that a Western trained psychiatrist was 'ineffective' in the local setting (India) when compared to a Western setting. The Indian patient who embodied concepts of Karma and Dharma¹⁰; religion and the importance of a family elder, was ready for therapeutic dependence rather than 'intra-psychic explanations.' This just meant that the average Indian, bound by the nature of family and the structure of the social system, was more inclined to depend and rely on the therapist for answers and solutions to their problem rather than introspecting and looking within themselves for a deeper understanding.

Several researchers in the field wrote about the limitations of the practice of the Western model in India. This misconception of replicating professional Western psychological practice in India has been a point of professional debate for over a century. This debate focused primarily on psychiatry, psychotherapy and social work. Varma (1982, pp.209-210), (Abroms, 1968a, Frank, 1968, Abroms, 1968b) asked a pointed question about 'what in psychotherapy heals?' He questioned the efficacy of

¹⁰Dharma: is 'the eternal law of the cosmos, inherent in the very nature of things' Dictionary, O. E. 1989. Oxford: Oxford university press.

psychotherapy as a whole and emphasised the influential role of the therapist and the expectations of the client. He outlined the importance of the role of the therapist and the client; of sharing world-views and creating an effective environment for healing. This environment of healing was universally applicable if appropriately adapted to the prevailing culture.

In India, existing beliefs, values and attitudes, in various communities, within the larger society, have their own unique cultural identities, which need to be taken into consideration. The culture of origin, acquired culture and influencing cultures all impact the Indian psyche. This plays a significant role in the therapeutic relationship. Understanding these roles and adapting the counselling practice to each individual client would mean taking a different path from accepted models and ethical considerations of Western practice. It is recounted by mental health professionals to be challenging in the process of professional replication. Hammer and Alladin (2010) explains that culture in countries like India cannot be ignored especially by psychologists. He terms the inability of Western psychologists to understand the influence of culture on the Indian psyche as 'cultural blindness'.

'Culture' is too complex a term to be restricted to operationalism. However, its influence in the application of a scientific process is distinct. Sinha, (1994) suggests that the Western concepts of 'psychology' practised, especially in India, after the first few decades of its introduction, grew to becoming a 'crisis' as it had no national impact among the Indian population. It was after the Independence of India in 1947 that the 'indigenization' of psychology started. Psychology was looked at as a whole 'macro-psychology'; adapted and revised; as a scientific methodology and theoretical framework developed, keeping in mind the Indian socio-cultural milieu. Subsequently the 'Indianness' of psychology as a discipline was professionalised and made relevant (Sinha, 2000, p. 703). This transformation was brought about, both, through research, and from trial and error in practice.

2.1.2 Development of Psychological counselling training in India

Psychological counselling, also under the umbrella of psychology, was not heavily influenced by this change due to its lack of role definition.

Psychology was first instituted in India, in a University as an educational degree in 1915, at the University of Calcutta (Pandey, 1969), whereas psychological counselling was established as an educational degree in 1998 at Sampurna Montfort College, Bangalore University. Today there are a few government authorised universities and institutions that offer psychological counselling as a degree but not nearly as many as psychiatry, psychotherapy or social work. There is a lack of accredited organisations to monitor and regulate the practice of counselling (Carson et al., 2009) in India while psychiatry and psychotherapy are accredited by the Medical Council of India. The need for an accredited organisation to monitor and regulate the practice of psychological counselling in India is urgent. However, before this can occur, there is a need for a clearly articulated set of practices.

Mental healthcare needs are professionally divided based on requirement and training. A WHO report for India categorised mental health care professionals into Psychiatrists, Medical doctors not specialized in psychiatry, Nurses, Psychologists, Social workers, Occupational therapists and Other health workers (World Health Organization Mental Health Atlas - WHO, 2011). This clearly shows the embryonic state that psychological counselling is in now, as a profession, as psychological counsellors are yet to be included in the list of mental health care professionals in the World Health Organization report.

2.1.3 Adapting Western Theory to the Indian Context

Carson and Chowdhury (2000) found that traditional Indian academic disciplines used extrapolations from Western treatment modalities until Indian approaches were developed. Most popular models of counselling given by the West from psychoanalysis to solution focused therapy are taught and practised in India. Additionally specialised training within the Masters training programmes include: indigenous and transpersonal

psychology; alternative healing techniques; educational counselling; human resource management; marriage and family counselling; group counselling skills and techniques. Some of these specialisations (human resource counselling, educational counselling) are optional while the others are mandatory (indigenous and transpersonal psychology). A few counsellors practise therapy in their 'pure' form without adapting it to their client's culture, for instance psychoanalysts, Jungian therapists or cognitive behavioural therapists. Some adapt their school of thought to the client's culture; others integrate different schools of thought to tailor therapy to suit their client. The latter use a collaborative process over the 'authoritarian guidance' role, and some include Indian holistic techniques like yoga and meditation (George and Pothan, 2013, p.196)

Indigenous and transpersonal psychology is recorded in the ancient Vedic texts and practices from it are popular even today. Ancient holistic healing methods have been incorporated into counselling in India and in other parts of the world. Shapiro et al. (2007, p.493) discuss their findings of using 'yoga as a complementary treatment for depression' with multi-ethnic participants at the University of California, USA. Ayurveda¹¹, meditation, breathing techniques, and Pranic healing are a few that are commonly used. This is the reality of counselling practice in India.

Counsellors adapt their practice to the cultural context in the attempt to make the transition from familial assistance to professional psychological help gradually. Scorzelli and Reinke-Scorzelli (1994) researched Cognitive Behavioural Therapy and the concept of reincarnation among the Indians and found that although Hinduism is the largest followed faith in India, the concept of 'karma' was cultural. The community and family were culturally consistent, and it would be a mistake for counsellors to exclude this from their practice.

¹¹Ayurveda: 'the traditional Hindu system of medicine (incorporated in Atharva Veda, the last of the four Vedas), which is based on the idea of balance in bodily systems and uses diet, herbal treatment, and yogic breathing.' *ibid.*

The lack of cultural competence, sensitivity and knowledge often results in underutilisation of resources and poor outcome of the service (Bhugra and Bhui, 2007, Gill-Badesha, 2004). They suggest practitioners develop and use existing cultural knowledge in their practice and not depend only on taught Western theories. There is already a strong critique of the Western centred approach used in the Indian culture. Mental health care professionals in India over the last 60 years have looked at cultural adaptation in their practice of psychotherapy. Laungani (1997, p.345) asserts the potential of 'intercultural communication' and 'intercultural counselling.' Varma (1982) enumerates the importance of adapting the Western models of counselling to the Indian population. He bases his reasoning on Chessick (1969), who drew a correlation between the 'practice of psychotherapy and the socio religious philosophical traditions of the West', which he considered consistent. Varma who wanted to achieve this consistency in his practice of psychotherapy in India described the 'average Indian' as one whose cultural nature plays an integral role in the therapeutic process. 'Dependence, psychological sophistication, social distance, philosophical and religious beliefs, guilt versus shame, confidentiality, decision making and personal responsibility' are the reasons Varma claims that Western psychotherapy is unsuitable for an Indian client in India (Varma, 1982, p. 220). This requires practitioners to modify their practice to suit their client's needs.

2.1.4 'Multicultural' Counselling and Counselling Multiple Cultures in India

Multicultural counselling is the use of culturally appropriate interventions (McCarthy, 2005). Internationally, especially those countries with a considerable ethnically diverse population, there is a growing need for 'multicultural' counselling. Among these ethnic populations are a large number of Indians. The irony is, then, that the counsellors in the West began to develop multicultural counselling competence to work therapeutically with the Indian population while counsellors in India were and still are struggling to adapt Western models of counselling to the

Indian population. The effective advancement of professional counselling in India depends on its cultural adaptation. The inclusion of 'socio-psychological processes', socio-political processes, and 'functional' family systems, are critical to the impact of therapeutic effectiveness (Mittal and Hardy, 2005, pp.292-293).

These 'context driven strategies' reconstruct innovative actions and analytical tools giving the existing discipline a new dimension theoretically and conceptually (Gergen et al., 1996, p.498). Gergen et al. (1996) interpenetrate Indigenous Indian psychology with Western tradition, a concept, scholars and practitioners have been attempting for decades. This integration is still shadowed by 'colonial and anthropological interpretations of the West' (Moodley et al., 2008a) where some traditional methods of healing are not considered due to their lack of empirical evidence. Some healing practices like yoga and meditation however are accepted by the West and are increasingly practiced together with counselling (Forfyflow, 2011). Indian counsellors are trained in and use indigenous healing methods in their practice as explained by the participants in chapter 5. This is one way of bridging multicultural issues that might arise in the process of adapting Western theory to Indian practice.

Therefore, the role of the counsellor in India is complex. Basic knowledge of the diverse traditions, speaking a few of the many languages, dietary preferences, attire and religious practices has a huge impact on the psycho-socio-emotional functioning of an Indian (Laungani, 1997). The Indian psyche rooted in its cultural inheritance requires a deeper intercultural understanding, even if the superficial persona can sometimes come across as being 'Westernised'. Over the decades, many psychotherapists and psychiatric social workers, in India, have integrated faith and spiritual beliefs in their practice; simplified interpretations of intra-psychic conflicts; prepared clients to return to their existing social system; been flexible based on social and cultural conditions; and used reassurance and suggestions in their everyday practice (Varma, 1988).

2.1.5 Importance of Cultural Awareness and Understanding

Laungani (2004) attempted to bring about an awareness among counsellors, through his attempt to bridge the gap between East and West counselling. He criticised the use of one mode of counselling for all cultures. Laungani claimed that clients would fail to understand the formal nature of Western therapy. He emphasised the impasse that the Indian clients would reach if their spiritual, linguistic and religious values were not considered by the counsellor. He went on to suggest that these multicultural issues might be surpassed if there was a clearer understanding that transcended cultural boundaries.

Moodley (1999) found that Western theories alone were inadequate to engage minority clients, in this case an Indian client. He encouraged counsellors to develop a multicultural competence enabling them to embrace non-Western interpretations of their client's worldview.

Chandras, (1997) suggests that multicultural counsellors, when working with Indians, needed to be aware of their own socio-cultural value systems and biases. This he recommended would prevent stereotyping, breaking cultural and language barriers; and embolden people from the Indian diaspora to seek help. It would also encourage successful interactions between client and counsellor. Sue (1998) examined cultural competence among counsellors, enumerating the three areas that he considered important: being scientific minded (form hypotheses rather than make permanent conclusions about the client); dynamic sizing (knowing when to generalise and be inclusive or individualise and be exclusive) and culture specific expertise.

Sue advocated his concept of *cultural matching* and emphasised that this is an 'ideal match' for counsellor-client, where the most possible likelihood of cultural understanding would potentially exist. Sue encouraged counsellors in the West to achieve cultural competence for productive therapeutic outcomes. For instance, Bean and Titus (2009), based on Sue's concepts of cultural competence in their research, defined their client population as 'Asian Indians' origin rather than 'Asian' origin collectively, giving their

clients a clearer ethnic definition. They highlighted that; the 'way of life' of the counsellor may be imposed on the client due to their existing social system. Instead, counsellors need to 'contextualise' the therapeutic relationship, allowing possibilities and limitations of the client's world.

Das and Kemp (1997) researched, why Indians do not seek counselling in America. They found that their participants had a stigmatised view of counselling, either in reference to themselves and their families. The participants, who were from the Indian subcontinent, were from diverse religious, linguistic and ethnic backgrounds. They felt a conflict of values between themselves and their counsellors even when they were first or second generation immigrants. The fear of racial discrimination drove the immigrant Indians to seek support within their own community instead. They found that counsellors, when working with Indian immigrants, needed to identify specific ethnic cultural identity of the client and the degree to which the client underwent acculturation. They also encouraged counsellors to be aware of the acculturation and the cultural identity of their Indian clients to enhance meaningful therapeutic interactions.

Chandras (1997) conducted similar research with mixed Asian cultural participants and suggested six key strategies for counsellors to remember while counselling Indians. These are: to refrain from asking too many personal questions; prepare the client for counselling by explaining the stages, ethics and outcomes; focus on the problem brought by the client; take an active and directive role, consider all environmental conditions; time limited with a focus on concrete resolution. He found that religion, mysticism and indigenous medicine played a key role in the Indian client's life; this integrated within family ties and bound by conforming to cultural tradition. The study suggested that counsellors and training programmes working with the Indian diaspora are open and flexible with appropriate conceptualisation of issues and skill building.

As Laungani (2004) aptly worded it when describing the cultural counselling competence, 'it all comes down to words: words, words, words and more words' (p.195). There has always been a distinction between

theory and practice; however, the effectiveness of multicultural counselling is also largely dependent on the geographical/cultural background of the client and counsellor (Lago, 2006). Sandberg et al., (2002) found that there was a gap between practitioners and researchers, and this needed to be reduced and strengthened. They felt that this would improve multicultural understanding. In their study 326 clinicians were asked to fill a questionnaire to show their willingness to participate in a hypothetical research project. There were approximately equal numbers of male and female therapists with over 13 years of practice. The data was analysed using the constant-comparison method. A majority of the participants indicated that they were not willing to participate and on further analyses Sandber et al. found that this was due to clinicians' restraints on time/money, no understanding of the intended study, issues with employment agencies and concerns related to clients. Their research emphasised the need for practitioners and researchers to work together developing a collaborative relationship that goes beyond the boundary of shared interests.

Similarly in India counsellors needed to approach counselling based on existing relevant cultural issues that emerge out of tradition, religion, caste, gender, language, political views, social change, economic status and the influence of Westernisation and globalisation (Laungani, 2010, Arulmani, 2007). There is a need for counselling in India (Refer 1.1.5): Trained counsellors with the ability to adapt and practise in a constantly changing and growing environment. Counsellors need to be accessible to the general masses of people that seek counselling. Though the basic structure of counselling training exists, and clinical supervision is provided once a week during the masters programme (George and Pothan, 2013), there is limited access to it after. I have found from my personal experiences that there is a need for further support and supervision for counsellors so that it may be an emotionally sustainable profession. The professional role and expectation of a counsellor in India is tremendous as this research project will go on to show. There are adaptations and modes of working that are completely suited to the culture in practice, which,

unfortunately, are not recorded. There is a great need for the didactic representation of counselling practice in India and the strengthening of the link between practice and research.

2.1.6 Strengths

Another influential concept that has enhanced the integration between the Western concepts and Indian practice is strengths. This is described by Varma through the Hindu folklore adaptation of '*Hanuman*'¹², who displays a lack of awareness of his 'great power and capabilities' and he realises his power through Rama Nama¹³; similarly, the need to make us as practitioners aware of our underlying potential (Varma, 1988, pp.148) and strengths. Strengths are understood as a resource or a capacity that one possesses and recognises, within oneself, that will help the individual cope with emotional stress. These strengths stem from the individual's core and develop within the influence of culture. Seligman (2002) believed that a competent psychotherapist identified patients' strengths first and built on that. Seligman listed a number of strengths that can be harnessed within the therapeutic process. These strengths include courage, interpersonal skills, rationality, insight, optimism, honesty, perseverance, realism, capacity for pleasure, putting trouble into perspective, future-mindedness, and finding purpose. A strengths perspective is incorporated in research and practice within the schools of social work and psychotherapy.

The strengths perspective in social work, an extensive practice based research study by Saleebey (1996) is commonly used as a guide in Indian mental health care, by social workers, branches of psychiatry, psychotherapy and family therapy. Family therapy in India is widely practiced and accepted in mental health care treatment. However, Davar (1999) cites frequent regressive patterns when patients return to their families. Anuradha (2004) developed the strengths perspective for social

¹²Hanuman: 'is a Sanskrit synonym of āna-mandi or āna-manti, ana meaning man and manda, monkey' SHASTRI, A. 2002. Mahasivaratri (Magha Krsna Chaturdasi). *Hindu Encyclopedia*.

¹³Rama Nama: Self-realization through reciting the name of the Lord Ram multiple times.

workers in India, to empower clients and families coping with mental illness. The underlying belief is that human beings are resilient. This perspective encourages collaboration between client and social worker, building resilience and strengthening forces, thus helping the client cope through the better knowledge of their strengths. Like many other models of mental healthcare this, too, has its weaknesses (Anuradha, 2004). Taylor (2006) cautioned mental health practitioners that although the strengths model may be effective in long term treatment of clients and their families, it may not be as effective as a stand-alone model of practice, especially when dealing with psychiatric symptoms and suicide.

This strengths model is already practised extensively in the West within counselling practice as well as other mental healthcare fields made popular by Seligman and Saleebey (Smith, 2006). They also made a major contribution to counselling at-risk youth with 'the strength based counselling model'. Components of this model are drawn from positive psychology, social work and other models of counselling such as solution-focused therapy and narrative therapy (Smith, 2006). Smith argues in favour of the strengths model over the deficit models of counselling, keeping cultural and social realities of the clients in mind (Sapp, 2006). I focus on this model as it has been frequently cited. Counsellors and researchers have critiqued, explored and adapted the strengths perspective over many decades. For instance, Park and Peterson (2006) developed a 'Value-in-Action' inventory to focus on 'strength of character' and 'optimum human development'. Linley and Harrington (2006b) adapted it to coaching psychology to bring about a change in client perspective of being 'problem-focused to potential-guided and solution focused'; Wong (2006) explored strengths in therapy through social constructionism. He focused on character strengths and virtues including language and polyvocality, in which the therapeutic goal is to co-create new meanings; Lightsey (2006) critiqued the strengths model as 'insufficient integration' when counsellors oversimplify its application, making it ambiguous. He suggested an empirical and theoretical enhancement of the model by paying attention to ambiguity, resilience and

meaning. Bowman (2006) provided an extension of the strengths model based on role-strain and adaptation. He took into consideration multilevel protection and risks through race, class, ethnicity and gender for the individual, family and community; and Scheel et al. (2013) focused on 'strength amplification' in the therapeutic process. The amplifier, who is the therapist, finds exceptions within their client's concentration on adversity, matching strengths with problems and directing the use of these findings as an agent of change towards self-awareness, motivation, empowerment, hope and 'positive meaning making'.

The strengths perspective is also adapted to families in mental health research and practice. Otto, (1963), who was a pioneer of family strengths developed a framework of family strengths to help practitioners have a comprehensive understanding of family, their strengths and the implications of these in diagnosis and treatment. Olson (1997) emphasised the importance of family strength, cultural diversity and social environment of families in the therapeutic process. Myers and Sweeney (2008) further developed this perspective and created a wellness oriented strength based counselling for caregivers in families. Giblin (1996) drew attention to the lack of research in family strength among families of ethnic population. This family strengths model was used as a lens within multicultural sphere where context of practice, ethnic requirement of the client and issues that arose in the therapeutic relationship, needed to be addressed.

2.1.7 Previous Research Experience

My prior research work on the 'Family Life-Cycle Stages'¹⁴ of an ethnic Indian community (Lambhanis¹⁵) in Rasquinha (2005), my findings

¹⁴Family Life-Cycle Stages: this model has its roots in the idea of a nuclear family; the developmental challenges are shared in families with different structures. This model is based on that of (Goldrick, M. 1989).

¹⁵Lambhanis: tribal group of India. They are a sub - tribe from a tribe situated in Rajasthan called the Banjaras. The Banjaras are the mother tribe who have been in India since the Vedic period [1500 BC]. Rasquinha, S. M. 2005. The Family Life-Cycle Stages of a Lambhani Couple.

highlighted important aspects of the family and social structure of that community in particular. My findings are relevant to this study (developing counselling practice in India) as they focus on strengths from within the individual and those influenced by family and culture. A few examples of these strengths are family honour, destiny, communication, cohesion, spirituality, gender role differentiation. I went on to research family strengths of this particular community in Rasquinha (2011). My findings from this research highlighted strengths such as communication, cohesion, commitment, spending time together, flexibility, spiritual well-being, financial management, warmth, support, family resilience, family time, shared recreation, routines and rituals, among many others, as primary to the functioning of individuals within this community. These played a role in my therapeutic interaction and my personal and professional development as a counsellor. Through a reflexive process I became aware of my own strengths and I became aware that these strengths come from within me, and are influenced by my family and community. They were culturally established and reinforced by daily rituals and vicarious learning. This awareness made me question the concept of strengths and their transferability from the individual to the client:

- If strengths are culturally established and are a great part of the individual, why are they not being acknowledged in the therapeutic setting?
- Can they be explored and used to help understand the subjective world of a client, thereby becoming a medium between clients' presenting problem and the counsellor's choice of intervention?
- Can the awareness of strengths in practitioners help them develop their professional skills and become culturally inclusive counsellors?

2.1.8 Need for more Research in Counselling in India

This study aims to integrate the theoretical and conceptual dimensions of the reality of counselling practice in India. This review highlights the obvious inadequacy of published and documented research, in this field, from India. It can be seen that psychological counselling is easily

camouflaged by psychiatry and social work, which are established fields in mental health care in India. These areas of mental health care have developed over time to create their own identity within the Indian culture. There is on-going progressive published research which validates their day-to-day practice academically and practically, nationally and internationally. Whereas, in psychological counselling there are limited papers published over the last ten years written by practicing counsellors in India. This demonstrates the need and scope for counselling research in India. The need to establish and document the realities of counselling practitioners; their experiences of practice and adaptations of theory to practice; the needs of their clients; the socio-cultural impact of the profession on them as practitioners; professional standards of practice; guidance and support is imperative. Through this research I intend to create awareness about this lacuna in research; explore the realities of professional counselling practice and document it; develop an understanding of the profession for the practitioner, using practitioner experiences; and highlight the role that personal and cultural strengths play in counselling in India.

2.2 Conclusion

The above review of literature outlines the structure on which this researched is based. From the critical appraisal of literature reviewed and from my prior research, the understanding of counselling theory and practice in India, the strengths perspective and the need for change in the field is identified and substantiated.

The lack of reviewed literature in India challenges the gathering of information from an informed position. However, the above goes to show that the realities of existing counselling practice, extracted from psychological counsellor experiences, will be generated through the implementation of the research aims and objectives. This research problem was carried out through participatory action research and a reflexive narrative analysis was used to analyse the data gathered, which is elaborated in the next few chapters.

3.0 Methodology

3.1 Introduction

This chapter explores the rationale for the selection of my methodological approach. It establishes the theoretical perspectives within their philosophical underpinnings and how they inform the research question and research design. The chapter also details methodologically, my choice of qualitative analysis and its theoretical applicability to my research.

There are multiple approaches and methodologies to a qualitative inquiry (for a review, see Green and Thorogood, 2004; Gilgun, 2005; Denzin and Lincoln, 2009; Creswell, 2012). Qualitative - reflects 'the values of subjectivity, individualism, holism, relativism, and interpretation' (Streubert & Carpenter, 1995 cited in MacDonald, 2012, p.35). In reference to this study, the qualitative understanding of counsellors in practice, within the given social reality, is an in-depth exploration of subjective and collective experiences. Individuals are members of their family system, within a larger society, and this encapsulates the profession and practice.

I would like to legitimise my choice of qualitative enquiry as a methodology through Boeije's (2009) analysis of qualitative research which corresponds with the central focus of my research. Boeije details six salient features of qualitative research. They are 'exploration, description, explanation, change, use and sensitivity' (Boeije, 2009, p.32).

Exploration refers to working within a newly emerging field of interest with limited reviewed literature. This requires a flexible explorative approach tailored to the social reality of the research. Therefore, collected data and the data analysis accommodate all the emerging findings.

Description within the research allows the participants to describe and express experiences and events extensively without preconceived questions and categories. This contextualises the data with focussed descriptions of the social reality.

Explanation leads to the interpretive rendering of the experiences and events in their social reality. The emerging ideas during data collection conceptualise the collection of future data and the knowledge generated from that data.

Change in this qualitative research manoeuvres the method of research for further developments in the social reality. Boeije argues that qualitative methods promise to yield findings that reflect the participants' views within the field, which are transformative. In this research the participants' perspective within the relevance of the social reality, is transformed into interventions in practice within the research process as shown in chapter 5.

Sensitivity is the qualitative researchers' preference to examine participants' experiences and emotions within well-defined limits. Here participants are given control over their sharing which includes some personal sharing, giving the research a therapeutic facet.

I have located my experiences in this research within this qualitative understanding to navigate my research design, which is flexible. My research aims are descriptive of and support qualitative inquiry into the nature of the social phenomenon that I have researched. The flexibility of the research design has supported the continually developing aims and objectives of the research. The vastness of my initial research interests were streamlined into a strengths perspective, as discussed in the previous chapter (Refer 2.1.5). This involved an in-depth understanding of me as a researcher-practitioner and the experiences of the participants. As most research ideas evolve into pragmatic research processes, this too changed shape to include areas of counsellor experiences that will potentially have a wider and stronger impact in the given social context. The core purpose of the research widened to include changing realities of the social context within the lens of the chosen research design.

This developmental process of the research design is further explained in the next chapter. The purpose of my research is to add to existing empirical knowledge in the field of counselling in India and to formulate its relevance

to mental health care practice in India. This guided the context of the methodology, prioritising ethical research within unstructured Participatory Action Research (PAR) groups. I identified most with PAR as it is consistent with my philosophical basis of qualitative research and the nature of this study. PAR methodologically throws light upon theoretical assumptions and practical consequences, focusing on the process, rather than the product of the scientific inquiry (Carter and Little, 2007)

3.2 Ontological and Epistemological Engagement with the Research

The ontological question for my choice of using qualitative research is whether or not my research problem is a social reality within the given context. According to J Ritchie (2003) social reality of research is described as *realism* and *idealism*, where realism is the existence of the external reality and idealism is the socially constructed meaning independent of reality. As described in chapter 1, the field of psychological counselling in India is the lowest rung in the ladder of mental healthcare. There is a complex intertwining of the established medical model and other behavioural models of psychological assessment and treatment. The social reality for psychological counsellors is lived daily through their professional experiences. However, these have not been documented in India and seldom verbalised in a professional forum.

The influence of society is ingrained so deeply into the system that the differentiation between what is reality and whether it really exists is questioned. This doubt is reinforced by societal traditions and customs that mask the need for professional psychological wellbeing in the non-clinical population. And this, in turn, creates a social-professional barrier that counsellors have to identify and cross in order to determine the social reality of our practice. The reality here is the need for professional counsellors but a lack of professional identity. The choice of qualitative research is to fundamentally ensure the existence of the social reality through exploring the open subjective experiences of the participants.

The epistemological foundation for my choice of using qualitative research focuses on ways of learning answers to my questions about this social reality and understanding what forms the basis of existing knowledge. The profession of psychological counselling in India is an open field for research. Therefore, based on personal experiences, I want: a better understanding of counselling practice in Bangalore; the motivation to acknowledge the positive aspects of practice; to identify scope for change and develop processes to ensure this change. In theory this is a sound plan, however, in reality counselling practitioners are widespread geographically and I found that I had to, necessarily, be pragmatic about how to gather information as explained in 4.4. I decided to focus on the quality of the data gathered, rather than on having a larger number of participants even though this would have aided in perhaps enhancing the generalisability of my findings to other practising counsellors more widely.

Here, I have used an inductive process as the genesis of a conclusion, which means that the evidence was collected first and the knowledge constructed thereafter (J Ritchie, 2003) as described in the next chapter. Blaikie (2007), argues that pure inductive methods do not exist and that all inductive researchers are influenced by assumptions, theories and the researcher's prior experience. I identified with this thought process as my prior experiences (Refer 1.1.7) are my primary motivators for this research, they are also included as part of my data. They have triggered discussions, reflection and reflexivity among participants and therefore had a continuous influence on the data that was generated.

3.3 Importance of Social Context in this Research

The qualitative researcher influences the construction of knowledge together with the participants of the research within the social location of the study (Silverstein et al., 2006). Silverstein et al. (2006), illustrate aspects of qualitative research that are congruent with my research design. For instance, they highlight the importance of the participants' subjective experiences, the self-reflexive stance of the researcher which includes a component of researcher bias and the dynamic interaction between the

two. As mentioned above, my prior experiences influenced the collection of data. Viewing the social context of the research through this personal lens validated the participants' sharing and interaction, enabling open communication about the realities of practice. Reflecting on past and current experiences enabled the group to identify their professional position in society, realistically evaluate the realities of practice and integrate past learning and experiences with constructive change for the development of better and more fulfilling professional practice, described in chapter 5.

Silverstein et al. (2006), argue that PAR is especially useful to practitioners doing research and throws light on issues of transference and counter transference¹⁶ which may occur in the process of research as much as in clinical practice. The social context is also explored wholly and reflectively in relation to the individual personally and professionally through the group process. All information gathered is considered valuable data and is condensed, from which narrative, uncategorised, un-typological extracts are analysed. These are open to either participant experiential interpretation or researcher interpretation as discussed in chapter 5. As explained in the next chapter the choice of this methodology was adequate as it gave me the parameters within which I was able to introduce a positive line of thought, elicit sensitive information, create trust and rigorously work towards a change. The focus was on a holistic experiential understanding, as each participant continued to be in practice throughout data collection.

3.4 Practitioner-Based Research

Practitioner research was defined by McLeod as, 'research carried out by practitioners for the purpose of advancing their own practice' (McLeod, 1999, p.8). Shaw (2005) argues that the general inquiry carried out by the

¹⁶Transference and Counter transference: originates from Psychodynamic theory, with a therapeutic reference where transference is where an individual transfers feeling or attitudes from the past or present onto another person and counter transference is when a counsellor transfers feelings or attitudes onto the client, usually in response to transference.

professional is usually small scale involving research and development that is local and grounded. I am a psychological counsellor and a researcher, and 'it makes perfect sense to talk of practitioner research as research about practice' (Fook, 2001, p. 1236). McLeod (1999) suggests that counsellors need to do research because it improves the professionalization of counselling and gives the location of the research a distinct knowledge base. This is the motivation for my research; to expand the existing knowledge base of counselling in India in general and in Bangalore in particular and develop professional practice.

The transferability of knowledge into the counselling setting is considered to be effective when the researcher is a practitioner because of the relationship that develops between the research literature, knowledge and the social reality (McLeod, 1999). Although the focus of Lawrence and Murray (2013) is in the field of education, their principles of practitioner-based research are applicable to counselling. They discuss the notion of structured reflection where practitioner researchers systematically analyse their practice and administrative problems and reach an appropriate capacity of both roles of researcher and practitioner (Lawrence and Murray, 2013). This is one of the points that is emphasised in this research enquiry. The framework, that I decided upon, to gather data was a flexible one described in the next chapter (Refer 4.2). It systematically developed the understanding of the professionalization of a counsellor in India. It included the experiences and training of the counsellors, both personally and professionally, within the social context. Some participants have research backgrounds, hence, for them and for me, the narrative included researcher experiences.

The questions that arose acted as discussion stems that, in turn, encouraged candid recounting of the participants' realities of practice. McLeod (1999), advocated practitioner-based research to bridge what he calls a research-practice gap, to develop a realistic perspective of knowledge and practice. Practitioner-based research has been questioned and critiqued frequently as a research method that is 'epistemologically

rooted in complex and controversial theoretical perspectives' (Lawrence and Murray, 2013, p.18). Shaw (2005), critiqued practitioner research, noting, that practitioners limited by individualism, lacked the relatedness to service users. He claims that his critique, although situated in social work, is applicable to counselling and other social care services. He cautions practitioner researchers about their roles as insider and outsider in their research and the risk of marginalization of the researcher as a researcher and a practitioner (Shaw, 2005). The strength of Shaw's critique cautioned me, in this study, and created a conscious awareness of the dual roles I had to play. In my professional experience I have felt reliant on my practitioner skills, and this carried through during the research process with the group. I realised that the PAR group was a research group and not a therapeutic group.

This knowledge enabled me to disassociate emotionally from the narratives, and add my own experiences to the data, in a participant-researcher manner rather than therapeutically processing the information gathered as a practitioner. The difference this made was evident when transcribing the data. There was a clear shift in my responses to include more of myself, and that created a balance between researcher and practitioner. The acceptance and understanding of the dual role ensured a critical subjectivity of the knowledge generated in the research group. Schwandt (1997), illustrates the potential of critical practice in practitioner research. This distinguishes theoretical knowledge, skill knowledge and practical-moral knowledge within ethical reasoning, developing into a fundamental understanding of application and critical evaluation. The participants were in practice during the research which enabled them to determine their independent roles as professionals and as practitioners in the social context. They were in a position to differentiate influences on practice such as training, theoretical knowledge and socio-cultural expectations as seen in chapter 5. This impacted the individuals' ability to critically evaluate the reality of practice, the need for growth and the movement towards creating a change, which was the research goal.

J Ritchie (2003) acknowledges the personal experiences of the researcher in the field; a reflexive approach. Lees (2001) also highlights the importance of the reflexive component in action research in therapeutic literature. He encourages practitioner researchers to 're-evaluate and re-search' critically: experiences, biases, limitations and blind spots as a series of continuous stages until familiarity progresses to natural facility in the research process. As the practitioner-researcher the reflexive component of my research was a definitive journey with a specific goal, rather than an effort to *rehash* thoughts and ideas. The process began long before the commencement of my PhD. The nature of my study appeared basic; however, the emotions involved in converting these intuitive ideas and experiences into a research project made it challenging, particularly when it came to translating passion into words in order to convince an audience that had limited knowledge of the subject and social context, in the UK.

There were long periods of time when I felt 'stuck': especially during the physical separation from my social reality (India) while pursuing my PhD in the UK; when ideologically my experience was the only bearing to the study, as there was little or no existing literature to validate my thoughts; anxiety somaticized itself and presented physical ailments that hindered pursuing work at a consistent rate; there were long periods when I was gripped by writers block; and when supervision was a mixture of resolving socio-cultural issues and researcher-academic issues. Identifying ideas, sieving out distractors, admitting deficiencies, validating strengths, consulting experts, reviewing literature, forced breaks; physical exercise, journal writing and prayer were the primary components of my reflexive process. They stimulated me and gave me the impetus to be an active researcher, enhancing the development of a pioneering piece of work that will be applicable, not only to my social context, but one that is, also, academically acceptable. I would also argue that the difficulties, somatic and otherwise, were a necessary component of the process; by enabling me to break through into new realms of awareness and consciousness; in other words breaking the *stuckness*. In this sense reflexivity was not about re-hashing ideas but transforming them and opening up new lines of vision.

In the light of the lack of empirical research in the field of psychological counselling in India, I have used a practitioner based approach to this research, emphasised its flexibility and generated knowledge through my subjective experiences as practitioner-researcher and those of the practitioner-participants. A therapeutic environment pervaded throughout, enabling sharing of acquired knowledge and critical evaluation of experiences, which worked together towards a transformation of professional and personal experiences in practice. Therefore, after reviewing bibliographic content and published articles of qualitative methodology, I found the use of Participatory Action Research (PAR) as an overall methodological approach most befitting to my research. This challenges the dominant paradigm of research which is based on the insights of the academic researcher as opposed to the practitioner researcher. The practical outcomes are discussed in the chapters that follow.

3.5 Participatory Action Research

Kurt Lewin's dictum that 'you cannot understand a system until you try to change it' (Schein, 1995, p.64) was the fundamental premise underpinning my choice of action research (AR). Lewin made common sense assumptions about human nature and iterated that the essential dynamics of a system were discovered during an intervention (Schein, 1995). This challenged the existing model of diagnosis first and then intervention. Lewin developed this thought into the seminal understanding of 'action research'. Some principles of action research that Lewin considered fundamental are: active participation by all participants of the research; exploring the identified and anticipated problem; making group decisions after investigation of the problem; monitoring and keeping a log of the consequences; regular reviews of progress; discussing new problems after the earlier strategies were exhausted and carrying out the above mentioned processes with democratic efficiency (Adelman, 1993).

These underlying principles of Lewin's action research are the underlying principles of my research as detailed in the next chapter. Action

researcher, Kurt Lewin used action research to develop literature in the field of education. John Elliot (1971) used action research to highlight 'problems of innovation and the realising of pedagogies of enquiry and discovery in classrooms' (Adelman, 1993, p.17), Elliot emphasised the importance of: engaging teachers to participate, making decisions and future development. This resonated with my thoughts as I wanted to engage with counsellors to narrate their experiences and use this information to construct a plan that would bring about change in the existing system.

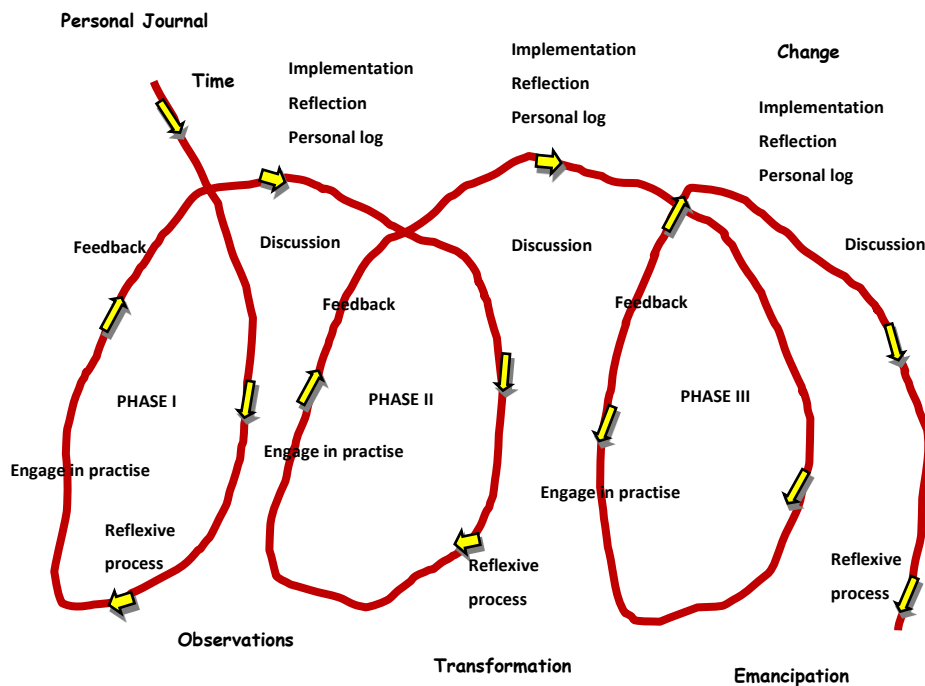
Similarly, Schön (1983), when he used action research, realised that participants wrote down logs of their thoughts and actions and he identified these written participant logs as valuable to the reflective research process. He emphasises that the reflective practice in action research provides insight into the dynamics of the research design and aids in the future development of action research (Schön, 1983). As stated earlier, my reflexive journey contributed greatly to the development of the study. I encouraged the participants to do the same and log thoughts and feelings that were outside of the research group. This kept the *wheels in motion*, concretised the need for change and reinforced belief that this research project would be effective in transforming individuals and gradually transform the system. The action research cited above stemmed from the early researchers' desire to discover a method to examine problems within a social context. With transforming social systems, action research has also been transformed and has been incorporated in other fields apart from education; for instance, psychology, counselling, social work and business studies among others, keeping the basic framework for understanding action research the same.

Carr and Kemmis (2003), in their curriculum research and teachers' professionalism (1986), focused on the process of self-reflection in the researcher, collaborative self-reflection of the participant group and taking responsibility, as a group, for the development of practice. They considered these attributes of action research were a pre-requisite for

making it emancipatory. A research design that will empower, raise consciousness and create change democratically (Adelman, 1993). Coghlan and Casey (2001), describe action research as a conscious and deliberate process that is a democratic partnership working in collaboration. They detailed four systematic steps that are cyclical in nature, usually one cycle: 'planning, taking action, evaluation of the action and further planning' (Coghlan and Casey, 2001, p.4). The highlight of their understanding was action research 'Research in action, not research about action' (Coghlan and Casey, 2001, p.3).

Action research came to be known as participatory action research in which professional social researchers worked collaboratively with the participants of the research group (Greenwood et al., 1993), described further in 3.7. PAR is commonly reviewed as a systematic collection and analysis of data with a purpose of making a change through action (Gillis and Jackson, 2002). PAR, widely used in social, political and economic contexts, because of its value orientation, is significant for the flourishing of human persons, their communities and ecology (Bradbury and Reason, 2006). The inquiry creates ownership of knowledge; encourages the capacity to develop, change and become empowered. The use of this framework makes the research emancipatory through: collaboration, reiterating of knowledge, awakening consciousness, creating a design, strengthening of abilities, critical analysis of reality, empowerment, and self-reflection.

3.6 Figure 1. Participatory Action Research as an Iterative Process



3.7 Epistemological and Ontological Underpinnings of PAR

Epistemology and ontology are the philosophical grounds for knowledge and the nature of knowledge respectively. Coghlan and Casey (2001), surmise 'action research as a scientific approach does not need to justify itself in comparison to other approaches, but is rather evaluated in its own frame of reference' (p.8). The subjectivist epistemological view is theoretically neutral as the research develops through action and the knowledge is contextually embedded. The academic/scientific purpose of action research is arguably based on the epistemological assumption that the research is goal driven; not only to understand, describe, and explain the social reality but also to make a change. The objectivist ontological view assumes that the social reality existed before human cognition, in contrast, action research is ontologically understood as the agent of change in a social reality that already exists (Coghlan and Casey, 2001). The researcher does not separate value from fact, it is assumed that the researcher will be an engaged participant and an analytical observer (Riordan, 1995) as seen in chapter 4. These philosophical underpinnings emphasise the need to ameliorate specified problems within the social

reality of the research, and gradually effectuate change over time (Cassell and Johnson, 2006).

The philosophical commitments and assumptions underpinning PAR are the determining factors within the active process of developing knowledge and creating change. The cyclical process of research, reflection and action (Marshall and Rossman, 2006) is argued to be not only a valid source of knowledge, but an alternate approach in scientific research to the linear cause and effect perspective (MacDonald, 2012). McNiff and Whitehead (2011) acknowledge the uncertainty of the knowledge constituting PAR, thus include an object of inquiry, which is the 'I' (p.26). Whitehead (2009), in his research of classroom practice stressed the importance of 'recognising oneself a living contradiction in stimulating the imagination to generate ideas for improving practice' (p.88). He argued that the inclusion of 'I' in action research encouraged critical analysis of oneself as the researcher. It improved learning and the explanations offered by the action researcher about the developing knowledge in this perspective. The action in the research requires energy, qualifying value and learning as education (Whitehead, 2009).

3.8 Practice of Participatory Action Research

PAR in the context of my research is the start of a catalytic process of action and growth (Kidd and Kral, 2005). The philosophical underpinnings of PAR as my research methodology are discussed above. The method of considering these philosophical ideologies and applying them in the social context especially with the inclusion of 'I', distinguishes one participant action researcher from another. The basic ideologies are similar but the research context, value and contextual influences are unique to the individual (Whitehead, 2009). People who engage in action research are theorists and practitioners, and their commitment to this form of research is to develop theory and practice (McTaggart, 1991). The development and definitions are varied but the characteristics of PAR are consistent (MacDonald, 2012).

The participation in action research involves some key principles (Ditrano and Silverstein, 2006, Greenwood et al., 1993, Kidd and Kral, 2005, Koch and Kralik, 2006b, MacDonald, 2012, McTaggart, 1991, Selener, 1997) in action research, that establish my choice of this methodology and are as follows: Every participant of the research group is responsible for the development of the theory and the change. The change is seen within the individuals, the researcher and the social reality which is the focus of the research. There is a specific identity of the 'I' that is the researcher's position. The researcher is part of the overall participation group (McTaggart, 1991). The researcher's preconceptions of the desired 'goals, means, methods and actions must be amenable to change' (Kidd and Kral, 2005, p.189), especially because PAR is a collaborative process. The researcher encourages openness, learning and sharing of various perspectives, the development of mutual respect and informed knowledge production (Fals Borda and Rahman, 1991).

Participation in action research is a sustained collaboration, building social and cultural capital (Ditrano and Silverstein, 2006). These principles are the backbone of my data collection style. The focus on collaboration and mutual respect when generating knowledge in the group was an essential part of the transformational process. It established the voice of each participant as a professional and extricated them from passive individual involvement of everyday practice to an active professional unity of purpose through which the commonality of experience would motivate and give momentum to the process of change. Mutual respect and combined responsibility strengthened the group interaction and elevated levels of trust facilitating the ability to manoeuvre sensitive narratives and problematic situations in practice (Refer 5.0).

As reviewed in the previous chapter (Refer 2.1.7) there is a growing need for the development of counselling practice in India through research. The significant inadequacy of research in counselling in India is consistent across most reviewed literature in mental healthcare in India. Counselling practice in India is a relatively unorganised sector of mental health care

especially when compared to psychiatry or social work. This has been my experience, as suggested in chapter 1, (Refer 1.1.4). There is little or no experiential documented evidence that describes the realities of counselling experiences of the professional practitioner. The use of PAR in this study is an attempt to delve into the narrative of counsellor experiences and enable a theory to emerge. The theory will make explicit and demonstrate the underlying realities that are submerged in tradition, social value and expectation and question an unquestioned acceptance of professional subordination in mental healthcare in India.

3.8.1 Role and Use of Power in PAR

The identified problem within the social reality of the research problem is defined and analysed democratically between researcher and participants. A common factor, identified by action researchers, is the role of power. In PAR, power is essentially understood as the power of knowledge which, ideally, is shared between researcher and participants (Borda, 2001). It is arguably an epistemological concern when knowledge is privileged. Power and control are potential points of tension in the research process. Various components contribute to the enactment of power in PAR. Since the goal of PAR is production of knowledge, the role of expertise contributes to the power role of the researcher or the participant (Kidd and Kral, 2005).

Although there is a sense of joint ownership, the social, cultural and educational roles of participants frame the display of power. For instance, in the role of language, the ability to express and communicate well, will determine matters of interaction and the nature of social relationships within the group. The language used between participants within the social context of interaction changes, based on significance of the social relationships. It also changes based on their relationship to the larger social structure and culture. Culture of the group may be characterised by gender, organisation of work, education, political affiliations, individual identity and societies (McTaggart, 1991). Power in PAR is also equitable; it acknowledges equality of worth of the participants and the social reality being researched. Power is used to provide freedom through

transformation, enabling and enhancing one's full potential (Stringer, 2007).

3.8.2 Goals: Importance and Impact

PAR is an inclusive democratic process of constructing and reconstructing different elements that constitute the social reality. Importance is given to local knowledge, considered to be authentic and valuable (Greenwood and Levin, 2006). The eventual goal of all action research projects is transformation and change of the social reality in question. These goals are viewed as beneficial to the community/social reality. Therefore the primary beneficiary must be identified and included in the goal. PAR encompasses active participation of the individuals within the social reality researched (MacDonald, 2012). Here 'knowledge is local and grows out of intense personal experience making it respectable' (p.155). Change might be seen in various forms and patterns of language, interactions and relationships. PAR used in this research is characterised by this change and the development of knowledge (Refer 5.7.1).

3.8.3 Knowledge and Reflection in Action: Need and Effects

The interaction of the participants is augmented by time deliberately set aside for independent and group reflection (McTaggart, 1991). Coghlan and Brannick (2014) reference to 'knowledge-in-action and reflection-in-action' (p.22) underpins the concept of the reflective practitioner. Knowledge-in-action is described as the outcome of what falls within the boundaries of what is considered to be normal during the course of the research. Reflection-in-action is explained as the ability of the researcher to question the process of the research during the course of the research and be able to make immediate adjustments to it, which will influence the outcome. These two researcher actions validate the research process by making it more transparent. The researcher makes notes on his/her conscious, on-going thought processes all through the research process (Coghlan and Brannick, 2014). Knowledge is constructed through action and integrated reflection (Coghlan and Brannick, 2014) where the group, as

a unit, reflects upon the content and process of each meeting and makes necessary adjustments to the structure or process of discussion as described in the next chapter.

McTaggart (1991) refers to it as the reflective cycles of the researcher which is an expansion of the Lewinian self-reflective spiral (Refer 3.6, Figure 1). The researcher systematically makes plans, implements, observes, reflects and then re-plans, implements, observes and reflects. The participants also observe and reflect and together, the group makes informed decisions. There is a constant integration of thought and action between the researcher and the collective (participants) through the entire process. The reflective cycle aims, in this study, at building committed communities of participants that involve themselves in the process of the better understanding of the relationship between the action and consequence within their social reality.

The process adopted here also aims at emancipating the participants from the constraints of personal, institutional and social values. This systematic process is a deliberate learning process, open to shared knowledge, sharing knowledge and knowledge production. It constitutes new perspectives of the social reality, reformed relationships, critical thinking through informed action and developing an emancipated praxis through reflective practice (McTaggart, 1991). The reflective cycle in each action phase (Refer 4.8) authenticates the research collaboration by initiating each member, as well as the researcher, to democratic decision making and the challenges of knowledge 'between presentational and propositional ways of making sense' (Reason and Bradbury, 2001, p.185). The primary outcome of PAR is to generate knowledge. Knowledge that is generated here through experiences of the participants, examines false ideologies, improves awareness and creates opportunities for social transformation.

3.8.4 Methodological Resources

All participants are involved in and responsible for the generating of knowledge (Koch and Kralik, 2006a). To aid the generation of knowledge,

action researchers draw on some methodological resources to collect information in a naturalistic way. Some of these methodological resources are participant observation, interviews, field notes and logs (McTaggart, 1991). McTaggart emphasises the importance of documentation to help define ideas and assumptions, record activities, processes, practices, reflections, social interactions, constraints and the developments of expertise and change. This documentation shows evidence of the information gathered, which can be critically examined, analysed, reflected and transformed into change. The theory created is developed and applied to the social reality where the 'participatory action research process translates knowledge into action' (Koch and Kralik, 2006a, p.30).

3.9 Reflections on PAR in this Study

PAR has been known to be a challenging framework for the researcher as well as the participants. As Greenwood and Levin (2007) wrote; the problem associated with PAR, is that it has diverse origins, theories, methods and motives. Gillis and Jackson (2002) encourage researchers to be sensitive towards participants' agendas, values, abilities and 'consensus for determining what social issues require attention' (p.264). I found this valuable for my research, as the participants were known to one another and shared multiple relationships (social and organizational), especially in the given cultural context (McTaggart, 1991). As mentioned earlier power played an important role although it was considered to be an egalitarian relationship between researcher and participants. Misunderstanding of perspectives, interpretations, analysis and directions of change were some areas that caused tension in the group dynamics, and were addressed through verbalising thoughts and feelings in the group and later through feedback (Refer 4.17). I, as the researcher and facilitator, needed to be responsive to the participants, to ensure smooth functioning by keeping the aims and objectives of the research in focus. This was achieved by paying attention to the needs of and subtle non-verbal cues given by the participants through observation; comments that required facilitation; and

actively encouraging all participants to share. Skills of paraphrasing and reflection were used.

It was an active process of combining the existing theoretical knowledge with my experiential knowledge and that of the participants. 'I' am an object of inquiry in the study (Whitehead and McNiff, 1999) as described in 3.7. I am also in a position of an expert where knowledge stems from lived experience and long term exposure to the given cultural reality. There is a clear distinction between shared knowledge and the sharing of knowledge in the process of generating knowledge. This investigation sought the collaboration of all participants, maintained commitment through the iterative process of research, reflection on the content, structure and process and focused on action (my adaptation of the Lewinian spiral, 3.6 Figure 1).

The participatory framework took into consideration the participants' contexts and self-reflective insights as a collective, towards knowledge development for the purpose of improving practice (Koch et al., 2002) and making it emancipatory. Facilitating the study and generation of knowledge is a learning process. Feedback played a key role in each session and at the end of the research process. This feedback was developed into new learning and taken into consideration throughout the development of the research process. In this study, the strengths perspective was co-constructed as part of the research process and incorporated into practice by the participants. It was a democratic ideology of research using scientific methods to validate reflexivity, generate knowledge and spearhead social change as explained in the next chapter.

3.10. Validity, Credibility, Quality and Transparency

The general consensus in qualitative research is to demonstrate credibility of the study by establishing validity of the methodology (Creswell and Miller, 2000). The validity, credibility, rigour or trustworthiness 'is assessed on the basis of the paradigmatic underpinnings of the research and the standards of discipline' (Morrow, 2005, p.250). According to Creswell and

Miller (2000) a qualitative researcher might determine the credibility of the research through the use of two lenses. One is the lens of the researcher, where the researcher determines the length of time in the field, levels of data saturation and the validity derived from reflexive accounts. The second lens is that of the participants in the research; their subjective perspective of the social reality. This lens outlines the importance of the degree of accuracy of the participants' reality when compared with the information gathered. The underpinnings of my choice to use this research approach are characterised by Shaw (2005) who promoted quality in practitioner research. He recommended: multiple ownership within the range of the research question; respect and diversity; practicality and knowledge utilisation of resources and a critique of practice. The research aims to elicit a deeper understanding of psychological counsellors and their practice in India.

An objective of this study is to validate participants through their strengths and cement their practice within the larger mental healthcare framework in Bangalore. The participants have varied social, cultural and theoretical backgrounds¹⁷; this diversity enables different perspectives generated within the same discussion. As all participants were Indians, there was an unstated adherence to cultural appropriateness and as counsellors', an imbibed practice of active listening skills. I am aware that the findings are influenced by my pre-conceptions as the researcher and owing to the nature of the group interaction, everyone influences everyone else. In conventional terms this would hinder 'objectivity'. However, I find, this method is entirely reflecting the nature of Indian society with the power of the collective over the individual. So in this sense the methodology is consistent with the context in which the research was undertaken.

My methodological choice of PAR within qualitative research necessitates an extended view of validity. The understanding of validity for me was based in reflexivity; to have a reflexive account of the entire research

¹⁷Participants varied backgrounds: Mangalorean, Hebbar Iyengar, Tamilian, Anglo-Indian and Bangalore; for languages and theoretical backgrounds refer 4.5.1.

process from inception to completion. As a practitioner-researcher, the process needs to be transparent and accessible to the participants and flexible to feedback that can be woven into the development of counselling practice and implement change. The use of a personal log, a research log, and reflective logs of the participants to keep account of the thoughts and emotions through the process influenced the growth of the research group and its dynamics. A feedback loop with the supervisors of the research was also kept open to ensure a democratic authentication of the research process and transferability. Transparency is a key component of my research because of the therapeutic nature of the group interaction and communication.

PAR is required to meet the criteria of defensibility, educative value and moral appropriateness (McTaggart, 1998). Validity of PAR is not calculated by its replicability but by its transferability. The generated knowledge, however, is subjective to the research process and is considered transferable if the process and the context are adequately detailed by the researcher. The form of inquiry may then be transferred to other contexts similarly, as a framework, or even theoretically (Koch and Kralik, 2006a). The knowledge gathered here is defended by the researcher who is immersed in the social reality and its outcomes, where the object of research is the process itself (Checkland and Holwell, 1998).

Aspects of PAR that impact its credibility are: the representation of the voice of the social reality (Koch and Kralik, 2006a); the knowledge that the context is adequately represented to control the influence of bias and prejudice; the voices of the participants are subjective and intersubjective (Bradbury and Reason, 2006). And given the broad framework of the research process their views are respected, reflected and engaged in the generation of knowledge. Koch and Kralik (2006a), indicate that the profile of the participants shapes the understanding of the context and improves validity of the study. My own reflections and monitoring of the research process; making transparent my choices for theory, methodology and analysis; highlighting my researchers position by maintaining daily journals

for field notes and a personal log validates the research process. Although the knowledge is co-constructed, the researcher is responsible for bringing together all aspects of the research with the assistance of the participants, whenever necessary. The participants have constant access to and are engaged with the information gathered through the entire process. Recursive feedback is part of the research process (Koch and Kralik, 2006a). These processes ensure transparency, quality, credibility, validity and authenticity of the research (Whittemore et al., 2001). They also ensure a sense of joint ownership between researcher and participants, addressing issues of power, bias and prejudice documented in this study (Refer 5.16). Some concerns of action research that McTaggart voices about the legitimacy of the research process are the lack of: publication of quality action research as a form of inquiry in all fields that use it; that there is a tendency to use action research as a sphere to implement policy rather than gain knowledge and test the theory and the bias that action research is what practitioners do, while academic researchers do 'real' research (McTaggart, 1998). The quality, validity and authentication of my philosophical, theoretical, methodological and practical implementation of my research will be established in the methods chapter.

3.11 Ethical Considerations within PAR

Participatory action researchers have different ideological beliefs and perspectives towards the process of knowledge generation and emancipation through change (Brown and Tandon, 1983). The ideological differences arise from the context of the research; researchers' educational background; training; social, economic, political affiliations and culture (Khanlou and Peter, 2005). The social reality of this research is the existence of differences in contexts and culture. The similarity in professional training and practice unites ideological expectations from the action research. Emanuel et al. (2000) emphasises the importance of ethics in any research that includes human participation. Research participants are 'not merely used but treated with respect while they contribute to the social good' (Emanuel et al., 2000, p.2701).

There are numerous guidelines on ethics for qualitative research. I borrow the seven basic philosophies of ethical consideration in clinical research given by Emanuel et al. (2000) to describe ethical considerations in my research. Social and scientific value (Emanuel et al., 2000) focuses on the outcome of the research conducted, the generation of knowledge and the value that it holds towards the well-being of the social reality and context being studied. The social value of my research is consciously tailored to fit the cultural context with academic appropriateness and scientific validity of the findings. This includes my philosophical and methodological choices of conducting this research and the analysis of the generated data. Scientific validity (Emanuel et al., 2000) determines the principles, methods and techniques I have used through the research process. Fair subject (Emanuel et al., 2000) selection ensures that I have selected my participants without bias and influence from socially powerful individuals or organisations. It safeguards, vulnerable participants from stigma social and professional that might be a consequence of being a participant in my research. Favourable risk-benefit ratio (Emanuel et al., 2000) minimises participant risks and ensures that risk of participation is proportionate to the potential benefit to them. This is implemented through regular feedback and reflection on the research process by the participants and me. Independent review (Emanuel et al., 2000) keeps in check, through the research process, the research design and motivation for the research within the risk-benefit ratio of the social reality. The motivation for this research is self-driven and directed, therefore, at regular intervals, to a reflection on my field notes and personal journal guides navigation through the complexities of the research process.

Informed consent (Emanuel et al., 2000) is the providing of information given to the participants with a comprehensive purpose of the research. The process, methodology, procedure, potential risks, benefits and implementation of the research are given to the participants so that they can make a voluntary decision whether to participate or not. Respect for potential and enrolled participants (Emanuel et al., 2000) refers to confidentiality, welfare of the participants, privacy, data protection and

ownership of intellectual property (Holkup et al., 2004). Ownership in action research is important as it is a collaborative process by nature. Williamson and Prosser (2002), suggest that action researchers formalise a procedure to evaluate findings by the participants. This, close, collaborative work encourages joint ownership and augments validity. The action researcher who is the key agent of change, is argued to have a duty to protect participants professionally and personally from obvious harm especially during analysis of information gathered, interpretation and dissemination of findings (Coghlan and Brannick, 2014).

Ethical implications underlie individual and group safety, facilitating social action and empowerment (Kidd and Kral, 2005). The philosophical ideologies of Emanuel et al. (2000) are my choice of ethical standards for this research, not only because they are considered to be sound practice (Khanlou and Peter, 2005), but also because they correlate with the ethical ideologies of counselling practice. For instance: Autonomy and beneficence, *doing good*, refers to the direction in which counselling practice is guided where the choice of the counsellor for the client may be different to what the client chooses to work with. The counsellor needs to be aware of the clients' needs, over a personal agenda (Kirschenbaum, 2015), similar to the role of an action researcher, where the larger good of the social reality takes precedence over a personal agenda (Kidd and Kral, 2005). The intention behind this research is *doing good*; respecting of boundaries; non-maleficence to safeguard the interests of the client. The *good* of psychological counselling as a professional practice is established through the generation of strengths of the participants.

As the research group was collaborative, each participant's ideas, experiences and expectations were subjective to their need placed within the larger social professional context. As the researcher-facilitator it was my objective to uncover these subjective narratives with a flexible framework without influencing the participants with my thoughts and pre-conceived direction for the study. The benefit of this was that participants felt a sense of autonomy within the larger group and worked towards the

greater good of the research objectively without feeling coerced into conforming to my way of thought as is expressed in chapter 5. These were achieved by the use of counselling skills. Informed consent and confidentiality are some of the ethical frameworks for counselling practice given by various researchers, practitioners and organisations that standardise counselling practice (Counselling and Psychotherapy, 2002, Bond, 2009, Kirschenbaum, 2015, Morrissey and Tribe, 2004). This parallel comparison is important because of the social context of this research with respect to professional counsellors and the development of counselling practice in India. The process of gaining ethical consent to conduct this research is detailed in the next chapter (Refer 4.6).

3.12 Reflexivity

Reflexivity for researchers has various meanings, and its role in qualitative methodology is considered significant. It is a continuous self-appraisal of the researcher's experience through the entire research process (Dowling, 2006) as is my experience as a qualitative researcher. Furman (2004) encourages researchers towards self-revelation and to resist the need to look-good. Reflexivity has been explained as 'thoughtful self-aware analysis of the intersubjective dynamics between researcher and the researched' (Finlay and Gough, 2008, p.ix). Lynch (2000), recapitulated, that it is an unavoidable process that is recursive through series of actions and responses including feedback loops. It is argued that reflexivity is developed into knowledge and change by the researcher who takes responsibility for the views in the first position of 'I'.

The independent subjectivity of the researcher and the inquiry of how knowledge was gained creates a dynamic process within the researcher and between the participants (Etherington, 2004b). Reflexivity could either be the process of 'turning a thought or reflection back on itself or the process of turning action or practice back on itself' (Freshwater and Rolfe, 2001, p.529). In this research my experience has elements of both the above. My position as researcher, together with my practitioner experiences, established the 'I' position as mentioned above. The content

of the data gathered is, predominantly, the participants' and my experiences in counselling practice (the action). These aspects of practice were reviewed to allow a better understanding of the social reality within the given context. This recursive process included the reflections and insights gained during data collection. The research, therefore, is based in the knowledge that information gathered is rigorously processed reflexively. This reflexivity, substantiated in my findings (Refer 5.0), is an essential part of the meaning I derive from this study as a practitioner-researcher using PAR as a methodological framework.

As stated earlier, the motivation for my research is driven largely by my personal experiences in professional counselling practice and training in India. I found that there is great need for change in the existing system of professional counselling. There is little or no professional acknowledgement given to trained professional counsellors and the reality of their practice. This motivation in itself is arguably a bias to the entire research process because it was primarily my personal experience. However, this bias is productive for the study as explained in the methods chapter (Refer 4.0). I was aware of it, consciously kept it in focus and brought it to the notice of the participants. This was my own reflection, based on my experiences, before the research process. My reflexivity emphasised conscious awareness, deliberation and choice, governed by relevance and focused on the humanistic understanding of reflexivity as self-reflection - 'the ability to deliberate and consciously monitor one's own actions' (Lynch, 2000, p.28). I would like to detail my reflexive process for my research using the pluralised inventory of reflexivities enumerated by Lynch (2000). My reflexive account encapsulates the entire research from ideology to findings. PAR as the methodology includes reflection as a critical part of the research process (Refer 3.6, Figure 1).

My baseline form of the recursive process is mechanical reflexivity. The focus, here, for me, was feedback from the participants and supervisors of my research. I used the knowledge gathered here to constantly adjust the system of gathering information within natural and social boundaries. I was conscious of my research position and was attentive to my own awareness

of the social reality and the deliberation of my choices. Substantive reflexivity is the 'fundamental property of human communicative action' (Lynch, 2000, p.28). I took into consideration the systemic cultural context of the social reality within which the research was situated; the historic, cultural, economic and environmental development and impact on the participants and the profession of psychological counselling in India. I was conscious of the lack of scientific rationality for this process of reflexive modernisation because of the lack of literature and professional expertise. However, the self-reflection of the group had tangible consequences on the development of knowledge which motivated action and later, interpretations.

Methodological reflexivity is understood subjectively by researchers depending on their philosophical standpoint (Lynch, 2000). The 'I' component in my research was influential in the entire research process. I was conscious of my own philosophical standpoint which was kept in check through meta-reflection¹⁸, self-critical examination and introspection logged in a personal log throughout the research process. I was also conscious of social and cultural interactions within the group, the role of power, bias and prejudice. Through observational feedback we maintained individual standpoints and the verbalised subjective reality of the context. We encouraged the willingness of participants to accept or reject ideas through rigorous discussions, and to include credible, constructive knowledge.

Meta-theoretical reflexivity is the attitude or the perspective of stepping back from the heightened awareness of the social reality (Lynch, 2000). Although this was a challenging experience for the participants and me, because of the nature of the social reality and the therapeutic outcomes of the group (refer 5.7.2), we attempted a critically subjective reflection of the social reality. The knowledge produced, however, was influenced by individual personal experiences and reflections. Nevertheless there was

¹⁸Meta-reflection: An in-depth journey of thought in order to obtain a comprehensive and deeper understanding of self

critical-reflection with independent standpoints with regard to bias, prejudice, cultural influence and the conceptual framework of the research.

Interpretative reflexivity is making sense of the context or social reality of the research (Lynch, 2000). The meta-reflexivity that was practised was aided by: reading theory and transcripts; thinking independently and collectively; reflecting on the knowledge produced, its value of change and applicability and the consequences thereafter. We kept the philosophical underpinnings of the research and used reflexive, self-critical and theoretical ideologies to explicate an understanding of the social reality and develop alternate possibilities of change.

Reflexivity is also a counselling skill; in this study the participants and I, being practising counsellors, were already familiar with the reflective process. This enhanced the rigour of the research process, augmented the degrees of reflexivity and reinforced the research motivation, to make a change in the social reality of counselling practice, in Bangalore. Within the context of this research, reflexivity made 'transparent the values and beliefs we hold' (Etherington, 2004a, p.59) just as it influences the counselling process and its outcome. This reflective and reflexive practice enabled us to utilise the past and on-going experiences in order to improve the future (Freshwater and Rolfe, 2001). This gave the participants and me the ability to deeply introspect the past and present experiences and enabled us to generate critical knowledge and apply desired change with subjective preparation for the consequences.

3.12.1 Reflexivity in Analysis

'A reflexive action approach has the potential to demystify research and make it more immediate and vital for practitioners' (Lees, 2001, p.137). A reflexive stance for analysis is this the most effective way of representing my data. It motivates the reader to understand the dynamics of PAR transformation and empowerment. The raw data represented within its socio-cultural reality, with its idiosyncratic narrative and linguistic styles is free from researcher bias. My understanding of the participants' personal

and professional experiences resonates with my own experiences and this may act as a bias if I interpret the data. There is 'no single authoritative reading of the text' (Freshwater and Rolfe, 2001, p.535) as the analysis is an iterative, reflexive process that challenges, disputes and deconstructs findings to facilitate change, generate knowledge and empower the participants. This reflexive analysis is based on the premise that the data will 'speak for itself' (Lees, 2001, p.137). This conscious, deep, reflexive action as a practitioner-researcher: gave me a greater understanding of the context of my research; reinforced my motivation for doing this research; gave me insight into my personal, professional and social experiences of practise (Finlay and Gough, 2008) and helped me situate my research within psychological counselling practice and other mental healthcare practices in Bangalore.

3.13 Aims and Impact of Action Research

The seminal nature of action research given by Lewin enriches qualitative research methodology by the dynamic perspective of change in social reality and the role of the agent of this change (Schein, 1995). The construct of change is dynamic: broadening boundaries through subjective experience; enlarging defined social structures by exploring experiences; discovering the need for change through reflexivity and the emerging of change by gaining awareness and implementing the change. Action research is known to be used in the socio-political field, education, social exclusion amongst other fields, in an independent and organisational context within health research. It has, over time, been used in many other fields of health sciences and organisational settings. In the recent years there has been a significant increase in the use of PAR in the field of psychology, especially counselling psychology. Counsellors are using their expertise in working with individuals and groups, using social, behavioural and psychological processes of change.

A significant impact of action research is its emancipatory outcome that not only contributes to the existing fund of knowledge but catalyzes change (Coghlan and Brannick, 2014). The epistemology of practice in action

research shows meaning and purpose through explanatory principles, values and action reflection cycles (Whitehead, 2009). It attempts to reframe a social context by consciously establishing the existing knowledge of the social reality with an aim to empower and emancipate (Brown and Tandon, 1983) and to rebuild individual capacity through collective inquiry giving the researcher and participants joint ownership of the research process (MacDonald, 2012). PAR strives towards the empowerment of any oppressed individuals and encourages development, capacity building of the participants collaboratively (McTaggart, 1991)

Baum et al. (2006) distinguish PAR from other qualitative research methods as the lived experience. The overall approach, with its naturalistic design, varies in process with given contexts. PAR is most suited for my research as deals with pragmatic issues facilitated by the researcher using flexible resources, developing 'equitable, liberating, and life enhancing relations within the research process' (Koch and Kralik, 2006b, p.30). The research process aims to empower the participants to acknowledge the value of their profession within their own social and cultural realities. This transformation of reflexive and shared knowledge gives a participatory sense of universality and therapeutic distinction to our practice.

3.14 Researcher's Position

Traditionally researchers have been considered to be experts who hold positions of deference; however, the role of an action researcher is arguably different from that model. The action researcher has a unique status that is established within the context of the research (Stringer, 2007). Lewin's principle and procedure for action research is co-operative action with democratic participation (Adelman, 1993). Although PAR is a democratic model of research, the role of the researcher is of a research-facilitator (Reason and Bradbury, 2001). The aim of the action researcher is to create knowledge emphasizing the importance of the research process and steering it towards improving practice and facilitating change (Whitehead, 2009).

(Reason and Bradbury, 2001) describe the role of the action researcher in four stages of the research process: conceptualisation phase; framing the event; design of event; action and follow up. In my research these are largely the four areas where I, as the researcher, differentiate myself from other participants in the group. In the conceptualisation phase the action researcher clarifies the purpose of the research to the participants as the critical researcher, the problem or the research question is defined and a consensus of the social reality is discussed. The action researcher introduces the ideology of reflexivity, continues the reflexive accounts and process through personal logs, process notes and encourages the participants to engage in a similar reflexive process. Kidd and Kral (2005) assert that 'as trained researchers, psychologists have a responsibility to ensure that high standards of reliability and validity are maintained' (p.191). During the phase of 'framing the event' (Reason and Bradbury, 2001) the researcher explains the aims and objectives of the research and establishes learning. The responsibility for the generation of knowledge and the implementation of the action is shared, however, it is the researcher that decides who participates in the research. The researcher suggests a timeframe for the research process, being explicit about the generation of knowledge and its value and a preliminary plan of progress.

In the 'design of event' phase (Reason and Bradbury, 2001) the researcher is expected to have the necessary expertise to establish the ethical implications of the study (Emanuel et al., 2000), ground rules for dialogue among and between participants and the social reality, ensure flexibility to accept and consider multiple perspectives and be adequately prepared for the portrayal of power, continuation of reflection, and the 'action and follow up' (Reason and Bradbury, 2001). The researcher also ensures a support system for the participants and has to have the skills to shift responsibility between the participants and the researcher. The researcher offers tools of empowerment and emancipation to the participants establishing continued change and follow-up.

Action researchers are the principal investigators of knowledge (Delman, 2012) established within the research, setting the agenda. They adopt a neutral, non-judgemental stance in verbal and non-verbal behaviour and appearance (Stringer, 2007). My training as a psychological counsellor and researcher has strengthened my skills to observe neutrally; assimilate information cautiously; be critically reflexive and to articulate knowledge effectively. This is an ongoing process of learning and relearning and is a catalyst in my research journey. Action researchers are the catalysts of the research and are expected to be flexible, resourceful, skilled and supportive with a purposeful attitude appropriate to the context (Stringer, 2007). The researcher's role as a leader is one that is committed, inclusive and respectful to the participants, the social context and the research process (Delman, 2012). The researcher incorporates his/her social self into the research and the reflexivity of the researcher becomes part of the subject within the context (Freshwater and Rolfe, 2001). My meaningful involvement, as the researcher, with the participants, in the process of co-constructing strength based model in counselling, ensures power and control over this perspective for all (Refer 6.5.1). We intended for it to have a direct impact on training and practice of counselling in India, positively influencing them to undergo a sustainable change. From the dissemination of this learning, I aspire to create a change in the existing system. The individuals' experience, the collective narrative, and my own involvement work towards a transformation in perspective and practice for the participants and me. The researcher is given considerable responsibility and the participatory action is meant to be 'democratic, liberating, equitable and life enhancing' (Koch and Kralik, 2006a, p. 28). For instance, I, as the researcher, had dual role to play: I was the facilitator of the research process and a participant of the PAR group, in which, my sharing is included in the data gathered for the research. The participants and I worked collectively to co-construct, design, execute and disseminate all phases of the research. This fostered participation, community development, access and empowerment (Vollman et al., 2007). My role as the researcher in this research is explained in the methods chapter.

3.15 Methods of Data Collection in PAR

There are numerous methods of data collection that are used in PAR. Each method is specific to the context of the research, the social reality, the researcher and the participants. After the agenda of the research is established the researcher and the participants collaborated to establish an appropriate method of data collection (Gillis and Jackson, 2002, Stringer, 2007, McNiff and Whitehead, 2011). Some of the suggested methods of data collection are: participant observation, interviews, PAR groups, personal logs, field notes, diaries, questionnaires and surveys (Gillis and Jackson, 2002, Greenwood and Levin, 2007, McNiff and Whitehead, 2011, Stringer, 2007). Some of the methods that I employed, which are described more fully in the next chapter, in my research, are PAR groups, field notes, participant observation, audio recordings of all sessions, participant diaries and a personal log. In keeping with my motivation for the study and the aims of PAR, I wanted to ensure that all aspects of the groups' experiential narrative were logged immediately. I was aware that my experience may influence the data if I relied only on the audio recording and my memory. With corresponding filed notes and a personal log I am able to locate my findings through an impartial lens representing a critically subjective account of the realities of the participants and my experiences, independently and collectively.

Recording and transcribing conversations of a PAR group is a rigorous process. Accomplishing this in real time is challenging, however action researchers record observations throughout the group process.

Researchers suggest typing transcripts soon after each session, so that the cyclical nature of PAR may be achieved (Koch and Kralik, 2006a). In this research I audio recorded and transcribed all sessions. This kept me, as the researcher, close to the data, so that I could understand the experiences of the participants and not lose any meaning especially during transcription. Easton et al. (2000), highlight the importance of the researcher being the interviewer and the transcriber in order to avoid errors in transcription such as misinterpretation of words, intonations and language especially

culture specific jargon. This applies particularly to this study as the research is in India: local jargon, colloquial usage of language (verbal and non-verbal) and references are familiar to me. Bird (2005) describes the effectiveness and insight that is gained from transcribing data, and the in-depth understanding of the information gathered. It also sheds light on the role of power and the overt and covert interaction between participants.

3.16 Critique of PAR

Cassell and Johnson (2006), argue that even with a cursory review of the philosophical underpinnings, the epistemological and ontological stance of PAR is contentious. There is a general lack of access to sufficient, comprehensive and balanced research from diverse origins and the problems associated with it in a complex field (Greenwood and Levin, 2006). The comparison of action research to other contexts of science or scientific methods leaves it wanting in articulated standards of quality from a particular constellation of knowledge. This is addressed by action researchers through a reflexive account of their ontological and epistemological commitments. For instance, action research should be evaluated based on established consensus and implementation of transformative potential rather than on objectivity and direct problematic interventions (Cassell and Johnson, 2006). Arguably action researchers benefit from sustained reflection on the research process, their philosophical ideologies of research, generation of knowledge and evaluation of the validity of the process.

PAR entails high levels of personal involvement which is considered to be of potential risk to the researcher (Kidd and Kral, 2005). The action researcher has the centrality of power within the research, in facilitation, knowledge generation and socially (Koch and Kralik, 2006b). The power of the researcher is embedded in his/her beliefs and personal values. These can be used subtly or explicitly to coerce, undermine and silence parts of the research process. For instance, I found myself engaging in a personal struggle with my own deeply embedded beliefs, together with frustrations arising from the various contexts of PAR. This led to anxiety and a

temptation to fall back on my own power, and social position, and deviate from my role of an expert. I found that writing in my personal log during this process was beneficial, at the time, and later during analysis. The nuances of various experiences and emotion would, otherwise, been lost if I had relied only on my memory. Therefore, maintaining critical awareness (Baum et al., 2006), sharing power and responsibility to prevent ambiguity is crucial to PAR.

PAR is a democratic, inclusive methodology of research which requires the commitment of the researcher and the participants. There are diverse cultures, values and abilities involved. Issues of power may arise between participants causing misunderstanding, conflict and uncertainty in these issues can arise from the use of language, perspectives on the social reality or socio-cultural issues (MacDonald, 2012). The researcher needs to be equipped with group facilitation and conflict resolution skills and have the ability to diffuse crises sensitively, and be able to foster the greater goal of the research by encouraging positive communication (MacDonald, 2012, McTaggart, 1991, Kidd and Kral, 2005).

The knowledge that is co-constructed and produced in PAR is implemented into action, making a change which is transformational and emancipatory. The implementation of knowledge into action can create an illusion of participation, where the knowledge required to be implemented is based on the researcher's research on the participants rather than by the participants (McTaggart, 1991). There is little applicability of this critique in my research, however, if facilitation in the generation of knowledge was not carefully navigated, it could have led to subtle coerced implementation of my research assumptions of the social reality. I was also careful, being a practitioner-researcher, to reduce the distinction between theory and action. Since each participant is well trained in counselling skills and research methods, there is a high risk of learnt theoretical knowledge influencing the generation of knowledge. When this is made conscious it encourages participants to focus on the 'how' of their own experience rather than a familiarised learnt understanding.

3.17 Data Analysis for the PAR Group

PAR groups are known to generate large amounts of data which include transcripts of the meetings, described in the next chapter; personal logs, field notes and participant feedback and reflections. I chose to analyse my data with a combination of Krueger's Systematic Analysis Process; a reflexive representation of the data and NVivo 10¹⁹. Yin (1989) highlights stages of analysis that are generally used in analysing data from PAR groups where the researcher examines, categorises, tabulates and re-combs the data within the objectives of the research. Krueger and Casey (2000) advocate a practical management of large focus group data using seven established criteria: words- literally, figuratively and the meanings attributed to words. In this research it is the cultural and contextual understanding of words, phrases and colloquial jargon that is represented as it is rather than ascribing researcher bias to it through interpretation. This retains the authenticity of the participants' narrative. The context of the responses is maintained not only in terms of the social reality but also in terms of the group environment at the given time of the discussion. This is analysed together with 'Intensity' of the sharing, in terms of words, emotion and tone. Transcripts of the data may not carry the intensity; however the recorded data does.

Similarly the 'frequency or extensiveness' of topics discussed highlights topics of special interest, importance and stimulates responses for further deliberation. The 'specificity' of the content is understood to be based on personal and professional experiences; prior knowledge and training. These are addressed through observational notes and a personal log of verbal, non-verbal, reflective and reflexive content. The above analytical process demonstrates 'Internal Consistency' of participant responses through the entire research process and enables 'Finding Big Ideas' and allowing them to percolate, to be verified over the period of analysis.

¹⁹NVivo 10: NVivo is a qualitative data analysis computer software package produced by QSR International. It has been designed for qualitative researchers working with very rich text-based. 10: refers to the version.

The natural process of analysis, for researchers to derive the essence of their research, is from discerning their personal involvement. The philosophical conceptualisation of the social reality, in pursuit of essential meanings of everyday experiences, throws light on the 'inherent processes and values' (p. 39) that generate knowledge and develop new perspectives, (Douglass and Moustakas, 1985). The process of data analysis that I used is diagrammatically illustrated and explained in the next chapter (Refer 4.19)

3.18 Conclusion

The philosophical underpinnings and methodological considerations of PAR; its validity and credibility where the framework includes transparency and ethical considerations from a researcher's position are described in this chapter. PAR encourages a cyclical process where the researcher is reflective throughout the research and continues to view the data and findings reflexively even after the generation of knowledge. This dynamic methodological choice transforms participants' reality into a change that empowers. My involvement as a participating practitioner researcher strengthens the mechanics of the research through my own expertise and motivation. My reflexive stance in the analysis of the data potentially gives the research process transparency and a realistic representation of the voices of the participants. The implementation of PAR with its longitudinal design is reconstructed step by step in the next chapter.

4.0 Methods

4.1 Introduction

This study draws on PAR pioneered by Kurt Lewin (1946), to guide the data collection and the analysis of data. The research aims to explore current practitioner experiences in professional counselling practice and collaboratively design and develop a strengths based perspective in the Indian context. It was guided by the ethical considerations of School of Healthcare Research Ethics Committee (SHREC). Through the use of convenient sampling; participants were recruited and the data collection process was conducted in semi-structured PAR groups. Data was collected in four phases which was an iterative process. This data was substantiated by feedback, field notes and a personal log elaborated later on in this chapter. The participants were, all, professionally trained counsellors who were in practice. The data collection process involved 7 participants and 10 meetings; all meetings were recorded. There were 4 support group meetings. The participants and I reflected on the data independently and presented our thoughts at the subsequent meeting. Each participant was encouraged to make; notes during meetings and after, reflections on the process and maintain a personal log. The research problem was regularly reviewed in order to maintain focus; participants were encouraged to explore all avenues of their experience, thoughts and feelings. These were verbalised at the meetings. The data became more complex when the group dynamics began to change. The progressive account of the above is explained below and discussed in chapter 5 and 6.

4.2 Design

The methodological choice of PAR in this research, encouraged me to adopt a flexible 'longitudinal action research design' (Lau, 1997, p.43). This longitudinal framework allowed me to follow my sample through the research process over a period of time. In this case it was over a period of ten months from November 2013 to August 2014. The cyclical process of PAR fitted in with the longitudinal design, the repeated interviews and observations at regular intervals, of the same sample. This iterative

process, over ten months, enabled me to track changes and identify variables in the data gathered, that affected change. It highlighted patterns of communication in the group, which influenced the discussions of the topics concerned and effected gradual generation of knowledge. The longitudinal design threw light on the development of inter-personal relationships between, participants and the researcher throughout the research process. The small sample size enabled the PAR group to develop cohesiveness over time and this motivated participants to have a greater involvement in the study, increasing the rigour of the study (Turnbull et al., 1998).

In the planning stages of this research, I chose to divide my data collection into stages. I had a given period of time, one year as stipulated by the University of Leeds to collect data. I used ten out of the twelve months to gather data. Therefore, when recruiting participants, it was necessary that they were made aware of the longitudinal nature of the research. I knew that I was trying to consolidate several years of experiences, qualitatively, in this short time frame. As described below, I divided these ten months into stages or phases of data collection. Each phase was further sub-divided into weekly meetings, with relatively adequate breaks between each meeting and each phase. These breaks allowed assimilation and critical reflection of knowledge shared and generated at these meetings, enabling subjective individual action (observations and implementation in practice). The knowledge, insight and experiences gained in each meeting, was fed into the next meeting, as described further on in this chapter. The intentional time allotted for assimilation and action added to the above, and this was collectively fed into the next phase of data collection. This cyclical process continued, with less intensity, even after data collection was complete, as an outcome of the research process (Refer 5.7.1).

In retrospect, there were some challenges in using a longitudinal action research design. There was no guarantee that the integrity of the participants would last throughout the research process. Unpredicted life events could arise, such as marriage or illness of participants, as was my

experience, this could impact multifarious aspects of the data collection such as logistics and absence from meetings, among others, and this would have a direct impact on me as the researcher. I was fortunate to have most participants attend all meetings across all stages, in spite of which, occasionally, I did feel anxious about the impact of this on the data. I included this information as part of the data collected. Another challenge, when reflecting on the longitudinal process, was the effect of environmental changes on the participants, which, in turn could affect data. In this study, I observed the subtle differences in the participants' style of sharing which was based on the season. Winter was comfortable for most participants (India being a tropical country) and this helped, in the initial meetings, make the group experience, physically, more comfortable. The summer months were, physically, challenging because of the high temperatures, which affected logistics and made being seated for long periods of time uncomfortable. However the cohesion in the group kept the participants motivated to attend the group meetings (Refer 5.7.3). The monsoon, the rainy season, was a difficult time, which primarily affected logistics. However, once in the group, sharing was a naturalistic process especially towards the end of data collection. These influences, though common, were important to me and pre-empted me to take measures to make the participants as comfortable as possible (Refer 5.7.5).

4.3 Recruitment

4.3.1 Inclusion criteria

The inclusion criteria include:

- Masters (MSc.) Psychological Counselling (Bangalore University Approved)
- Over three years of work experience in the field
- A practising practitioner

4.3.2 Population

The participants of the study are a defined group of people who are trained, practising counsellors. They are selected using a specific criterion representing a desired population, having similar sociological-characteristics (Rabiee, 2004). In order to recruit participants, I first identified all institutions that had a UGC²⁰ approved Master's degree in psychological counselling. This was to ensure that the institutions selected were recognised and established in the field of counselling and the system of education was of an accepted standard in India. I wanted practising professionals from these institutions with at least three years of work experience because in this time they will have had the opportunity to establish their professional identity, training, and develop an independent perspective of their social and professional context. The social reality as explained in chapter 1 was vastly different from simulated learning. From my own personal experience I noticed that, taught counselling theory and application of taught counselling skills were challenging to replicate in practice, as discussed in chapter 5.

4.3.3 Exclusion Criteria

The exclusion criteria include:

- Counsellors having graduated from non-Government of India (UGC) approved institutions holding either an undergraduate or a master's degree in counselling.
- Counsellors with less than three years' work experience as counsellors
- Trained counsellors who were not practising at the time.
- Counsellors by experience: trained in un-recognised institutions and working as 'counsellors' in Non-Governmental Organisations

²⁰The University Grants Commission (UGC) of India: is a statutory organisation set up by the Union government in 1956, charged with coordination, determination and maintenance of standards of university education. It provides recognition to universities in India, and disburses funds to such recognized universities and colleges

The MSc. Psychological Counselling programme from Bangalore University was the only Government of India (UGC) recognised programme²¹ that had the necessary qualifications at the time of my recruitment of participants. Although I would like to acknowledge here that today (2015) there are a few more institutions that fall into this category. The Bangalore University had a comprehensive syllabus in order to be trained as a psychological counsellor. It incorporated Western models of counselling; a comprehensive understanding of clinical psychology; group counselling; marriage and family therapy as a specialisation; transpersonal and indigenous psychology; research methods; supervised practicum and clinical assessments. Most of the above were taught in theory seminars and had a practical assessment. This gave each counsellor trainee that graduated, a firm foundation to practice. Other universities that offered this programme were still waiting to be approved by the UGC. There are several institutions and organisations that have short term courses or diplomas in counselling (2 weeks-1 year programmes). These courses are not standardised or affiliated to associations that are standardised by the government of India.

The three years of work experience gave practising professionals adequate time to acquaint themselves with the understanding of putting theory in to practice: the socio-cultural, political and personal context of practice and its consequences, the awareness and implications of being a psychological counsellor in India. With extensive existing knowledge of the system I wanted to ensure that the participants had an established theoretical orientation and philosophy of practice integrated with their personal development and methods of self-care. These qualities necessarily led to a clearer understanding of their roles, their personal and professional motivation and struggles. This also established a pragmatic platform to evaluate and focus on the need for change. I acknowledge that, although the sample fulfils the above criteria, the research nevertheless takes place in a context and with people with whom I am familiar, as stated earlier.

²¹Today, as stated above, there are other institutions that have UGC recognized MSc. Psychological Counselling programmes

This again can influence 'objectivity' (Refer 3.10) but, in this research, it had a great advantage of enhancing trust, depth and qualitative nuance, as explained and discussed later in chapter 5 and 6, respectively.

4.3.4 Structure of Data Collection

The plan was flexible in order to accommodate unexpected changes in the research process. After the ethics application was approved by SHREC, I travelled to Bangalore, India. The recruitment of participants was a challenge as there were very few professional practising counsellors with the required number of years of experience. Among these there were more women than men. Even though I took all these factors in to consideration while making the plan, the reality was far more time consuming than expected. It took over three months to identify participants and to coordinate and confirm their participation in this research. The names of all participants have been changed throughout this thesis and any resemblance to other individuals outside this research is entirely coincidental. The pseudo names are used to ensure anonymity, confidentiality and protect the participants from being identified from their sharing.

4.3.5 Study Setting

The location for the PAR group was initially set up on the premises of Sampurna Montfort College; however, some of the participants were uncomfortable with this choice and requested a change of venue. As all participants are affiliated with Sampurna Montfort College either as alumni or as staff, they preferred to have a neutral location where they had no prior association. The venue was, therefore, changed to a more neutral location which was accessible to and comfortable for, all participants. It was an unfurnished apartment in a quiet residential location, centrally located, in the midst of a lot of greenery. There were no charges applicable for the use of this apartment; the owner was generous enough to let us use it as it was for research purposes.

The location for the meeting of the group was an important part of PAR, as it involved only a small group of participants, within a known context where there was salience to the social reality under enquiry (Ritchie et al., 2013). This study in keeping with the aims of PAR required a suitable environment for participants to explore experiences and develop thought reflexively. The setting was conducive to experiential interaction, confidentiality, openness and honest communication. It was easily accessible to all participants who used various modes of transport. The room was set simply with a table, the required number of chairs, books and stationary for the participants use. As a practitioner researcher I chose a therapeutic setting (chairs set in a circle). This was familiar to all participants (group therapy) and it helped to alleviate any initial anxiety by virtue of familiarity. For instance, Ophelia, who was one of the participants of the study, said: *'then suddenly I am thinking of group therapy.'* (262)²²

4.4 Sampling

In this study, a convenience sampling method to 'recruit participants from a known, easily accessible population' (Bowling, 2009, p. 249) was most suitable. Patton (2005) suggests that the aim of non-probability purposive sampling includes 'information rich cases for in-depth study' (Green and Thorogood, 2004, p. 102). There were a limited number of counsellors in Bangalore who graduated from Sampurna Montfort College or Bangalore University from 1998 to 2009. An approximate calculation of the total number of graduates from these educational institutions from the year 1998 to 2009 is 500²³. Each batch of graduates was between 18 and 25 students. Less than 50% of the graduates practiced. Thus, from the number that are practising, I contacted 25 counsellors telephonically, those with a minimum of three years of work experience. Out of these, 9 agreed to be part of the research, and, 7 of them committed to it. These were some of the factors that determined sample size.

²²Reference to participant quotation in Appendix 10

²³These numbers are from the records given to me in person. I was not given copies of the record to be able to cite them.

4.4.1 Sampling Strategy

The participants were identified through word of mouth. The sampling strategy used was snowballing. Bowling (2009), describes snowballing as a strategy where no sampling frame exists, where the researcher contacts a few participants initially and these participants, in turn, recruit others whom they know who would be part of the target group. The advantage of this technique was, 'that it includes only members of a specific network' (Bowling 2009, p. 208) which was precisely what was needed for this study.

4.4.2 Identification and Recruitment of Participants

I was acquainted with several graduates from Sampurna Montfort College, as I had taught at the institution for a number of years; however, I did not have their contact details and knowledge of where they were currently practising. Initially, I contacted a few people telephonically and some in person. Those people, in turn, contacted other potential participants and gave me their contact details. I considered them good sources of information that would lead me towards my research goal. All potential participants were identified and then contacted telephonically. Those participants, who agreed, orally, to be part of this research, were then contacted, formally, via email. A time and location was scheduled for the first meeting. Many of them were unable to participate in the research and so, declined. The long term nature of the research, conflict of ideology and other research interests were some of the reasons that prevented many of them from participating. After contacting 27 potential participants for the research, 9 agreed (by word) to be part of the research group. Each of these 9 participants was contacted via email with an outline of the research question, purpose, participant requirements, advantages and disadvantages, participant withdrawals, confidentiality, ethics, outcome and data protection (Appendix 2). After getting written agreement to participate from each one, I used 'doodle.com'²⁴ to schedule the first meeting of the group. All participants preferred meeting on Saturday

²⁴Doodle.com: is an online scheduling tool that can be used quickly and easily to find a date and time to meet with multiple people.

afternoons at 2:00 PM. They worked a five and a half day week after which they would come to the research group meeting. The introductory meeting was scheduled for 18-01-2015. On the day of the first meeting 2 participants dropped out giving health and personal reasons. I was now left with 7 participants. For the second meeting another participant who felt unable to commit to the length of the study chose to drop out. It was now a research group of 6 participants and me.

4.4.3 Sample Size and Saturation

J Ritchie (2003), highlights in the course of a qualitative study, the quantity of data does not increase the quality of information, and qualitative research concentrates on meaning. The group was designed to be a PAR group where my own practitioner experiences were included. Krueger and Casey (2000), suggest that a PAR group of six to eight participants show greater potential; gain a variety of perspectives and are most likely to stay united. Krueger and Casey (2000), argue that 'rich' data can emerge if the participants in the group are fully engaged in the discussion and not based on the size of the group. I was anxious as I wanted psychological counsellors of Bangalore to be adequately represented. The group turned out to be committed, reflexive and challenged the process as well as the research question. There was maximum variation in the sample which described the practising demographic fittingly as detailed in following section.

4.5 Social-Demographic Data

4.5.1 Research Participants

The participants were, all, practising counselling professionals within the social context of this research. I chose to examine closely, using spontaneous unstructured questions, all aspects of their practice: theoretical orientation in practice, place of practice, population worked with and areas of practice. These are a source of pride for me, as a researcher, in my participants and as a practitioner in India. The implications of these roles and the consequences they have on the person

of the counsellor and society will be discussed in the next chapter. Two of the participants were men and five were women, including me, all between 29-45 years old. The participants were, all, believers: in faith/religion, the Indian culture and in their own personal culture specific values. They were all Indians; however, they hailed from different parts of India, which meant that they spoke multiple languages and some of them counselled in more than one language: English, Kannada²⁵, Konkani²⁶, American Sign Language, Telegu²⁷ and Tamil²⁸. Most of these languages are South Indian. All PAR groups meeting were carried out in English. The primary language used in counselling for all participants was English.

All participants were trained in a similar academic and practice based curriculum. To give a wider understanding of the above i.e. the professional background of each participant, the following information was gathered and consolidated in the first group meeting. The theoretical orientation of each participant stemmed from the counselling training or additional training that each one had acquired over the years of practice. The participants mentioned having the following theoretical orientation: in philosophy for themselves; their view of counselling and their practice: Rational Emotive Behaviour Therapy, Solution Focused Therapy, Cognitive Analytic Therapy, Cognitive Behavioural Therapy, Person-Centred Therapy, Gestalt Therapy, Narrative Therapy, Psychoanalysis, Psycho-Spiritual Therapy, Theatre, Psychodrama and Emotional Freedom Techniques, Humanistic Therapy, Spiritual Understanding, Pragmatism, Existentialism, Yoga, Meditation, Acupressure and the Laws of Karma.

²⁵Kannada: Dravidian language spoken predominantly by people in the South Indian state of Karnataka

²⁶Konkani: are a linguistic community found mainly in the Konkani Coast of south western India whose mother-tongue is the Konkani language. They originate from coastal Karnataka and Goa.

²⁷Telegu: Dravidian language spoken predominantly by people in the South Indian state of Andhra Pradesh and Telengana

²⁸Tamil: Dravidian language predominantly spoken by the Tamil people of India and northern Sri Lanka

Every participant had between 4-8 years of practice. Each participant had worked in multiple organisations and privately. The place, population and areas of practice highlighted the need for professional counsellors in India. The place of practice refers to the physical location of practice or place of employment. The participants worked and were, at the time, working, as listed in chapter 5. The implications and consequences of this will be discussed in the next chapter.

4.6 Ethical Approval

This research project, as per university requirement, required ethical clearance from SHREC. As I am an Indian citizen I was not required to get ethical clearance from the Government of India. The ethical clearance consisted of four components: the research project ethical review; fieldwork assessment for medium risk activities; participant information sheet; and participant consent. The research project ethical review is a detailed description of the intended study. It included researcher, supervisor and potential participant information. The outline of the research project; potential ethical issues of which I had none, as I was not working with a vulnerable population; estimated timeline; researcher safety as my research was located out of the UK; participant risk – which was none; participant withdrawal - Participants freedom to withdraw from the study at any time. If a participant wished to withdraw during a session, any data concerning them collected up until that point would not be deleted. This was because, once data was recorded in a PAR group it was not possible to delete a single person's sharing; remuneration - which was none; and data protection – confidentiality, all recorded and transcribed data was password protected.

Fieldwork assessment for medium risk activities assessed risks involving the researcher. My study was considered medium risk as it was outside the UK. It included details of the location of the study and the researcher while collecting data, itinerary and travel information. The participant information sheet, (Appendix 2), briefly outlined the purpose of the study; introduced the researcher, enumerated the advantages, disadvantages and

risks involved in participating in the study; withdrawal from the study as mentioned above; data anonymity and protection of findings. This information was given to potential participants during recruitment. Participant consent, (Appendix 3), is a form given to recruited participants to ascertain their willingness to participate in the study after reading the given information. The above ethics applications are included in the appendices. The process of obtaining ethical clearance from SHREC allowed me to view potential challenges such as risk to myself, as the researcher, which I had not taken into consideration earlier. It also validated the intention of the study as there was no perceived potential harm or intrusion to anyone involved.

4.7 Data Collection

4.7.1 Ethical Codes and guidelines

Ethical considerations are based on the risk and safety of the participants (Koch and Kralik, 2006a): Informed consent, risks and benefits of involvement, minimizing potential harm, fair distribution of responsibility and data protection were some of the ethical considerations. Koch and Kralik (2006a) suggest that participatory action researchers need to understand the complexity of the process which will enable them to anticipate all ethical issues that may arise. Some of the considerations for this research were that, since it was conducted out of the UK, in India, I was required to have ethical leave granted by the University of Leeds for the same. All ethical requirements were adhered to (Refer 4.6) through data collection ensuring a respectful, confidential and culturally sensitive, democratic environment.

4.7.2 Group Facilitation

PAR groups, in research, are commonly defined as 'a technique involving the use of in-depth group interviews in which participants are selected because they are purposive' (Lederman, 1990, p.118). They also differed from group interviews in one crucial respect: they encouraged conversations within the group, not just those directed at the facilitator.

They were therefore in keeping with the aims of PAR. I chose to term my participants and myself as my research/PAR group, a group that I, in my role as a researcher, facilitated.

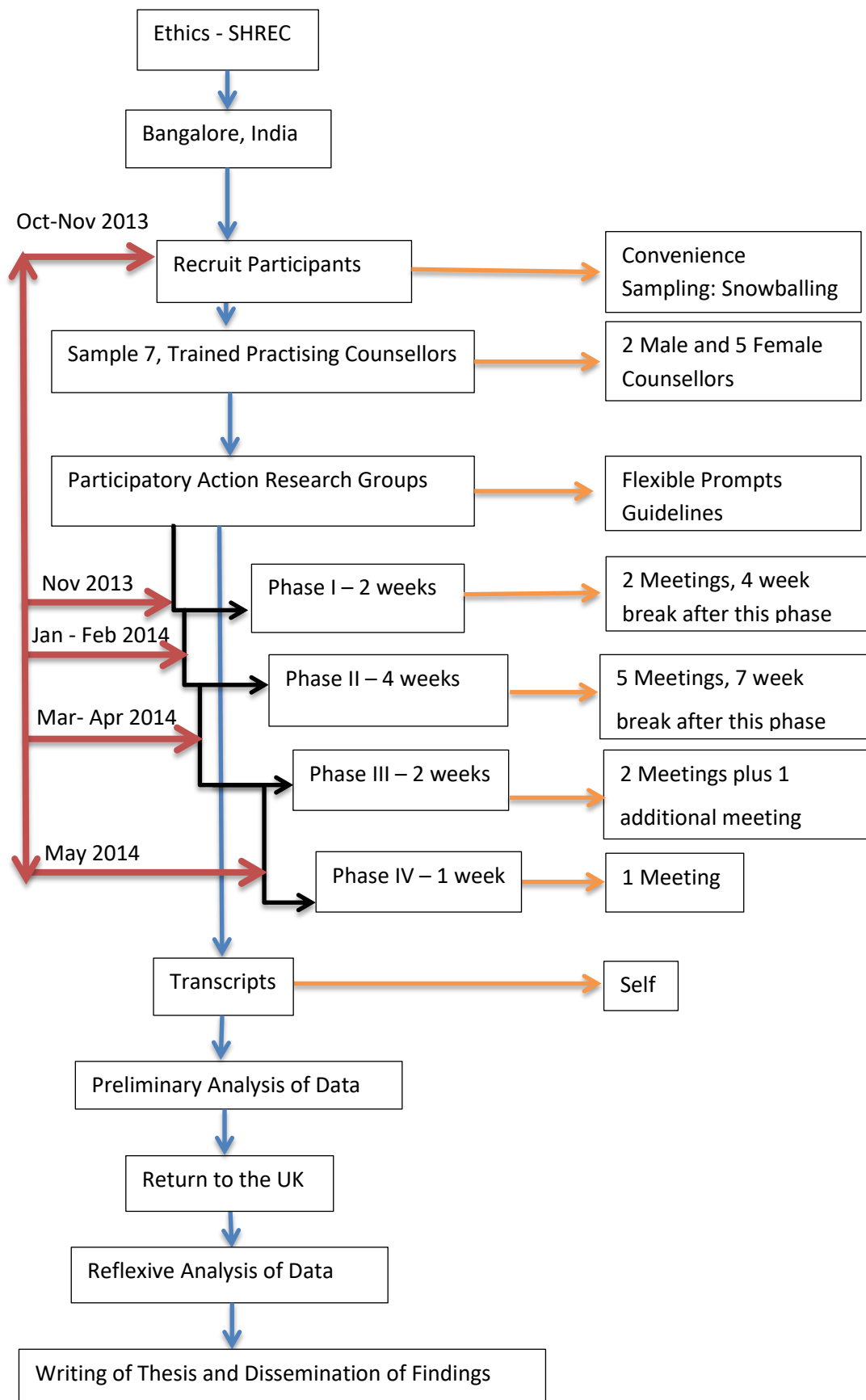
4.7.3 Setting

The room used for the meeting was located in a residential locality as mentioned above. The low noise factor was a great help while recording each meeting. The room had chairs set in a circle with a low table in the centre, so as not to interfere with conversation. I had an approved blue print for the data collection and the process was structured against a time scale (Figure 2).

4.8 Stages of Data Collection

The collection of data was divided into four phases; each phase comprised of one to four meetings. The first meeting was guided by unstructured questions and topic cues.

4.8 Figure 2: Diagrammatic Plan of Data Collection



4.9 Phase one

The first phase of the data collection was divided into two meetings.

4.9.1 The First Meeting

At the first meeting all participants were present. The chairs were pre-arranged and each one chose seats in places that they found comfortable either based on physical needs or time of arrival. The meeting began with the participants introducing themselves to one another giving a few professional details about themselves. I explained the purpose of the research to them and elaborated on the participant information that I had already sent them via email. Each participant was given the opportunity to voice their concerns and ask any questions that concerned the research, research group, their personal contribution, the process of data collection or confidentiality. Once these questions were addressed, I gave the participants the following: a brief description of my research; the ethics approval form; a participant information sheet to sign and an informed consent form.

The members' were all not known to one another therefore after introductions were made the discussion of the information on the participant information sheet became an icebreaker at the first meeting. I asked a few open ended questions about personal practice and theoretical affiliations (Appendix 4). This was a baseline for the participants to begin sharing. Each participant got the opportunity to talk about who they were and how they became counsellors; their theoretical orientation in philosophy and practice; the number of years in practice; the population of clients they worked with and where they were currently practising. When the intention for the group was made clear and the goals, expectation, roles and responsibility were understood and agreed upon by all, we moved on to discussing a plan for the future meetings. I use the terms participant and member interchangeably as the participants and I are members of one PAR group working together towards a similar goal.

On the Saturdays that the meetings were held the decided time was 14.00 hours. The approximate time for each meeting was 2 hours, excluding refreshments. This time frame was based on other research where it was suggested that each PAR group meeting, depending on the topic and complexity under investigation should last 1-2 hours (Rabiee, 2004). Refreshments were served at the end of each meeting. The importance of refreshments in this research will be discussed in the next chapter. Members were welcome to stay and talk to each other after the meeting concluded. A set of ground rules were negotiated among the participants, to establish ethical and good practice, based on our prior counselling and group therapy experiences

4.9.2 Ground Rules

The ground rules in for this PAR group were similar to ground rules followed in group therapy. Limited time was spent discussing ground rules. The importance of confidentiality and data protection was stressed and reiterated multiple times. One device, belonging to me, was used to record all meetings to ensure data protection. If a member requested for certain sections of their sharing to be excluded from the recording it was done. If some of the personal sharing was recorded I have omitted it while transcribing the data. The first group meeting built rapport between the members and concretized the purpose of the group. I was conscious of my role as a facilitator of the group in this meeting. I wanted to foster equality and use my power as the researcher to facilitate and guide rather than to control group dynamics. The plans for future meetings were also discussed. Each meeting, within a particular phase was a week apart from each other. I structured between four to eight weeks between each phase (Refer 4.8, Figure: 2). The time frame was flexible and depending on progress, the dates of meetings would be scheduled. Feedback sheets (Appendix 6), were given to the members at the end of the meeting based on group experience, learning and included suggestions for the future meetings.

4.9.3 The Second Meeting

The second group meeting was a week after the first. Since rapport was established in the first meeting, the members engaged in the group process easily. The topic for this meeting focused on the members' counselling profession, their theoretical orientation and the population that they worked with (Chapter 5). Other topics discussed were: the difference in training versus reality of practice; issues of culture; language; supervision; social and professional expectations of a counsellor personally and culturally; professional stress and coping mechanisms. These were topic guides generated by the group after a clear understanding of the research goal and reflexive focus on experiences. The topics were noted for discussion in the next phase. They were ideal topics where 'open-ended qualitative data are sought' (J Ritchie, 2003, p. i) for this research. This encouraged responsibility among participants for the group and the initial apprehension of the members was replaced by enthusiasm making them eager to continue with the research group. A sense of validation and respect prevailed and this was seen in their feedback at the end of the meeting. Written feedback was received from each member based on their experience in the group in particular, their overall group experience in general and suggestions for the future group meetings were given. Refreshments were provided and appreciated.

4.10 Phase Two

Phase two was the working phase. The aim of this phase was to explore in-depth counsellor experiences based on the topics generated from the previous phase; encourage participants to reflect on their professional practice and group process; co-construct a strength base for practice in India based on their personal and professional strengths. There was a four week break between the first phase and the second phase. In this time the participants made notes of their thoughts and feelings about the social reality of their practice and the group process. They were also given the option to withdraw from the research group if they so desired. All members returned to the group for this phase. One member had an

accident and hurt her leg yet she chose to continue to be part of the group believing in its usefulness to her and the profession as seen in the next chapter. These thoughts and ideas were addressed, and became the base for further discussion added to the ones stated above. Some of these were: the role of a client and the role of a counsellor in India; what it meant to be a client in India; what it meant to be a counsellor in India; each member's subjective experience of their own counselling; what changes they foresaw in the future of professional counselling in India; what role they needed to play in order to create this change. Reiterated topics were: culture; non-verbal behaviour of the counsellor; struggles of the professional and coping styles and mechanisms.

4.10.1 Meeting One

The time spent in the group was well utilised by all members as can be seen from the transcripts. The members had similar professional experiences despite their individual differences in personality, philosophy and practice—elaborated in the next chapter. The research developed into an egalitarian process in keeping with the nature of PAR groups. This process of talking to one another about their experiences openly, revealed dimensions of understanding reinforcing the positive group dynamics. Members were conscious of the time, when they spoke, giving each other the opportunity to speak and be heard. There was little or no digression from the topic being discussed. Other topics of interest that surfaced, which were social in nature, were discussed over refreshments. There was a sense of responsibility and a strong desire for change that was the key motivation for each member's commitment to the goal of the group.

A therapeutic environment developed as the group progressed. The chemistry that developed between members in their universality of experience transformed the research group into a group with a therapeutic nature. As the facilitator I felt a deep sense of validation that reinforced the professional value of doing this research. There is an academic benefit of pursuing this PhD. However, the desire to change existing realities of practice for the better for the Indian counsellor was the primary

motivation. The enthusiasm with which the participants voiced their happiness for being given the opportunity to be part of my research was tremendous. As detailed in chapter 5, they felt that this research group was a collective of independent strong professional voices. This validation encouraged me as the researcher-participant to share deeper life experiences. This demonstrated my trust in the group and they, in turn, were supportive of me. It also broke down barriers of power, enabling equality in the group, for all participants (Refer 6.5.1). This enhanced the cohesiveness of the group and the intensity of emotion was uniformly sustained. The facilitation of the group slowly moved from researcher centric to participant centric where each member took responsibility for the group by being vigilant about the others' needs and empathic to their present state of mood and mind. The skills used by the members stemmed from their individual personalities and from their extensive training and practice in counselling. Although structure and time was still my responsibility, power was shared, especially when I was talking. All members of the group gave their written feedback.

4.10.2 Meeting Two

The second meeting was held a week after the first meeting. The plan for this meeting was to, first, address any questions, thoughts and experiences of the past meeting and the week that followed, with each member, then to discuss 'strengths' personally and professionally. Strengths in the general understanding of the word, strengths as a concept in counselling, strengths of a counsellor, the strengths of the profession, personal strengths, cultural strengths and strengths as a weakness (Field Notes 08-03-2014). The purpose of this discussion was to generate a body of knowledge and understanding about strengths that we considered as a resource but which was seldom articulated or validated. The awareness of this and the insight created brought to light a perspective of existing knowledge that had little acknowledgement. Linley and Harrington (2006a) defined strengths as 'a natural capacity for behaving, thinking, or feeling in a way that allows optimal functioning and performance in the pursuit of

valued outcomes' (p. 19). Based on this understanding of strength, the group discussed their own strengths as individuals and as professionals; the learned strengths through their life experience and training; the subjective definition of these strengths, how they were displayed and the impact on them personally and professionally. The discussion grew more meaningful as each member introspected and shared insights about their professional practice through the lens of 'strengths'. Listening to members speak, the other participants recalled instances where they used their strengths, that were positive experiences, unique to who they were and how they used them in everyday life and in their practice. As each group was only two hours, there was a time constraint. It was not possible to discuss all aspects of 'strengths' that were raised. We decided to make a note of them and discuss them at the next meeting scheduled for the following week. All members of the group gave their written feedback.

4.10.3 Meeting Three

The third meeting was a continuation of the second meeting. The agenda was to address any questions, thoughts and experiences of the past meeting and the week that followed with each member. A brief summary of the previous meeting, which included insights on strengths, was recounted. A feeling of support and cohesiveness was predominant. Participants were eager to return to the group as it reinforced their motivation to be counsellors. In continuation of the previous meeting, the cultural aspects that strengths encompassed were discussed. This included: the Indian culture in general and also specific to regions relevant to each participant, social etiquette, cultural strengths of the counsellor in India, situational understanding, the ability to adapt within the cultural structure, the role of money, remuneration, gifts and the need for counselling within this social reality. The environment in the group, by this time, was one where the participants felt safe to debate and verbalise the difficulties they faced in their practice and families, without feeling judged. Facilitating the depth of this emotion, keeping the research in mind, was challenging because the desire to process this input therapeutically had to be kept in

check. The participants recognised this development and were critically subjective with regard of another's experience and took responsibility individually or collectively. This process was a re-enactment of cultural influence, family and societal support integrated with counselling skills of empathic reflection of feeling and meaning. The members went on to discuss the meaning of their practice and its contribution to society. The continuation of this was discussed in the next meeting. Written feedback was received from all members of the group.

4.10.4 Meeting Four

A week after the third meeting the fourth meeting was held. The understanding of the importance of 'strengths', was reiterated and developed; Cultural strengths of Indian counsellors, of clients and its influence in counselling were further discussed. Some of the strengths that emerged from this discussion were; family, language and spiritual strengths. Other topics of discussion were cultural and social attitudes, social guilt and alternative healing practices in counselling (Indian holistic healing). At the end of this meeting there was a comprehensive understanding of strengths, social and cultural standing of counsellors and clients within the social reality (Field Notes 29-03-2014). As per Figure 2, phase two was scheduled to have only four meetings within which time the members would have a firm base to go back into their practice, make and observe changes in themselves, their clients and the therapeutic environment, working with the strengths perspective in mind. The understanding and importance of strengths was well established and was already being carried out, as can be seen from some of the feedback given by members in chapter 5. However, there was a consensus of opinion that the reality of their experiences was not being shared. Therefore, another meeting was scheduled to discuss the reality of each member's professional experience and personal methods of coping. All members of the group gave their written feedback at the end.

4.10.5 Meeting Five

A week later the final meeting of phase 2 was held. This meeting, in the research process, was significant; the degree of therapeutic cohesiveness was cemented by the intensity of sharing. A large percentage of this meeting, although recorded, was not used as data in this research as it was the personal sharing of members and I was specifically requested not to include it in the transcript. This was an interesting point in the research process for me as the practitioner-researcher. The transformation for me was that this was more than just 'data' it was about the change that was taking place. The mood that this discussion generated was a complex mixture of: relief to have an opportunity to talk about how they felt; sadness because of the struggle that each participant had to endure personally because of our choice of profession; strength developed through the identification of strengths and the realisation of the value of resilience; enthusiasm to generate and disseminate knowledge through this research; gratitude that we were in a position socially and professionally to carry out this task and confidence that we now had the ability to be catalysts of change and transform the practice of psychological counselling in India gradually. The discussion continued to focus on strengths and the outcome of the previous four meetings where a consensus of thought process was established. Members discussed: 'principals of influence' (Field notes, 05-04-2014) in counselling; values in practice; social and political affiliations and the impact of those in counselling; safeguarding of systems in place; trust; spirituality and faith; abuse and the didactic elements of counselling practice in India.

At this meeting there was a comprehensive understanding of the social reality: practice of counselling, social influences and cultural expectations. The previous meetings were exhaustive including the reality of practice and each one's professional experiences. It was decided that the participants would continue their practice and implement their learning and insight consciously. They were requested to make notes of their experiences and if possible, feedback, if any, received from their clients. The timeframe for

this implementation and observation phase was agreed upon to be between eight to ten weeks.

The members voiced their feelings about how beneficial the weekly research meetings were to them. Even though the next meeting was going to be 8-10 weeks later, they suggested meeting a couple of times in between as they felt supported, this validated their practice and made them more productive. The feeling was unanimous, therefore it was suggested that in three weeks' time the group meet again in less formal surroundings. The informal groups were called "support groups". Even though the proceedings of the support groups were not recorded, they consented to my making notes which I could use in my research as data.

4.10 Phase Three

Phase three was the phase of sharing the experiences of the ten weeks of implementation and observation. This meeting was held ten weeks after the fifth meeting of phase 2. Phase three had two meetings scheduled.

4.11.1 Meeting One

The members talked, in detail, of their experiences; their feelings, both personal and professional; the positive and the challenging aspects of the strengths perspective; cultural transitions in their professional practice; aspects of *karma* (Wadia, 1965); a re-definition of roles and self-evaluation. There was an exceptional amount of knowledge that was generated in this meeting. The participants felt supported by this group and this motivated them to keep coming back and continue to meet as a support group.

Some of the transcripts that I had transcribed of phase one and meeting one and two of phase two, were given to the members to verify and comment on for the next meeting. I, as the researcher, had several clarifications regarding the transcripts; however these were not addressed during this meeting. They were discussed at the following meeting. All members of the group gave their written feedback.

4.11.2 Additional Meeting/Support Group Meeting

The group was scheduled to meet, once more a week after the phase three, meeting one. However, three members were unable to attend at the last minute for this meeting. This was challenging and disappointing for me. The members who did attend the meeting were disappointed too. The members present suggested that we should continue with the meeting and count it as a support group meeting. We unanimously agreed that having a support group, similar to this, for other professional counsellors in Bangalore will be valuable. For trials, the existing research group decided to continue to be the core of the support group and over the next few years other professional practicing counsellors could join the group and the group could grow at its own pace.

4.11.3 Meeting Two

Two weeks after the first meeting of phase three was the second meeting. This was the final meeting of this stage. All members were present and the experiences of the previous two weeks were added to that of the previous ten weeks. The participants got a chance to talk about their experiences, voice their opinions and thought processes regarding their practice and the social reality, in detail. It was an open field to debate and discuss all findings and make suggestions for the future, regarding the need for change; the ability of the members to make this change and its potential impact on the development of counselling practice in India. The cohesiveness of thought and understanding was made concrete, with regard to the person of the counsellor as a whole, mind, body and soul; his/her strengths within a conceptual framework; learned knowledge; skills; burn-out and self-care. Written feedback was received from all members of the group. The next meeting was scheduled for four weeks later. Two support group meetings were also scheduled and carried out in these four weeks.

4.12 Phase Four

This phase was to mark the end of the PAR group meetings. It was scheduled to be the feedback phase. All the meetings were transcribed and I made a preliminary analysis of the transcribed data (Appendix 7). The analysis was written and copies of the transcripts and the preliminary analysis were given to each participant. The participants had the opportunity to go through it and give their feedback in the following weeks via email. All the feedback received was recorded. They were also requested to give an introspective feedback of the entire research process in written form, anonymously, which was sent to me at a later date via email (Appendix 8).

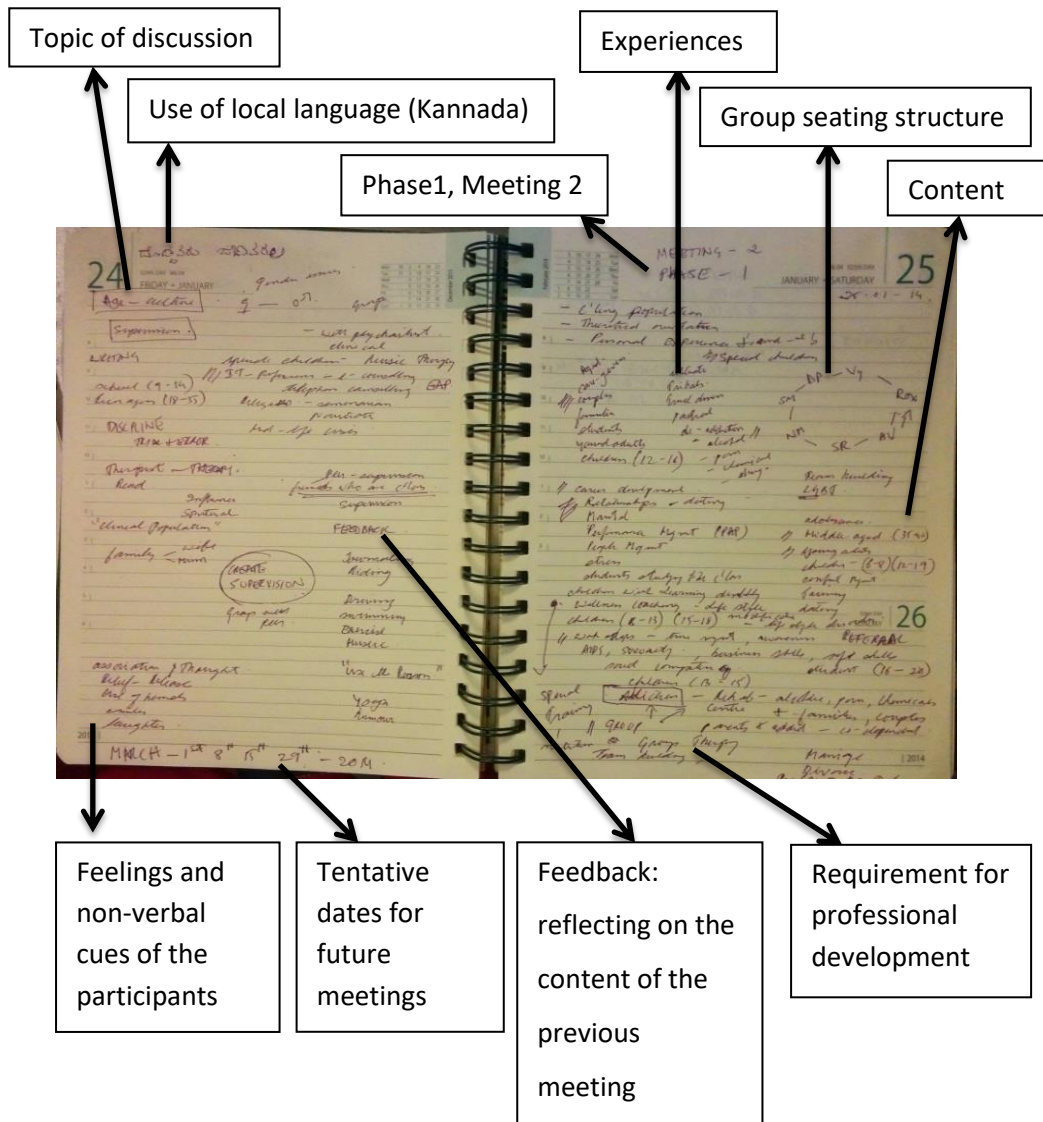
The end of the research group was poignant because of the emotional depth and cohesive, dynamic and therapeutic nature of all the interactions. As this marked the end of the research group meetings, there was a sense of loss that was addressed and the participants validated themselves for their hard work. Hope was also expressed because it was clear that this was the beginning and not the end of the larger goal to be achieved. The support group decided to meet in the future, with less guidance from me as the researcher, where I would participate more as a member. PAR groups are known to transition from research groups to working groups depending on the goal of the research (Reason and Bradbury, 2001). Our PAR group in keeping with the aims of PAR have retained this transition and transformed it into a community of practice providing support and working towards the development of counselling practice in India as a collective.

4.13 Participant Observation Notes

PAR frequently includes participant observation and journal writing as part of its research methods. Marshall and Rossman (1999), observe that the researcher needs to have first-hand involvement in the social world of the study. The researcher is thus involved in the study both as a participant and an observer. This enables the researcher to experience reality as the participants do. Participant observation encompasses comprehensive note

taking and recording of events and behaviours that are significant to the research. It is first-hand knowledge communicated that is implicit to the situation (MacDonald, 2012); As researcher, participant observation was autonomous and free, not structured. I made notes: observational notes of group interaction, dynamics, topics, roles, power and the process of the development and generation of knowledge as shown in figure 3 below. The notes are incidental to what I observed. These notes were shared with the participants if they requested for them. They were used as a point of reference in the analysis of data.

4.14 Figure 3: Descriptive image of Field Notes



The figure is an image of field notes that I made at a meeting. The image shows different aspects of the meeting recorded. These were useful during analysis as they were non-verbal cues that correlated with what was being discussed. This aided my ability to analyse the data without relying only on my memory.

4.15 Personal Log

My personal log/journal was the repository of thoughts and experiences, chronologically recorded, from the commencement of the research process. As Anzul et al. (1991) suggest that, a personal log is 'the place where each qualitative researcher faces the self as instrument through a personal dialogue about moments of victory and disheartenment, hunches,

feelings, insights, assumptions, biases, and on-going ideas about method' (p.69). The log served as a reflective guideline to tease out meanings and reflect upon the progress of the research. It gave me an on-going opportunity to understand experiences and events in the course of the study and be a benchmark to review my own thought process, feelings and experiences. It gave me the space to write creatively and verbalise feelings in ways that were most suited to my mood. This freedom of expression motivated my formal writing of my thesis and other pieces of academic work. This added to the holistic understanding of the data in order to substantiate it rigorously by keeping in check my own biases and raising issues of a third person perspective within self-involvement. My personal log was not revealed to the participants however some of my reflections and processes were used to substantiate data in this research.

4.16 Data Transcription

As researcher and participant in the research, I had to play a dual role. I had the above mentioned field notes and my personal log as data. The bulk of the data however was from the shared experiences and knowledge of the group across all 10 meetings. The PAR groups were audio recorded and transcribed by me. The intention behind doing the transcription myself, was to keep me, as the researcher, close to the data, to immerse myself in the data and assimilate the experiences of the participants and not lose any meaning especially during transcription. Easton et al. (2000), highlight the importance of the researcher being the interviewer and the transcriber to avoid errors in transcription such as misinterpretation of words, intonations and language especially culture specific jargon. This applied to this study as the research was in India: local jargon, colloquial usage of language (verbal and non-verbal) and references were familiar to me. Bird (2005), describes the insight that can be gained from transcribing data, giving an in-depth understanding of information gathered, recognising the power and effectiveness of qualitative research methods. The language of interaction was English. English is the second most widely spoken language in India and one of the two official languages, the other being Hindi,

(Annamalai, 2004). The transcripts were all proofed against the audio recording.

4.17 Feedback by Participants

PAR is a cyclical process of planning, action and evaluation. In our experience of PAR this process generated knowledge and created awareness. The generated knowledge was revisited, revised and implemented. In this process, feedback ensured democratic functioning of the research group (Refer 5.7.6). Feedback was received in written form after each group meeting. The beginning of every meeting also began with a review of the previous group meeting and oral feedback. The oral feedback also had a reflective quotient to it. At the end of the data collection process, which was over eight months, the members of the group were asked to give overall feedback of the research process, their experiences and constructive suggestions for the future. I, as the researcher and participant, gave the members my experiential learning of the process and feedback of my group experience. All the feedback received was used as data towards the findings.

4.18 Preliminary Analysis

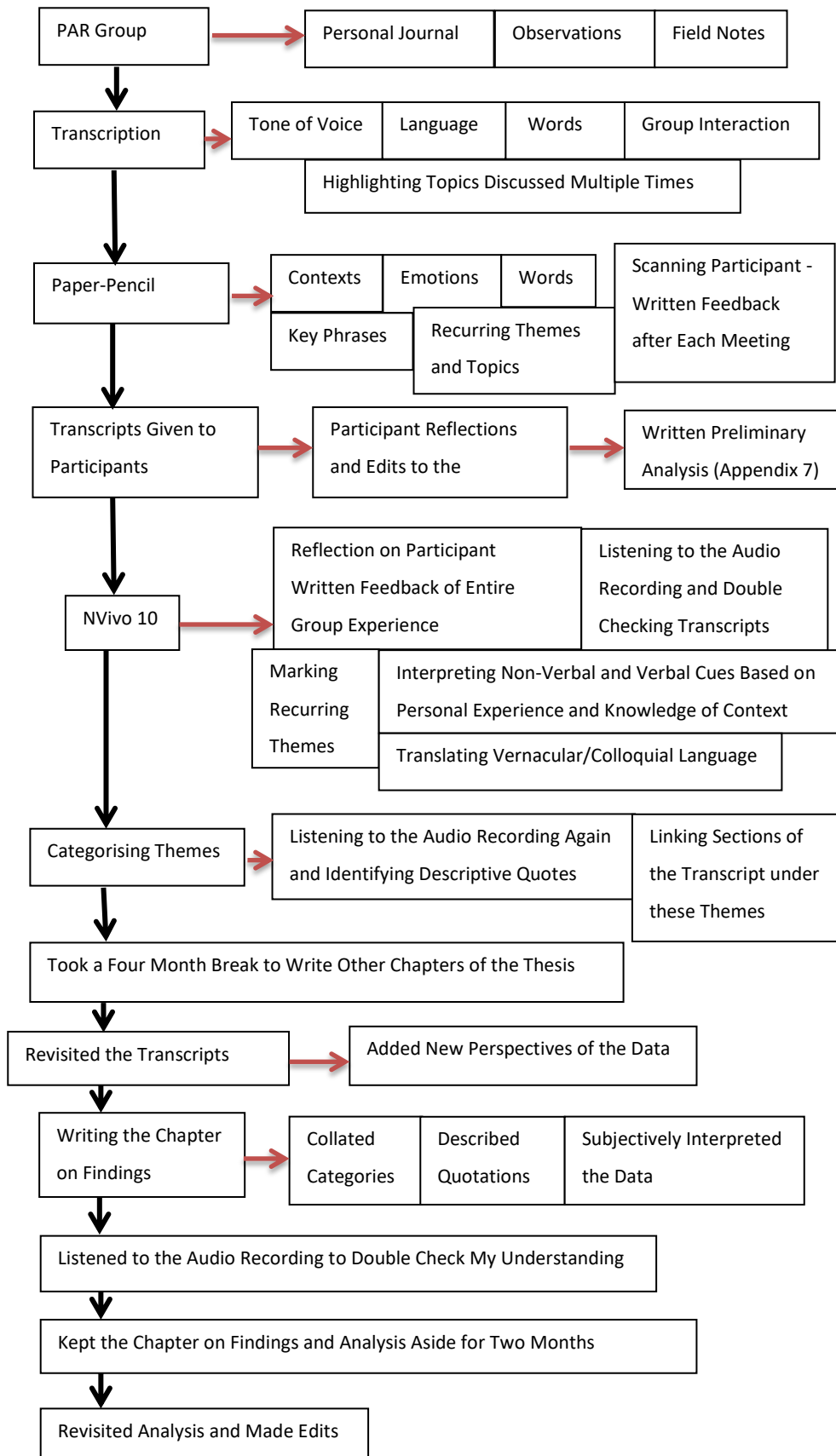
The data once transcribed was overwhelming. I wanted to address all components of the research and synthesise it with the transcribed data to have a holistic approach. As it was in the early stages of the analysis, I wanted to discern what to look for and communicate this to the participants. I wanted to briefly condense the raw transcribed data and establish links between the research objectives and the findings.

I had to cope with various health issues that were debilitating, before and during my data collection. In retrospect this was suppressed during the fieldwork and surfaced after I returned to the UK with my data. My own feelings and state of mind left me unprepared for the intensity of emotion that was triggered at this stage. For instance, at the end of data collection I realised the value of the work I was doing and the impact it was having on my participants. I began to internalise this reality and take it on as my responsibility to pioneer a change that will change the face of counselling

in India. This was, in some ways, reinforced by my supervisors. It grew to monstrous proportions within me. I was unable to break this down or distance myself from it. I felt that if I did not achieve this goal in the near future, I was letting down my family, colleagues and the profession. I was afraid to re-visit my transcribed data for fear of what I would find. I believed that I was the only solution to this problem. This played out in the form of writer's block which I refused to accept even with reassurance from my supervisors that this was a natural researcher process. This crippling experience, together with my ill health and misplaced resilience lasted for four months until I began to accept that I needed a period of time away from my research and my data. The distance from my data allowed me to give myself a rest and to approach it, gradually, with a more realistic lens. This process of untangling my emotions, separating my motivation, ability and personal investment from the reality of my data, and social context of the research and the socio-cultural-academic context of writing my thesis in the UK, two months.

4.19 Data Analysis

4.19.1 Figure 4: Diagrammatic Representation of my Data Analysis Process

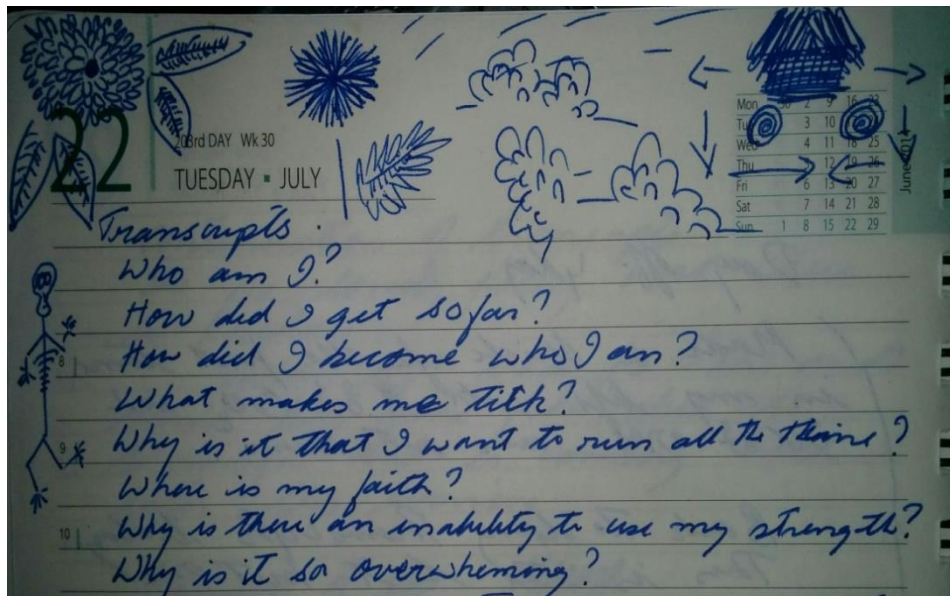


The processes of data collection, preparation, analysis and interpretation overlapped conceptually and temporarily (Sandelowski, 1995). The reflexive process of data collection helped me engage with the data and stay immersed in it with continued involvement through all the PAR meetings and progressed till the completion of the support group meetings. My first encounter with my data after data collection was during transcription of the audio recordings of each meeting. This was a continuous process which started from the inception of data collection in January 2014 (Refer 4.14, Figure 4). The process of transcribing the audio recordings was overwhelming and time consuming and therefore, I decided to, consciously, slowdown, so that I could assimilate and make sense of the data, especially, in the early stages. My first analysis of the data took place while I was still transcribing the data. I made notes of any information that caught my attention, especially when it concerned tone of voice and non-verbal behaviour of the participants, as it was still fresh in my memory. I also made notes in my personal journal, of the emotions that were triggered in me while I was immersed in this process.

'It takes so long to do them, but thoroughly enjoyable. So much learning and so much gratitude' (Personal journal, 16-07-2014)

It gave rise to deep introspection as I began to question who I was and what, doing this PhD meant to me. This was the genesis of growth that I found difficult to comprehend at that time.

4.19.2 Figure 5: Image of Field Notes while Transcribing and Preliminary Analysis



The second time I looked at my data was while I proofed the transcripts against the audio recordings of the PAR groups. During this process I marked (paper-pencil) key phrases and made observational notes of recurring ideas, tone of voice, repeated words, use of language, and aspects of group interaction and highlighted topics discussed multiple times. I knew that I was going to analyse my data, slowly, later on my return to Leeds, therefore I focused on pronounced features of the data, the sources of inspiration and a reflective understanding of the first reading. I also included my observations on the participant written feedback after each meeting in my preliminary analysis. The transcripts were then given to the participants, after which, I reviewed participant reflections and edits to the transcripts, which were few. I wrote a preliminary analysis (Appendix 7) which signified completion of data collection in India. The preliminary analysis was selective, where I used feeling and was not grounded in any particular school of thought. It was 'getting a sense of the whole' (Sandelowski, 1995, p.373) experience for me. It comprised of a summary of my initial impressions of the data, together with the reflexive understanding, in combination with existing literature. This analysis was given to the participants.

On my return to Leeds I uploaded the data onto NVivo 10 because it was technologically convenient, to get clear outlines of the data collected and extract parts of the data for further analysis, rather than using paper. The large quantities of data were easy to control, identify connections, references, reconfigure and extract without getting lost or overwhelmed by masses of paper and doing the highlighting by hand. It allowed me to systematically explore, reflect and make notes with all my data. Therefore, when consolidating my results and findings, I was confident that all my data was included in the process of data saturation. Although some researchers suggest paper-pencil analysis, which is how I began, I found that the use of appropriate technology, together with the paper-pencil method, reduced anxiety, assisted in transferability from one data base to thesis and made my data easily transportable from one location to another, maintaining confidentiality as the files were password protected.

After this I gave myself a break from looking at my data and progressed with writing the first few chapters of my thesis. Four months later, I listened to the audio recording of my data again, matching it with the transcripts and reviewed the participants' written feedback of the entire group experience (Appendix 8). I made copious notes on recurring themes, recurring words, language, non-verbal and verbal cues based on personal experience and knowledge of context, vernacular and colloquial languages used, group interaction, reflections on my personal log and field notes. I found myself 'drowning' in the data. I found it overwhelming and wrote a distressed email to my supervisors:

"I am working on my analysis as you know.

However, I am currently drowning in my data, the more I write, the more there seems to be. I hope to send you a rough, incomplete draft in the next few days.

I have some concerns though:

- 1. The data is overwhelming so I am finding it hard to leave out large chunks of it.*

2. I don't want to take for granted that all counsellors in India feel like this group did.

3. I am afraid (I consciously use the word afraid) that when people in India read this they are not going to like it or appreciate that I have voiced these realities.

4. A nagging discomfort of how this is going to affect my professional future

5. The perception of this by practitioners or researchers in the West"

(Email, 22-10-2015)

I found that I needed reassurance through this process and that I needed to do whatever it took to stay with my data and not get lost in it. There were other socio-cultural and health related challenges that surfaced simultaneously, and these intensified the feeling of distress. I emerged, victorious, from this and continued to write out my analysis without focusing on interpretation, language or academic appropriateness. I categorised themes (Appendix 9), listened to the audio recordings yet again and classified sections of the transcripts under these themes, identified descriptive quotes and revisited the transcripts constantly. I added new perspectives of the data and wrote a draft chapter on findings and analysis. This was reviewed by my supervisors and using their feedback I collated existing categories, described quotations, subjectively interpreted the data and listened to the audio recording yet again to re-examine my understanding. I kept the chapter on findings aside for a couple of months while I wrote out the rest of my chapters and then revisited my analysis, looking at it with 'fresh eyes'. The distancing from the data improved my ability to be critically subjective with my findings without internalising my findings. I made necessary edits and interlinked them with the review of literature and methodology, keeping in mind, the academic expectations of a PAR study. The data continued to evolve each time I looked at it.

4.20 Academic Supervision

During my doctoral education, the relationship of supervision was one of my primary relationships in establishing and maintaining my research progress (Malfroy*, 2005). As mentioned earlier I had two supervisors Dr. Bonnie Meekums and Dr. John Lees. Our collaboration on my research journey was an object of critical inquiry rather than a pedagogic transmission of expertise from supervisors to the supervisee. 'Good' doctoral supervision is crucial to successful research education programs' (Golde 2000; Harman 2002; Seagram, Gould, and Pike 1998; Walker et al. 2008 as cited in (Halse and Malfroy, 2010). The use of the word 'good' was relative to the experience of the supervisee and the supervisors. In my experience it was as important for the supervisors to be dedicated to the research process as the supervisee was accountable. The educative value was demonstrated and learnt through scaffolding conversations which was a process resulting in my proximal development, determined through a collaborative effort with my supervisors: formulating ideas, abstracting realisations, developing ideologies, encouraging action and guiding my growth as a practitioner-researcher by sharing personal and professional experiences. This supported my general well-being throughout the research journey.

There were various components that characterised my relationship with my supervisors. We had defined roles that contributed to the research. In my personal journal, towards the end of year three of my PhD, I described our independent contributions to my research represented as a 'human form'. The research was mine and I owned it therefore I was the structural mind and body, integrating knowledge with experiences and transferring this into academia and practice; Bonnie, the head, giving the research: ideological guidance, direction, openness to transcendental experiences, constructive feedback and timely administration; and John, the soul: validating passion, encouraging non-conformal creative thinking, questioning somatisation of personal and professional experiences and reflexive accountability.

My supervisors and I had personal and professional boundaries within appropriate ethical considerations: Bonnie, John and I scheduled meetings well in advance and met in places that are appropriate for sharing in supervision; we had empathic interactions when I was emotionally distressed. There always was confidentiality. Supervision presented many challenges and these stemmed from cultural differences and varying points of view. The platform for supervisory interaction, however, is neutral. Power and professional hierarchy had little negative impact on the research.

Working with my research supervisors was a dynamic process where learning took place through the generation of ideas, deliberation of ideologies and processes. I defended my stand on 'strengths', navigated the nuances of academic writing, while they respectfully acknowledged the cultural value of my research and the challenges involved in carrying out a pioneering piece of research such as this.

My interactions with Bonnie and John were, most often supportive, encouraging and flexible allowing my research to integrate with my personality, as opposed to being two separate identities and enabling me to take ownership for it. The reflexive component created an awareness of my need for validation more than the need for direction (a reinforced cultural pattern: 5.2.J.3). It also highlighted: the intensity of emotion that I invested in this research; the pride in my family heritage and culture as an intrinsic part of my research and the value of faith, hard-work and determination.

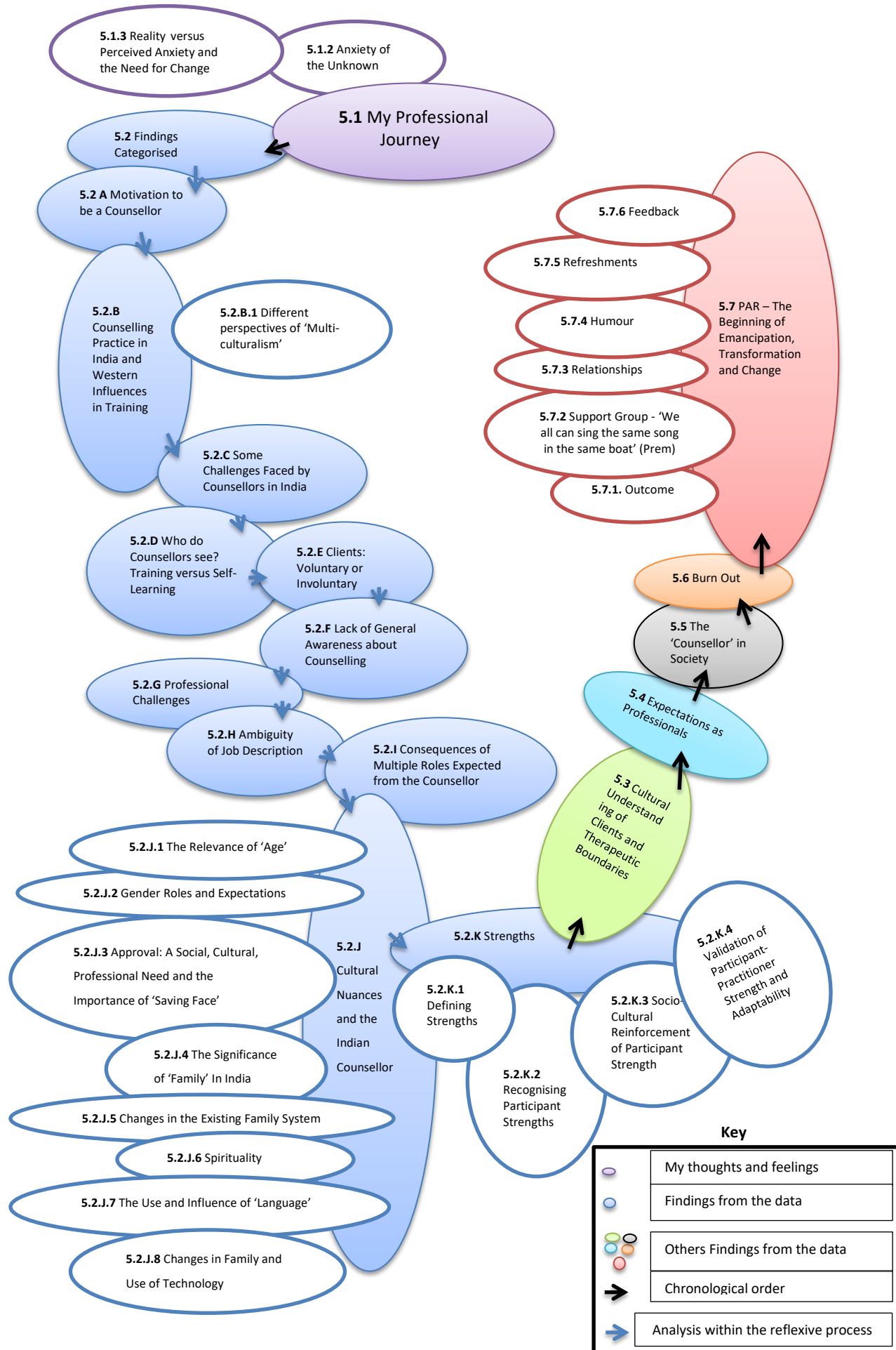
I felt that doctoral supervision needed to be tailored to the personalities, research interests and professions of the supervisors and supervisee. It either 'makes or breaks' the research scholar. My supervision enabled me to weave my research questions, doubts, intention, exaggerations, realities, struggles and joys together. This is represented in my thesis which is an evidenced foundation for the implementation of my research findings in the professional reality of Indian psychological counsellors in India.

4.21 Conclusion

The above chapter demonstrates the implementation of my progressive research journey. It explored participant experiences and generated knowledge. It was a long, intensive and emancipating experience. There was a plethora of experiences that compelled me to acknowledge my role as a practitioner-participant-researcher (Refer 6.9). These included denial, resilience, strength and growth, personally, academically and professionally. The collection of data, in India, reinforced my purpose for the study and gave me the drive to follow through with this research. PAR was challenging as stated above and the transformation and growth was as gradual, as it was holistic. This was demonstrated clearly by the change in tone and content noted in my personal log and field notes. The entire process from ethical approval to the preliminary analysis, guided by supervision, generated considerable data that was captured through audio recording, logs and notes. These are indicated, described and referenced, in contextual detail in the next chapter.

5.0 Analysis and Findings

5.1 Figure 6: Diagrammatic Representation of Findings & Analysis



5.1. My Professional Journey

As detailed in the previous chapters, the method and methodology of the research is practitioner based. Lees (2001) voices a fundamental fact that therapists are already familiar with the underlying principles of reflexive action research, consciously or unconsciously, through their practice, and therefore make a significant contribution to practitioner-research, which is an aspect that is largely neglected in therapeutic literature.

The following reflexive analysis is developed chronologically, and gives credit to all aspects of the research process that have contributed to its findings. The reflexive understanding is intertwined with the research process, substantiating it with the psychological, emotional and physical journey of the study, establishing it within the holistic nature of action research.

5.1.2 An Introspective Journey

The journey towards achieving what seemed like a personal battle was revealed in existential simplicity. This journey which began in 2003 took over a decade to channelize thoughts, experiences and the desire to make a difference in Indian society. This complex journey required high levels of courage and understanding, to follow an instinct with no 'evidence' that ensured reliability. This research is an opportunity for my professional voice to be heard, to add to, and challenge existing knowledge, thus enabling me to work beyond unspoken boundaries. I drew up a well thought out research proposal 'A strength based model of counselling for counsellors in India'. The objective was a simple, step by step approach, intended to enrich the existing counselling practice in India. It focused on experiences of the counsellor as a professional that I felt needed attention; and was intended to bring about awareness through the research process that will encourage counsellors to acknowledge the quality of their practice and verbalise their professional needs.

Qualitative research expectations required me to qualify my proposal. I asked myself the following questions: *“What are strengths? Who are counsellors in India? What do they do? What does counselling practice in India mean? What makes it different from counselling in the West? What role do counsellors play in the mental healthcare system in India? Who uses the counselling services? What is my role in the system? What is the system?”* (Journal, 2012)

I had the answers to all these questions as I am from the ‘given’ context and this was part of my everyday life, but I was unable to transfer this knowledge into writing. My cultural context was experience based and there was no prior researched evidence in India. In the evidence-based research world this holds no water but in my context it was reality and fact. I had to present this knowledge academically to ensure that my ‘voice’ would be heard and acknowledged.

Academic supervision with Bonnie and John was a collaborative process that guided the research progress as described in chapter 4. I began to understand that qualitative research involves qualifying and refining thoughts and experiences into individual strands so that they can be woven into a defining fabric. The development of each strand is described experientially so that the context of the research project and the process of PAR are factually represented.

5.1.3 Anxiety of the Unknown

The decision to choose PAR as methodology is described in chapter 3. It is not commonly used in fields other than education and its use by researchers in counselling is minimal. However, it was a transformational choice. It enabled me to be flexible in the context, be an equal participant, experience change and make a change. PAR transformed my blinkered view of the strengths perspective to an openness where every interaction was accounted for and treated as data. It was apparent that although I wanted to develop a ‘strengths

based model for counselling in India' there was no evidence to support either the need for this model or the future application of this model. It needed a foundation upon which it could be built. I re-tracked my thoughts to a more basic understanding of 'beginning at the beginning.' My view of going into the counselling community in Bangalore with a solution to professional problems changed to a humbling reality where I needed to use my past experience as a practitioner, my strengths and expertise on the subject to gather and document experiences of the participants. Therefore, although I am central to this research and the data includes my professional experiences, they are placed within the experiences of the other practitioners enabling a consciousness-raising, transformational process. The transformational outcome of this process will be discussed below. The vastness of this practitioner-researcher project suddenly seemed overwhelming.

*'I have a purpose,
I have the time,
My mind feels cluttered,
When shall it be mine?
I know I will do it,
The pathway is unclear,
One foot in front of the other,
Focus on God, there is no fear.'*
(Personal Journal, 29-10-2012)

At the beginning of the research process I was aware that the motivation for this project was mine and that my experience may not be shared by other practitioners in Bangalore. I had discussions in the past about the need for the development of counselling practice in India. However, with the challenges I faced with getting participants for the research (Refer 4.3) I began to have doubts as to whether this was a mere projection of my own perspective. I knew there was a need but I had no researched evidence. Someone had to begin this

process of change; I wanted to do it and I was confident that I could do it. Though I had this confidence, it was, very frequently, mingled with great anxiety that the research was of no productive use to anyone except me. This personal conflict somaticized into severe pain. This was pointed out several times by John and Bonnie; but I doggedly believed, 'I am here for a purpose; I have to be strong and resilient'. Supervision with Bonnie, at that time, over Skype, was 'super' (Personal journal, 14-01-2013). We processed my experience and reflected upon the normalcy of anxiety through the research process, especially prior to data collection. She challenged my thought process and reiterated that 'this might not just be about gathering data but it might be about getting through this emancipatory process' (Supervision Bonnie, 13-01-2015, p. 2). The responsibility of the project was more than I had anticipated making the reality of doing ground breaking work demanding.

*'Strength as a weakness I am told,
I thought my strength was far better than gold,
It would be a challenge, it was foretold,
Reality is hard whether young or old.'* (Personal Journal, 15-01-2014)

5.1.4 Reality versus Perceived Anxiety and the Need for Change

The first meeting was a revelation. The participants came with a positive attitude, having read the participant information and the purpose of the project. It was at this point that the need for change became obvious. It was not just me and how I felt, it was a shared experience. The enthusiasm of the participants validated the need for this research and the potential outcome. Surya said,

'When I read Sandhya's thing for her research, I said this is something that you know, maybe I didn't actually realise that this is what is, this is something that I actually needed but this has come up so I am

looking forward to your work. It may be your research but I think I am going to benefit a lot from it.' (1)²⁹

Some of the other members voiced similar opinions which set the tone of the meeting. Most of the participants were known to each other in various roles in the past. The re-introductions enabled meeting on equal ground, where each member found a comfortable space for themselves. Prior roles and boundaries were realigned to the new environment. Ophelia had had multiple interactions in the past with other participants:

'I felt like I belonged even though I see myself with a bunch of seniors, I still feel very respected in the group and I am very respectful of you'll as well so I felt good, with the sharing and all' (2)

The general consensus of this feeling acted as a catalyst in the sharing which furthered group interaction and cohesion.

The number of years of experience of each participant in this research group varied between 4 to 8 years; as stated in chapter 4; ages (27 – 48); genders (2 male and 5 females) and religious affiliation (1 Hindu and 6 Christians). The differences were many, the goal was one. *'I felt that we were all at the same level.'* (263). Interaction between group members was a natural process. All members are trained group therapists where effective group interaction is based on similar ground rules of listening, respect and confidentiality which enabled members to relate to one another easily. Sitting in a circle was an automatic behavioural response which came from former group therapy experiences. This and other aspects of the members' behaviour that stemmed from formal counsellor training were identified, acknowledged, discussed and reviewed by the group and through supervision. My dual role in the research process was clearly defined. I was the researcher and facilitator and was accepted as a

²⁹Participant Quotation Reference in Transcript in Appendix 10

member all through the sharing. I did not have a lead role in the sharing, however; the members acknowledged my initiative to conduct this research and they shared the responsibility for the interaction in the group.

'I was telling Irma also, that because you are coordinating or animating or whatever, we are here, otherwise it will never happen, even if someone wants it, it will never happen. Because see even our Alumni, you don't feel comfortable with so many different people and, here somehow we have gelled' Surya (3).

I had a long term engagement and 'immersion' (Douglass and Moustakas, 1985) with this particular research question. I had no clear pathway or parameters to carry forward this deep seeded ambition. I wanted this study to be the embodiment of change but this meant questioning social reality which was a given and this became professionally and personally stressful. The gradual development of my thoughts, reflections and practice manifested itself in the power dynamics within the research group. I acknowledged this to the members,

'I suppose for me it's slightly different from you'll I've been thinking about it for the past 8 years (laughter) because it's something that struck me very early on in my research and the excitement to do research' (4).

This concretised my role as researcher and my dedication to the project which reinforced the members' motivation to commit to the research.

The first meeting clarified what needed to be explored and stated the existing practice of counselling in India, the social reality within which it is practised and defined existing support for professional counsellors. *What became apparent was that the profession has little representation from professional psychological counsellors in the*

mental healthcare system in India. This understanding of reality made it possible for us to examine the need for change and enable a degree of transformation, within counselling practice, by the counsellor and for the counsellor. To develop this ideology effectively the participants and I felt that we required a holistic understanding of a counsellor's professional and personal experiences. The following findings from the data enlighten the reader about the lived experiences of counsellors in Bangalore, India and their need for emancipation.

5.2 Findings Categorised

The following are findings that I have categorised under titles. I would like to point out that this is not a thematic understanding of the data but a reflexive representation. I would just like to reiterate that the names of all participants have been changed throughout this thesis and any resemblance to other individuals outside this research is entirely coincidental.

5.2. A Motivation to be a Counsellor

Counselling is practised in informal and non-professional settings all over India. The participants expressed that their motivation to be professional psychological counsellors stemmed either from their various life experiences or an intrinsic desire to be in the profession.

'I thought about counselling quite early in time, I think it was my 10th or 11th standard... then there were a lot of issues at home... I received counselling then I started telling myself that I should do something like this for everybody else' Prem (5).

Counselling in India is not popular or well-known. Personal experiences of the need for counselling and being helped emotionally, at a crucial time were motivators for one of the participants in making this choice. Sunya recalls his first experience of being sent to a counsellor:

'I was asked to go for counselling because I showed some interest that I wanted to change some certain parts of my life.... I thought the way she spoke to me, it was a lady, the way she spoke to me I thought, can people be so good? Then I thought maybe I should do the same' (6).

Surya, who had some basic training, realised she needed a larger skill-set to work effectively with her clients and this motivated her to seek professional counselling training:

'I finished my BSc. in home science I wanted to do counselling. I never wanted to do clinical psychology... I didn't know what to do so then I knew that MSc. Human development had one subject counselling and guidance so I said fine so I went ahead with that and then I was not too happy... I was teaching special children, you know I was very frustrated, I was not too happy with what I was doing... I was working at P it's a school for slum children and orphan children and all that and I was doing music therapy... I felt I am doing an injustice to the children, raking up their problems and leaving them there because I didn't know what to do next. That's when I joined, applied to Montfort' (7)

The journey involved in deciding on counselling as a profession was challenging in India (Refer 1.0). Psychological counselling was not advertised or very well known to the general public. As Irma stated, this, and the lack of protracted presence of the profession, in India, made this choice a gamble rather than an informed decision.

'The only thing I actually made a conscious choice about was to do my Bachelor's in Psychology ... I wasn't too sure as to what I wanted to do, but I wanted it to be in the psychology field and I came to Montfort to find out and they gave me an option to choose psychology or to choose counselling and I just did tic tac toe and I chose counselling...and it paid off in the end' (8).

Though this method of choosing counselling as a profession was not ideal, society influences most choices of an individual, especially with regard to education, which are important factors that are taken into consideration before a decision was made. Vini's experience throws light on the role society plays while making this decision.

'I had heard about psychology I think when I was in high School... It sounds nice ... so that's when I thought I should do psychology... I was lucky to have family support so all of my family friends were like "oh she didn't do science and all"... but my mother was like "do what you want but give it your 100%, I don't mind what subject you are doing as long as you do your best" and it was because of that.... and I was looking for a college in Bangalore and Montfort was the only college at that time' (9).

The labyrinth of culture, family and values played a vital role. These were the lived experiences of a family based society; where each participant placed divided importance on their feelings and those of society, while making the choice to be a counsellor. In Ophelia's case it was a more commonly understood desire that drew her to train as a counsellor.

'I did my commerce, stats, maths, commerce and accounts... the whole time I kept wondering what was happening in the psychology department... they were always so intriguing... somewhere I felt like I didn't belong... my dad would ask me ... "what do you want to contribute to the world? What do you want to give back? You can keep taking and taking and taking but what do you want to give back?" So that was constantly in my head.... And I said that this is what I want to do and I want to give back. And then of course Montfort comes along' (10)

The motivation to be a professional counsellor, anywhere in the world, is important. It also plays a pivotal role in practice. In the Indian context, counselling is not yet a main-stream profession that is

understood or socially accepted (Refer 2.1.1), and so personal motivation plays a large role in making this decision. Some trained counsellors continue in the profession but a larger percentage chose not to practice (Refer 2.1.2). The counselling training programme, in Bangalore, is a period of training that guides individuals in making a decision about choosing counselling as a profession.

5.2.B Counselling Practice in India and Western Influences in Training

In India, the projection of who a 'therapist' was, by the Indian media, was largely based on 'Western' television. As stated earlier the content of counsellor training in India is influenced by Western theories and models. Indigenous psychology and alternative healing methods are also incorporated into the training. These include accepted models of traditional healing that are prevalent in society and are used as additional tools in counselling practice (Refer 1.1.3). Formalised training in counselling is primarily from the West. This includes subjects from psychoanalysis to the latest research, evidenced developments in the world in counselling and Psychotherapy approved by the American Psychological Association or the American Counselling Association. There is an unquestioned acceptance of these models and theories which are transplanted into the Indian counselling training. The evidence of these methods of practice based on Western population is, unquestioningly, adopted as a whole.

5.2.B.1 Multi-Cultural Counselling as seen in India

The understanding of 'multi-culturalism' is very different in India than it is in the West. In India there are several cultures that co-exist in the same country, each one very different from the other, even though they are all 'Indian'. Knowing and understanding this is vitally important for any psychological counsellor who wishes to practice in India. The study of multicultural counselling, also developed in the West with varied Diasporas, is the umbrella under which the Indian

cultures are understood to be included. In India there is limited evidence to show how adopting of 'multi-cultural counselling'³⁰ as it is understood in the West is effective. The theory of human behaviour and emotions are guidelines, they do not include 'culture'. Culture is specific to geographical regions and passed on to generations either by nature or nurture. Therefore, if Western counselling is adopted by counsellors in different states³¹ in India that would be considered multicultural counselling within a larger culture. Cultures vary from state to state and there are people of various cultures living in the same state as well. This is very complex because of the vastness of the country. The evidence based multicultural counselling practiced in the West is based on minority cultures in the West.

Counselling training programmes are intensive in India: models of counselling; ethics and norms; skills; foundations of professional counselling; posture and other non-verbal behaviour; and time are all defined, taught and demonstrated. Nasu recollects:

'when we studied, we did completely Western models of counselling, so they taught us to identify feeling, to know the sensation of the feeling and label it, to a label which is not something that happens culturally here but definitely happens culturally there' (11).

Vini struggled with understanding some of the counselling ethics taught while training to be a counsellor:

'Do not accept any presents/gifts from your client. When they give you a present, you can't say, "no I am a counsellor, I can't accept gifts". And culturally it's considered rude if someone gives you something and you not accept it' (12).

³⁰Multi-Culturalism: The word multi-cultural, in India, means where the population consists of several very different cultures – all grouped together as 'Indian'.

³¹State: India is a federal union of states comprising twenty-nine states and seven union territories. The states and union territories are further subdivided into districts and further into smaller administrative divisions.

Similar conflicts arise in multiple areas of practice. Counsellor discretion is counsellor responsibility which affects thoughts and ideologies that are cultural aspects of daily living. Surya verbalised some nuances of these cultural behaviours as experienced by a client.

'I have a client... he knows that in your childhood if you have not received love and if you haven't received hugs and kisses and affection and whatever, whatever, that means you are this much (non-verbal showing of hands). So I was trying to tell him, he is from C, I said that is not culturally appropriate, may have not been since you didn't receive it from your mother or your father and he said, "yeah this and that, but I feel so bad because everyone is talking about it wherever that they received all this physical affection when they were small and I haven't received it"' (13).

5.2.C Training versus Practice: A Reality Check

The counsellor is expected to convert learning into practice with little guidance. After training for a year, part of the course requirement is to do stipulated hours of supervised practicum³². This is the first time a counselling student meets a client. Most often the institution provides practicum sites for their students to practice. These are generally schools of various categories: government funded private and those for varying socio-economic backgrounds. The 'shocking' realisation that you are not prepared for the reality of practice in India after the simulations in a classroom is overwhelming. As mentioned above, and re-iterated again, the training one receives is based on a Western school of thought with some indigenous healing practices. This however does not prepare us enough to see clients in the regular world, in India.

³²Supervised Practicum: supervised hours of counselling, as part of the training to be a psychological counsellor: it is equivalent to an internship.

Clients have little or no knowledge of what counselling is and why they are being 'sent'³³ to meet a complete stranger to talk about problems that they might or might not have. The institutions themselves are, most often, unaware of what counselling is. And the counsellor is unprepared for this reality and the lack of basic requirements as was Sunya's first experience:

'I was really prepared for my practicum, I had a big bag...all the assessment xeroxed, kept everything in folders... then I found a really close place to work... Went there ... I looked more like, for the students like 'Doctor Fix it', they saw my bag and things and they looked at me and the Sister in charge said "he will fix your problems." I said 'what is this? I am counsellor, and suddenly I found a place, initially I was given their junk room, a store room was given to me, I managed to clean it up a little bit... Sister starts sending the boys, children started coming in... my preparation had nothing to do with what they shared. It started with an abuse case, I said tell and in half an hour I sent him back, every 5 mins the students were coming in Sister was sending them, it was all from broken homes generally from the slums and other areas and teachers would literally bring them to the school if they don't find them in the school' (14)

The initial phase is difficult and we are anxious about practice, personally and ethically, as we are not fully equipped for what we are sent out to do and experience. Clients are unaware that they are clients. There is no guarantee that children/adolescents or staff understand counselling or its processes as was Vini's experience,

'My first client, this little boy came - "I wanted to know about what you are doing the principal said" - you know he was some 12 something – "the principal said that if I have something to talk about I could come to you"... so I was very thrilled the first day he came and

³³Sent: Not referred; forced to see a counsellor; and have no desire to seek help of their own free will.

stuff and we realised that he had issues with studies and stuff and I was like I will try and help this boy out. I remember that day I was all excited, that today he is coming and decided we will talk about this issue let me help him and I had spoken to my supervisor and had everything ready and he didn't come. And I didn't know what the protocol was if I could go to the class and talk so I spoke to the principal and he said "yeah yeah just go may be he forgot". And he didn't forget he didn't want to come anymore because it wasn't fun anymore. I was so upset that I cried when I came back and I thought I did or said something that wasn't right' (15)

These incidents are common with most placement sites for counselling trainees; it is not unusual to feel lost and unprofessional. The training does not prepare you adequately for involuntary clients, children and specific needs of people i.e. victims of abuse. Most site supervisors are not trained counsellors but rather, a senior member of administrative staff. The professional course, in reality, teaches you theory and takes for granted that the Indian urban society is aware of what counselling is. This is a myth! Each counsellor is equipped with skills and tools that are internationally ethical. We understand, gradually, that one has to keep learning along the way. Self-learning is the key to keep afloat in the profession in our social context. This validates the gap between literature and the need for evidence to benchmark existing Indian counselling practices as a valuable resource to practitioners in India.

5.2.D Realities of Practice: 'Trial and Error - on the Job'

Over the many years of practice, for each of the counsellors in this group, the population of their clients was wide and varied. They had worked in organisations that provide employee assistance; colleges with young adults; senior citizens homes; de-addiction centres; schools for children with special needs; psychiatrist's clinics; primary and secondary schools and private practice i.e. in a privately owned

or rented space. In these various organisations, the members met with clients who required counselling in multiple areas of mental health care, such as:

‘Addiction (alcohol, drugs, internet, pornography), and their families, adult survivors of child sexual abuse, the aged, AIDS, business leadership coaches, care givers, career progression/ transition, children and adolescents, children with learning disability and adolescents and their families, clinical population on and off medication, cluster B population (Association, 2000)³⁴, co-dependency, couples, crisis, family therapy, group counselling, job loss, LGBT individuals and couples, management of high performance teams, marriage counselling, out-placement consulting, pastoral counselling, people management, performance management, perpetrators of domestic violence, perpetrators of sexual abuse, pre and post-divorce, pre-marital counselling, redundancy, religious population, sex counselling, sexual identity, spiritual counselling, students and young adults, victims of domestic violence, victims of sexual abuse, victims of rape, wellness coaching, working professionals, workshops and awareness programmes’ (Field notes, 25-01-2014).

I acknowledge this comprehensive list of who the participants have worked with, with pride. It is the essence of this research. The meaning and the implications of it are explicit.

Training: we are not formally trained to see most of the clients from the list above. Learning happens ‘on the job’. Some organisations, institutions or agencies have basic training that specifies an outline of workplace organisation.

³⁴Cluster B: Diagnostic Criteria for Personality Disorders, Cluster B (Dramatic-Emotional)

Ophelia says: *'Nobody actually says this is what you can do. You know people will say to you, but how do you do it? And I feel so embarrassed to say it's just trial and error'* (16)

Prem has a similar experience: *'It's just trial and error and I didn't get any special training and when they say - how do you diagnose all these people I was just like – I feel so suspicious'* (17).

Irma's experience was the same: *'I did it through trial and error and through people telling me you are doing the wrong thing you need to do something else. That how I learnt actually addiction counselling by just going in. this is the one area that I was absolutely not trained on at all'* (18)

These are the realities of practice; this clearly shows that there is a deficit in direction and guidance in formal training. From the inception, learning takes place in practice and develops through experience. This is a challenging process and takes its toll on the person of the counsellor. The counsellor has to also learn through observation by consulting other employees, who have more experience, in the organisation; or by reading, in his/her own time. Formal training ensures a basic foundation of skills to cope with any client. The participants working in the Indian context were more reliant on these skills than on taught Western theories. Therefore, although the theories are sound, their application is highly dependent on the counsellor as indicated by Sinha (Refer 2.1.1). The responsibility of being accountable for another person's emotional well-being and making sure you do no harm is overpowering.

Practitioners who work in institutions/organisations do not have the luxury, and I consciously use the word 'luxury', of choosing the client populations (for instance: working with children, clinical population or abuse). Though, some practitioners in private practice are sometimes able to make these choices. Some of the participants have been in or are in private practice and have still been unable to make this choice.

The number of professional counsellors in practice, that one can refer clients to, based on clients' needs, is limited (Refer 1.1.5). People who seek psychological counsellors are colloquially described as 'normal people with problems'. Globalisation or Westernisation and the changes in the Indian family structure, as explained in chapter 2, are major factors for the increase in the number of people who need and seek psychological help. Sunya found a way to work around his own inabilities as a professional as he did not have the choice to see or not to see a client:

'I looked at more I looked at it from different perspectives and from psycho-cybernetics looking at it from a perspective of more hardware-software issue, I thought I had the hardware and I thought I didn't have the software to deal with the kind of issues, it's like saying not compatible. Abuse case not compatible refer others, I was the only one, who to refer?' (19).

My question was 'what are the choices we have as counsellors?' The 'luxury' here is a 'voluntary' client.

5.2.E Clients: Voluntary or Involuntary

Voluntary clients are those who seek help voluntarily. Involuntary clients are those who are 'sent'; in some schools and educational institutions it is mandatory that the students/clients administration/teachers go for counselling. Similarly, institutions that teach/train students to be counsellors have made personal therapy, mandatory. Vini described her feeling regarding this:

'For me now it's mostly now mandatory clients so I know how many sessions they are coming for when they are coming in and I know there are only 5 sessions I am like 'ok there are only 5 sessions'... they come with that mentality and I don't want to talk about this, I don't want to talk about this and I don't want to talk about that. So finally

there is nothing left to talk about so finally I ask 'what do you want to talk about?' (20).

However, she felt motivated when clients came voluntarily and when the therapeutic relationship was a collaborative one. *'It's so nice when, as soon as they come they say ma'am you'd given homework and I have written it' (21)*

5.2.F Perceptions of Counselling in the Social Context

What is counselling? Is it really a profession? What do you do? These are questions very frequently asked of counsellors. Bangalore is the mental health centre for India (Refer 1.1.1). It is quite astonishing to experience the lack of awareness and the negativity that is associated with the profession and directed towards counsellors. *'A lot of people don't think it is a profession. And they don't believe that it is professional enough' (22)*

There is a constant need to defend the profession in order to be respected as a professional is very distressing. Prem reflected on his own experiences and attempted to find a way to understand society's lack of acceptance of psychological counselling.

'I am not very sure if our population around is so willing to accept that you need or you may have a difficulty doing certain things or you may have certain limitations of the sort or whatever. I don't know I find it difficult to tell I don't know if this is just because of me or because I have had a couple of experiences like this where people have asked me certain kind of questions which has made me kind of cringe about my own qualifications and my own ability.' (23)

Motivation, as mentioned above, is a powerful tool and sustains practice and the willingness to stay in the profession. In the initial years of practice the participants were eager to learn and find their 'professional feet'. After establishing themselves in the profession, the constant need to justify their professionalism began to wear

down confidence and motivation. The social struggle came from the reactions they faced from various people in society. For example, Sunya was accosted by a highly educated gentleman, who would normally be expected to have exposure and learning, but who failed to acknowledge the role of a counsellor in an educational institution.

*‘One of the educated friends of mine was criticising counselling, he was telling me how counselling works, this is what he said “a student comes and tell the counsellor, “counsellor the dosa’s³⁵ which are made have holes, what to do?” and it’s seems the counsellors says, “incidentally the dosa’s made in my house also have holes.” And he said “this is what counsellor’s do” and he was making fun one after the other, then I was feeling bad. Then at one point I told him, I said see my educated friend apart for saying that incidentally in my house also dosa’s have holes I would tell that student why dosa’s have holes, that makes the difference. So the boy gets to understand why the dosa’s in every house gets holes. That is technique and that’s what a counsellor has to know and that will be communicated to the child, and he gets an answer why there is a hole in my dosa. To convince that I had to tell him so much. He used to get me caught up for whatever I said finally when I said this, I wanted him to know that counselling is not easy ... he calls it “b***s***” ... “what nonsense is this? I can counsel you counsellors, what is this nonsense you are telling me to feel and think and all that...” every time I will see him walk up and down he will see that he will say something negative about counselling (24)*

The emotional impact of these incidences was found to be ‘mortifying’ (a frequently used word in the group), especially when there is an absolute lack of awareness or knowledge. There is also a preconceived understanding of counselling. *‘Some of them see*

³⁵Dosa: (in South Indian cooking) a pancake made from rice flour and ground pulses Dictionary, O. E. 1989. Oxford: Oxford university press.

pictures of Freud and say "I saw pictures of people lying down, and sleeping and talking".' (25)

It is often ridiculed and the popular conception of human behaviour and anxiety, projected by media, prevails. Psychological counselling is perceived as problem solving and similar to other services that are rendered to members of a society by family and friends. Therefore, paying for the 'service' is illogical. When it is paid for it is treated exactly like any other service in the service industry. Prem experienced:

'I am doing EAP³⁶ work. It's pretty much exactly the same and I am told very directly, "you are in the service industry, and you are supposed to be flexible to the needs of the one to whom you are providing the service, if you are not doing it then your service is meaningless."' (26)

People choose to use the service or seek psychological help only when they find a lack of support in society. A counsellor is perceived as someone whom you can go to when you cannot talk to anyone else in your social world. Here, cultural upbringing plays a role in defining 'a problem'.

Ophelia explained: *'The understanding of what a problem really is. I feel like this, so what is the problem? Oh this you can take to your mum, or this you can take to your dad and ooh! This you have to take to a counsellor.'* (27)

When the problem is defined then the counsellor's help is sought for a solution. The belief that counsellors solve problems is an outcome of the medical model (symptomatic treatment) and is commonly seen among clients. Sunya found that the process of counselling is immaterial; It is the solution that is important:

³⁶EAP: Employee Assistance Programme

'This particular doctor says, "Why should I pay and come to you? I will say something and you will say here is a solution to your problem and I have to find the solution you only help me, why should I come to you and pay for it." They are looking for a solution, they are not looking for self-awareness, they are not looking for growth or to deal with the problem. They need a solution.' (28)

These were issues that recurred constantly in the group. The participants were surprised and emotional while recalling these experiences. They had not stopped to take a look at what was happening within them. The day to day work-life routine consumed every vestige of energy generated. It was the first time they had consciously thought about their professional lives introspectively – From the varied clientele they 'had to' see, because there was no alternative, to the frustration and challenges of living the life of a minority professional in a larger well-established mental health professional environment. At this stage in the research process, Prem voiced his feelings of validation, after being in the group for a few weeks.

'I am finding it interesting is that it is really quite validating, these sessions that we have when we all and when we go through the session it feels like "ok, if that's what you are doing it's not odd" you know which is very nice, which kind of gives me a sense of confidence and to keep doing it. So that way, I am really happy.' (29).

5.2.G Counselling Skills and Universality of Experiences

The group spent time introspecting and reflecting on the realities of their own practice. Thoughts steered towards the workplace challenges and multiple role expectations and these were discussed at length. The experiences, many of which were common to all, reinforced the universality of practitioner experiences in Bangalore. The group took a therapeutic stance where members responded to each other with empathy and support. A valuable observation of the

group interaction was the use of counselling skills that the members used when interacting with each other. For instance: active listening – *'It looks like you've had a really frustrating time with that one?'* (30). These skills were used sub-consciously, which enabled communication between members, giving the group a therapeutic environment. The members' realisation of this change in group dynamics was voiced by Prem: *'this is going to become like group therapy (Laughter)'* (31). The group cohesion gradually became an empowering factor in the research where power was neutralised.

'We respect one another here, there is no thinking that I know more than you do or you know more than I do or my experience is more, you've had more experience than me. I think that didn't come in... I think we just spoke, based on whatever experiences we have.' Irma (32).

Respect, as a value, was given personally, professionally and culturally. The group reached a position of mutual respect and sharing became in-depth, with the conscious knowledge that experiences were common and the support experienced, genuine. It was borne out by Prem's statement:

'For me I like a place where I can talk about myself and talk about the issues that I really go through without really being in a place where I would be negatively evaluated or judged or criticised rather critiqued or supported. And I really see this as a great place for me.' (33)

The process of self-reflection and verbalisation was powerful. The journey through these challenging experiences reinforced confidence as practitioners. These realities, verbalised forced each one to consider the power of influence: them on others and others on them.

5.2.H Ambiguity of Job Description

As a newly trained counsellor the participants had a naïve belief that 'work' meant only seeing clients; counselling being their primary job

profile. When reality dawned this idealistic view is replaced by exhaustion, frustration and professional despair. The role in most institutions and organisations is nominally titled 'counsellor'; however the role includes administrative, teaching and disciplinary roles among others. Sunya described the frustration of this reality:

'I get frustrated sometimes...I think they don't want a counsellor. In the college they want a counsellor. You know for the past 4 years the kind of jobs I have done, I happen to be the personal secretary of the principal. But my appointment was counsellor... There is any mess I have to start cleaning up, because I worked in an institution that was well reputed before I came here, so I started using that skills of mine to bring about some change... I have to do everything... because we have 2400 students....I was doing invigilation and I will be catching people who copy... Where a student is called for malpractice he should not be left alone, in that particular boy's case he was left alone, and we didn't have a clue that this boy had attempted earlier and he attempted post, after that also, so three attempts. The third time also he survived, he tried to hang himself and he didn't succeed, of course there was a big issue, parents came to make an issues and whenever there is an issues like that it goes to an escalation, it goes to a point where management cannot handle it so it gets pushed back to you. You are supposed to fix it without knowing how to fix it. And it becomes very difficult for me because parents would challenge me then. They will tell me "I will take you to court" so that happens almost every year, so I am supposed to maintain all these records apart from all the counselling. All the undertaking and other things, so by mistake if I don't have enough then I am in trouble. Because usually they will threaten me not the principal, the principal will have nothing to do with it. So sometimes people think I am the correspondent of the school. So I try to communicate that I play multiple roles, I am supposed to play multiple roles that becomes a little difficult for me.'

(34)

The responsibility of these 'other' roles weighed heavily upon each participant. They expressed this with a deep resentment which coloured their view of being a counsellor. And this in turn, had its impact on their practice. Irma echoed Sunya's experience:

'When you are in college you have to be that 'teacher'... sometimes you are not doing counselling. You are doing everything else but counselling. And you have to... I mean, that's so true, even if the organisation is a counselling organisation you have to do the work you are told to do and it's only when you do that can you think of someday doing counselling as an addition' (35).

The training in the master's degree of psychological counselling did not include counselling children; or children and adults with special needs. There are limited trained, professional practitioners (counsellors) in this field. Therefore, when appointed to this role, Ophelia was expected to cope effectively. At such times self-learning was the only option she had to survive and grow. She worked with a school for children with special needs and felt overwhelmed with the learning; and coping with everything else that was involved with this role.

'That's all I had, just the reading up that I did about LD (Learning Disability) which was not too much and how to detect and what to do with them.... Each child came with a different learning style so I first had to identify that, which takes forever, so my first year, I spent a lot of time', cause I could not identify what was happening and you have very strict rather very confused parents. Then to have session with them and calm them down to say it's perfectly ok that it's ok whatever he or she is going through and that she will attain the next grade but in her own time, right, and you have to ensure that as well. So while I was counsellor and taking care of the child's emotional needs I was also ensure that she was academically moving on or he was academically moving on.' (36).

Ophelia had to also cope with the following: Parental anxiety over their children's academic performance and social development; and the involvement and role of family, especially in the formative years of schooling, which is very significant in India, (where parents pressurise children to be competitive). This was our personal experience and social observations. The overlap of roles created confusion between working with the child and fulfilling the expectations of the parent. Ophelia reached burn out when she realised that, *'Expectations are too high I don't know I can't fit into their expectations.'* (37)

In schools/colleges the counsellor is held responsible for the emotional and over all well-being of all students. Teachers and other members of staff have different guidelines from those of a counsellor. The counsellor's role has a power component which can act as a double edged sword. There was a definite prejudice in interaction with the staff, where the counsellor was often misquoted, misunderstood and isolated. Sunya said for him:

'In the college, when I speak I have to be double sure of what I speak, because it will be picked up and quoted later...' (38).

Nasu also experienced this isolation, when power was given to her by the management of the institution, because of her abilities to keep confidences and her counselling skills:

'And the worst is those multiple roles because you can keep confidence they will give you confidential stuff to do. The worst is when you have to do admissions³⁷, you have to do admission duties and you are like this wicked person with power and suddenly you are this non-judgemental person.' (39)

³⁷Admissions: The administrative work behind formal process of students applying, interviewing and being selected to join an academic institution.

What became apparent from the members' sharing was the deep injustice of these practices. The participants and I realised that to choosing counselling as a profession, especially in India, required special personal qualities. The feeling of injustice was intensified when the counsellors' counselling skills were 'used' to fulfil other administrative requirements within the organisation. Monetarily beneficial professional avenues were limited for the participants. Their passion spurred them on to be professionals; this was most often accompanied by generosity and altruism. All the participants experienced this at one time or another. The Indian 'counsellor' had to fit into any undefined space and be prepared to cross boundaries personally and professionally, and adopt behaviours similar to that of a chameleon, as experienced by all participants. Irma verbalised her experience:

'Sometimes you have to be like social worker. There are no boundaries, you cannot say oh! You have to go contact a social worker I can't do this. That's not my job.' (40)

As mentioned above, 'choice' of client is a luxury. These were challenging circumstances where professional assertiveness was overruled by basic everyday needs such as a monthly income. The job descriptions, most often, were not specified and any real definition of what was expected of the counsellor was not mentioned. Nasu for instance was expected to ensure the physical safety of her client when requested by her employers. The fear and responsibility was intense even in her sharing.

'They called me one night at 10 at night and I had to go pick up the principal and I had to go pick her up and rescue her', cause he (her partner) had thrown her out onto the street so I had to take her and go to the police station and find a convent that would take her in, put her in the convent and I recall thinking – "I don't want to be no

counsellor. If this is what the job entails I am sorry but I didn't sign up for this.” (41).

5.2.1 Consequences of Multiple Roles Expected from the Counsellor

These were good learning experiences and engendered strength in the participants even though they were unnecessary for therapy to be effective. The knowledge that one is a professional counsellor and yet was expected to do the work of a social worker or clerk was found to be demoralising. The group environment was supportive and every member felt a sense of unity at this point. The consensus of thought was that there was little or no respect given to the profession or the professional and this had to change. We decided that we would take on this responsibility and work collaboratively towards achieving that change.

The participants agreed that the dignity and sanctity of the profession required acknowledgment. Every member felt violated and marginalised, professionally, when compared to their colleagues within the organisation. Sunya recalled an incident which caused him distress professionally:

‘There was a time when a teacher just walked in to my room when the student was there, he just covered his face and put his head down and I didn't like that. And the student told me that “I will not come and meet you again”. I didn't like that and I communicated that to the teacher. They don't understand the sanctity of that.’ (42).

One of the consequences of constantly facing these upheavals was burn out and illness. Sunya realised that his many illnesses were a somatisation of stress caused by over exposure to this negative work environment:

‘I felt sick, I was admitted twice to the hospital, once one week and then over three times I was admitted over there. Then I thought something is going wrong. I took three months break, took leave, loss

of pay, and went home. Worked on myself took rest and then came back.' (43)

The members began to introspect, reflect and recognise what was happening to them physically, now and in retrospect. They talked about their emotional and psychological well-being. The focus, then, gradually shifted to the cultural aspects of counselling in India. There was a systematic movement in discussion and as the sharing became more in-depth.

5.2.J Cultural Nuances and the Indian Counsellor

As stated earlier, the curriculum that was taught in the master's degree were theories derived from evidence based practice from the West. These theories were expected to be assimilated and adapted into practice in India. However, various aspects of cultural adaptation that needed to be taken into consideration surfaced in my mind. For instance: *'What does cultural adaptation mean and how is it adapted? What aspects of culture in India play a role in the practice of professional counselling? Are these client specific? What influence does culture have on the counsellor and how does this play out in sessions?'* (Field notes, 08-03-2014). These were some questions that we did not have evidenced answers to, although they point towards understanding our social reality within which the profession is practiced. Cultural contexts, settings, values, and environment were found to be a part of everyday practice. Some of the following are naturally occurring factors that are understood, only, by living in the country, for instance: language, values, and cultural norms, as there is no literature to evidence this. Some were learned experiences and others were new understanding of existing experiences that were brought to light through this research process.

5.2.J.1 The Relevance of 'Age'

The physical age of a person was an influencing factor that was noticed right through the data: References that were made to our own ages and references that others made (clients or socially) to age in general. The perception of age was not what was chronologically 'old'; it meant each one's perception of what they considered their age reference. For instance: Ophelia said: *'I started seeing a couple of older clients, middle-aged 35ish'* (44)

Culturally, there was significance attached to people of different age groups and a marked respect for 'older' people. To quote Sunya, *'There is a saying 'doddaawaru jananvaru' (Kannada- meaning-Older people are wiser)'* (45). Each member had a unique perception and relevance of age with regard to counselling. Prem referred to a time early in his practice, *'I found myself being very scared whenever I saw somebody who was very old. 45-50 or so and coming for counselling session.'* (46).

Cultural practice for a majority of the participants was, when people needed advice or help, they would go to an older person in the family or society. It was highly unlikely that an older person would seek the advice of a younger person. We did not digress into discussing how much this was still continued practice in society but rather, focused on how it influenced the members of this group and their counselling practice. Therefore, when a chronologically older person sought counselling from a younger counsellor it created professional apprehension in some of them. Prem expressed:

'It's like when you are in trouble you go to the older people and talk to them, right? It's not like they come to the younger ones and ask you for advice. Or even if you know your own uncle or aunt or your own father and mother and if they are doing something wrong you tell them and they say, - you know what? You are half my age, you are telling me something?' (47)

The association of age, projected by the participants, was when participants counselled clients who were similar in age to a person that they would go to, in the family or in society, for that help. Nasu remembered feeling particularly uncomfortable when one of her clients was the same age as her mother:

'It was very challenging when faculty started coming to me with their problems, and you are thinking, wow! You are old enough to be my mum but I am here' (49).

It was these socio-cultural attitudes which influenced the professional reality of practice. Over time and with exposure, professional confidence developed and some social associations of age became integrated with practice. Gradually there was a shift between social perception and professional expertise with cultural inclusion. Irma, shared the way she adjusted:

'I encountered a lot especially alcoholic clients who were much older than me and I was just out of college. And for them to come and cry and share their problems and break down, you know, I went into a rehab with an idea that an alcoholic is aggressive and beats up his wife and I am sitting there with this man who is weeping about all the stuff that he has done and how he is unable to stop drinking. It was something that was very new for me in the beginning. But then I, then I got accustomed to it. I still find the age thing a bit strange, but then again ironically a lot of my clients are older than me so... and at present a lot of them are men.' (50).

Similarly there were cultural references to gender that influenced practice.

5.2.J.2 Gender Roles and Expectations

Gender had an operative role in the lives of the members professionally. India is predominantly a patriarchal society with pockets of matriarchal cultures within it (Mandelbaum, 1970). It is a

male dominated society; however there are a greater number of women professional counsellors than men (Refer 6.2). Gender roles were deeply rooted in its cultural values and tradition. They permeated most aspects of the participants' personal and professional life. These were strong beliefs and myths that were imbibed, habituated and which came up in practice. Ophelia talked of her ongoing experience with clients:

'Lately I have been working with adults between the age group of 30 to 45, all males, just to understand their areas of conflict, and whenever you ask a question, when you are trying to understand their areas of empathy and acknowledge feelings or views, different from their own, they just look at you and ask, 'what have feelings got to do with it? Does it solve the problem?' so that's an outright question'.
(51)

Participants found that talking about feelings and working through vulnerability was challenging especially with men. These were deeply ingrained behaviours and opinions that sustained perceptions about men and their display of emotion. Vini recollected her client saying:

"I am not allowed to cry, I am a man I am not supposed to cry. I don't want to cry I am not a boy if I cry" or "you are a man and it's talking about feelings means you are weak." (52).

However this was also Sunya's experience in his upbringing which he claimed was painfully altered in the process of counselling, later:

'About gender, I know though my mom is a teacher and all that she said "boys don't cry", and my dad said "look at me I don't cry so my children should not cry"... only the boys not my sister. And everywhere it was reinforced, school teacher, all were women teachers and say "girls cry, you don't cry" so even if you get beatings, those days beating was not prohibited, you would do all that roll up eyes and try and control because if you cry you were a girl and you don't want to

be a girl. And you know, that time, it was all alpha and in secondary class all that was there, so when I went to high school it continued again, there it was again, they said “teenagers never cry”, I think it’s so much drilled into us that, you know, it’s very difficult if I have to sit in front of a counsellor particularly a woman counsellor to break down and say I am not alpha any more, I am just that ordinary simple guy, who can break down. To come to that stage I think it is very difficult’. (53)

The difficult task of breaking through two cultural mind-sets: male vulnerability and the role of a woman was a validating experience for this particular member. It triggered other aspects of gender roles. Some clients had a gender preference when they sought or requested for counsellors.

Client request: *“I would really like to go to a guy.”* (54) However, this was debated in the group. Prem argued, *‘in my experience many people ask for women counsellors. Well I am the only male in my office across the India team... (Laughter)...’* (55). Nasu’s experience was just the opposite, *‘That’s interesting really, because I have rarely met people who say to me that they would prefer to go to a woman, they always want to go to a man* (56).

It brought to light the difference in perception and experiences, based on the gender of each member. These perceptions and experiences could not be measured. However, there was found to be a greater expectation from women counsellors when compared to male counsellors. For instance: Prem observed that a dress code is expected of women counsellors but not of men, at his workplace:

‘It is only Western formals it’s almost an unwritten rule that if you wear Western formals you will move up the ladder rather quickly, for the women specifically.’ (57).

It was found that most organisations had dress codes for women counsellors but not for men. Vini explained that she was told what to wear, how to wear it, including what to do with her hair:

'I remember they would say wear a shawl or wear a dupatta³⁸ and the dupatta has to be like that, put your hair back... it was all about don't put your hair down, don't put make up. VJ had no rules, he was the only guy so he had no rules, or trim your beard at the most, but he had no rules, he could wear whatever.' (58) and Surya corroborated this: *'they asked me to wear a saree if I had a face to face session'* (59)

These were restrictive rules that stereotyped practitioners and added to existing dissatisfaction and frustration among the participants. Once again, when this became the reality of practice, a dissonance set in which created conflict between the person of the professional and the portrayed 'look' presented by the counsellor. Ophelia personalised this expected 'look' along with 'age' to present a look that would be accepted more easily than if she dressed as herself:

'I always dressed older than I looked because they would not respect you, and for the longest time I would wear all these grandma clothes. And after a point I realised that I am not being authentic at all and I am not being genuine at all and it had, that shift had to happen in therapy for me. Because it was getting to me and I was being affected. And I was being so much more of what I gave in terms of my skill or whatever and it became so much more about how I looked.' (60)

The participants noted that dress, for a woman in India, determined more than her physical appearance. Clients themselves, occasionally, commented on the appearance of the counsellor. This was perplexing because although we believed that it did not affect the counselling

³⁸Dupatta: A length of fabric, worn across the chest and shoulders, typically by women from the Indian sub-continent

process, it has a subtle influence on the client's perception of you. Sometimes participants this was explored with the client directly. In conjunction with other cultural values it became challenging to decipher the thought process behind it. For instance, Nasu substantiated:

'I was seeing this woman who was COO or CEO of one of these NGO's and one of the first few questions in session,... "so why are you not wearing a bindi³⁹?" Obviously my bindi had fallen off but she said "why aren't you wearing a bindi? you are not Muslim so" and I remember asking "so how does this matter?"... because it obviously did...it bothered her that I was not wearing a bindi and I was not Muslim,... if I was Muslim she would have accepted it but because I am not she found it difficult to progress.' (61).

Although this was not the experience with every client, clients formed opinions of the participant-counsellor based on the 'look' presented. In general the women participants found that their clients noticed and commented on what they wore but this was not the experience of the male participants. These were often voiced by clients directly and also conveyed on eye movements and the non-verbal behaviour of the client. Nasu expressed:

'I have also noticed, with clients, body language matters less than how you are dressed ...You can cross your legs they don't mind but if you show cleavage they will mind.' (62)

Literature gives some guidelines to be observed by counsellors, on non-verbal behaviour. However, these are not culture specific. In the experience of the members, each client viewed them differently. The sharing showed that, culturally, more is expected of female counsellors than male counsellors. Similarly, with regard to marriage,

³⁹Bindi: is a dot worn on the centre of the forehead (usually red) by Indian women, particularly amongst Hindus. It is commonly described as the sacred symbol of the universe in its un-manifested state

the women participants experienced that their marital status was important to the client. But this was not the experience of the male participants. Indian women have multiple symbols to signify that they are married⁴⁰, which is not the case for men. The women participants found that some of their married clients had an underlying belief that only if they (women counsellors) were married, they would be able to help them. Vini's client exclaimed, "*Oh you're so young, you're not married.... how will you help me?*" (63) These perceived cultural beliefs made counselling practice a challenging one for the participants.

5.2.J.3 Approval: A Social, Cultural, Professional Need and the Importance of 'Saving Face'

Need for approval as a way of life! This blanket statement was acknowledged in the life of the participants, personally and professionally. We did not assign a value of good or bad to it. We recognised that '*social acceptance and what other people think of me*' (64) was of greater importance than our well-being. The acknowledgement of this 'Need for Approval' brought to the surface the vulnerability felt by the group and triggered reflection on the consequences of this on our lives and practice.

In this reflective stage members felt comfortable enough to reveal how powerfully their personal and professional experiences were affected by this. Their sharing became deeper and also included client experiences through their counselling interaction. This gave the participants insight into the social world of those that chose to seek psychological help from professional counsellors. Some of the experiences that followed were deeply rooted in 'family'. These were

⁴⁰Symbols to signify a married Indian woman: Sindoor: Vermilion/kum kum is a red coloured powder that is applied in the parting of the hair; Magalsutra/Thali: Chain made of gold and black beads with corals or sometimes a cotton thread yellowed with turmeric; Toe rings on the second toe; Gold ring place on the fourth finger of the left or right hand. These vary depending on the community and region or origin.

later harnessed and used as coping mechanisms. The above includes influences such as: the need for approval, social acceptance, saving face, upbringing and the larger societal impact. They presented challenges in practice as they required specific cultural understanding of the impact of society on the client and, in turn, the counsellor. For instance: Ingrained family values and family secrets were conflicting and contradictory to the therapeutic process, as they limited sharing. They were effective coping mechanisms in a social environment where outsiders were not privy to family dynamics. This was a common experience in all the participant's lives. Vini recounted her client's anxiety:

'We are taught not to talk to outsiders and so it stems from there. Don't talk when aunty asks something. When you are small and you go to your neighbours and they ask you anything about the house say you don't know. Don't go out and tell anybody. If you are upset and want to talk, don't tell anybody; you should not tell anybody. Don't tell your relative; don't tell your neighbours; if there is a problem come and tell it to me. Or sometimes the children are told it's not a problem, it's not. You just keep quiet, you know it starts from there... you are told not to talk about that, it's a sign of weakness, what will people say. They will say you are not good enough; see his son, see her daughter; they will compare you to their children. They will consider it as a sign of weakness. It will be a sign of weakness right if I share a bad experience. ... and a lot of them don't understand the concept of counselling' (65)

Vini felt strongly about how this was part of her life as well and the role it played in the understanding she had of her clients. It was, therefore, important to allow clients to 'save face' in the first few sessions, as this reassured the client that seeing a counsellor was not a threat. Prem suggested:

'It's very important to let your client save face in the first couple of sessions. And if you are going to get direct about it then, most likely you are not going to see that person again. And so it's very important to save face and even if you have heard something and they are like "oh my goodness I shouldn't have said" just go on as though you didn't hear it. Just leave it, give them that leash' (66).

The participants found that careful construction of therapeutic communication and rapport bridged the gap between client awareness and social function. Prem iterated:

'It communicates to them "ok fine I am not being judged" because as soon as you pick up on something may be you have an intention and you want to clarify the question and technically you are asking an open ended question to explore further for the client it is somewhere it seems more judgemental' (67).

Millham and Kellogg (1980) suggest that the need for social approval is not necessarily positive or negative but 'defensive denial' of certain experiences which threaten the ego or integrity, unique to each individual. The group found that navigating through the therapeutic process was driven by societal judgement. Members felt they needed to hone the ability to assess whether the client was in a socially comfortable position to talk about their issues or not. It was not a skill that was taught in counselling training but acquired from adequate social exposure and personal experience in the social context.

Nasu described: 'A dilemma between do we talk about it or do we not talk about it? Can I face society by myself? ... What will he say of me? What will she think of me? How can I go back into this setting? ... There is so much difficulty to accept awareness and accept yourself for who you are' (68)

The group found that 'saving face' and 'social approval' were understood as measures that they took to ensure that they made safe

choices that would have the least negative social consequences. Some of these were: To admit that you had a problem; seeking professional help; working on self-awareness; and making changes, individually. The participants reported that their clients found his process challenging, as it was for them, as well. However, if people with influence (anyone who is respected or a famous person) had tried and endorsed counselling, there was a greater likelihood that others would do the same. In India, Deepika Padukone⁴¹, for instance, publically talked about her struggle with depression and anxiety. This raised social awareness of mental health issues and encouraged people to talk about their psychological distress. The influence was found to affect clients and encouraged them to seek help from counsellors. Prem elaborated:

'What is that mentality we talk about? Very group-collective mind-set that we talk about. We like to do what others have tried and tested and found it to be working. A safe bet. I don't want to think. You know, come on, life is going to be very different for me and I can't come up with something on my own. That's not our type of thinking so for me itself, like, if I am going through some kind of adjustment issues there has to be one thing that is followed by 'us' and tell me what is followed by 'us' and I will follow it.' (69).

These principles of influence were noted with humour by the participants; the humour in recognising and accepting it as 'it is what it is'.

For the participants, 'saving face' of the profession was important and assumed a 'mission like' proportion. This necessitated making a quick evaluation of: the need of the client; the counsellor's professional ability; international standards of practice and dealing with reality. We decided that addressing the clients' needs were priority and that

⁴¹Deepika Padukone is an Indian film actress and model

we would, always work towards achieving it effectively. Nasu admitted:

'If you look at counsellors like us we do whatever our client wants because somehow we want to fit in right? Because what we are doing is not fitting in' (70).

We also evaluated our professional ability and the therapeutic effectiveness of our work. We resolved to serve the needs of various clients even if it was not in the 'taught' understanding of the therapeutic process. Sunya described his experience of 'express sessions':

'I call it express sessions, you know, because it's more like their visit to the doctor. I come, I sit with you, I am ready to spend two hours with you and we'll find a solution for it. And there are some sessions where I have sat 2-3 hours. "I am willing to pay you on an hourly basis, 3 sessions lets finish it off, I don't have the time to keep coming back to you" and it happens with highly educated clients, they are ready to sit 2-3 hours. They want to find a solution and they are not willing to come back.' (71)

When viewed from a different perspective, it was found that the client had a dominant role in determining the rules of practice; the counsellor had the choice to either be assertive and follow taught standards of practice or accept the reality of the situation. This dilemma was found to be resolved in favour of the client. The pre-conditioned knowledge of societal implications for the participants, to give help when help is sought, rather than insisting on taught practices, enabled an effective therapeutic process.

Surya observed, *'If you have a little anxiety, depression and all, it's mental illness in India' (72).* And Irma suggest that: *'It also comes down to that whole thing of taboo, in our culture where going for counselling or talking about counselling where we are supposed to*

have this persona of having it all.' (73). This demonstrated that there is stigma attached to going for counselling and seeking help psychologically (Refer 1.1.2). Nasu had a similar experience: *'A lot of my clients used to hide and come, they never used to tell their husbands or wives or families.'* (74) This reconfirmed the fear of being judged.

As discussed earlier, seeking psychological help was not an impulsive decision. It was a decision that was made after evaluating the 'problem' and eliminating the social availability or the lack of: a family member, friend or someone in the extended family or social circle that could be consulted first, to resolve the 'problem'. The 'problem' required justification to warrant: talking to an 'outsider' (counsellor), and paying for the service. Sunya used folklore to describe this:

'Counselling is bigger than any problem in our culture... women used to go these ponds to get water and the older women will be available there, the newly married has to come for water, in villages that's the saying. They have to come there and there you can get counselling free of cost.' (75)

This triggered a discussion that helped the group understand why people hesitate in seeking psychological help. Vini felt that:

'For a lot of people it is, you should have gone through a huge big trauma...then it's acceptable. If I have lost somebody in an accident or if someone has died then it's ok.' (76) and *'then it's warranted to go for counselling'* (77) and Irma agreed. Surya gave other incidences that clients had mentioned as their reason for seeking counselling, *'you are on the verge of a breakdown... Like failing in college'* (78).

Nasu reiterated that even in these situations, that seeking counselling was most often the last option, *'we still have that mother to call, the aunt to call, we still have that friend to call, and so the first phone call is not to the counsellor. That's something we need to, as counsellors, incorporate, or understand and accept as our reality.'* (79)

Ironically, this was seen, even when the participants sought counselling. Their decision to seek counselling was a personal one, made after detailed assessment of their needs. This 'pre-self-assessment' was also observed with clients. This seeded a sense of uncertainty in the members about the need for the profession. The question that arose was: 'What does it mean to be a counsellor in India?' There were various practical responses to this existential question; however, there was insufficient evidence to validate any particular perspective. Prem reflected on his social interactions that gave him some insight:

'I think there is a lot of feeling from many people that we don't have to go to a counsellor. Well, it's like "come on, if we need support we got my neighbour aunty, we could go there," this person can do, that person can do and counselling provides you that support as well. What they are coming for and they don't realise, "well there is something that I need to change because it's actually through my faulty thinking that I am going through this, not through a lack of support." Going through that is good, but people initially come to you for counselling only to get support. Only to kind of see that, "help me out again" and that seems to have come pretty much from all the networks that you've got. And I think that by itself puts us in a place where, "alright! are you really needed? Do you need to have a profession very specifically for this?"' (80).

The group found that there was a difference between support, received from a member of the family or a friend and the therapeutic relationship that was developed in counselling. The counsellor continued to be viewed as a threat: where family secrets were concerned and to the value placed on relationships. The group acknowledged that there would continue to be families that felt threatened when their loved one sought help from a counsellor. The view of all participants, as counsellors, was that they would encourage and validate the positive nature of the family and any

other valuable social support network of the client. Vini for instance iterated:

'I look at it as their support system and encourage it. They feel like "Oh My God you are going to a counsellor, Oh My God you are going to a counsellor", A lot of families get anxious that their child is going to a counsellor, they are threatened that the child will not talk to them, not share with them and they are talking to someone else right?' (81).

5.2.J.4 The Significance of 'Family' In Indian Culture

The family is still the strong hold of Indian society 'Families' include person related by blood, those related through law and friends (Olson, 1997). The 'family' as a social institution influenced the participants, their clients, and their therapeutic interventions. The participants gave the 'family' a primary position in therapeutic practice. They understanding of the structure of the family was 'an intricate web of influence' that acted as a support and could impede or spur personal growth. Irma validated this:

'Our culture where family is given soooooo much emphasis, you will do anything to protect our families even if it mean to swallow abuse' (82).

The experience of pressure from family was seen to have caused confusion and conflict in members and their clients. However, it was still found to be pivotal to society's functioning, and therefore, to our own functioning. The members felt attached to and influenced by their families, which, on reflection, they found, influenced their counselling styles and frame of reference. Prem examined it as an outcome of culturally learnt behaviour which was reinforced and maintained as a systemic structure:

'In a way it is cultural pressure isn't it? Cultural pressure that requires us to be in a certain kind of relationship with certain kind of people!

With mum this is the way, with dad this is the way, with siblings this is the way, with spouse this is the way with children. So though we kind of feel totally the opposite we still maintain what we need to kind of do without too much of questioning which we kind of take it for granted, which in a way helps the family going you know in relationships' (83).

This development brought to the fore a framework of relationships that could not be graded, as experiences differed vastly. Some experiences, shared by members, demonstrated the prominent role of, the family or particular members of a family. Sunya related:

'My mom asks me for something and at the same time my sister also wants me to be there for something, I can't say no to them. I have to say yes yes and I will have to do it, I can't say no. You say no to me? It's not worked out! Being very assertive hasn't worked out. Mom says very clearly "keep your assertiveness outside the house and come back (laughter) it doesn't work here"' (84)

These were reciprocal relationships and it was against social norm and family expectation to deviate from them. Discussing families was a sensitive subject, even in a cohesive group like ours. Experiences and feelings related to this were kept well-guarded. This was a general representation of an 'Indian family', and the family system. Although this was not ideal, it was a system that existed for centuries and continued to influence its members. This family influence was distinct, personal and varied based on the subjective experience of each individual member or their client. Nasu expressed some social norms that were taken for granted, *'looking after your parents is normal'* (85). Prem emphasised this:

'Our Indian culture has come up with this concept where we have the eldest who we go to, we ask them and we listen and we follow. We don't really question much as to "why I am supposed to do it that way? Why am I supposed to do it this way" I just do it because I

should do it this way without diminishing our ability to think and stand out more. We are very sure and we are very aware that that we have the ability to do things on our own and we just do it. And I think that is a very good blend of listening and thinking on our own which again comes into the aspect of our practice.' (86).

5.2.J.5 Changes in the Existing Family System

The family system is dynamic and structurally changing from a joint family system⁴² to a nuclear family system⁴³ (Patel, 2005). Ophelia shared the changes that she experienced in her family:

'As everyone was talking about the whole community and the joint family and who do you go to and stuff I was feeling really sad, because I have already seen the breakdown in my family, it's now just my brother and me, so if you ask me to go talk to my aunt about some issue that I have to get help, because that's clearly not what I would do. So I feel that in our generation it's already broken down, and the therapist's role is more prominent now as opposed to before. As Irma was also saying, to have that understanding that this was how it was before and there is a change happening and we need to be aware of it, and accordingly help this person.' (87).

These were examples of everyday experiences that were influenced by the India's social, economic and political growth. This impacted the personal lives of the participants and their practice. In order to accept these changes in the social structure it was necessary to make changes in the social reality of counselling practice and in us (counsellors), as we were the medium of that therapeutic process.

⁴²Joint family: the joint family consists of persons have a common male ancestor, female offspring not yet married, and women brought into the group by marriage; generally live under one roof, who eat food cooked at one kitchen; and related to one another by property, income and mutual rights and obligations. (Desai, I. P., 1990)

⁴³Nuclear family: the nuclear family consists of two parents and children.

Prem reflected on his understanding of this change and the role confusion associated with it:

'You know things have changed, where things have changed, you know we are going to come in, our profession is going to make sense and meaning. I don't know if we should see ourselves as somebody who is like a friend, a brother or a sister in a way of expressing our concern or support way more than to have that stand off-ish professional concern and courtesy and leave people there. And then if we are going to do that we are not going to make too much sense in providing people with what they intrinsically used to need and receive, because otherwise I am not sure if we are fulfilling what we are needing' (88).

This articulates the confusion and complexity of thought and understanding of the participants who felt the impact of change in the social context. They faced a dilemma in choosing between a professional stance that only adhered to what was taught and a flexibility that incorporated the influence of societal norms. Both required approval, one from society and the other professionally.

5.2.J.6 Spirituality

I have considered spirituality as universal in this research for two reasons: All participants were believers in one faith or another; majority of clients seen in counselling by the participants were also believers. As Prem described: *'them who are very reliant on God they also have that sense of fate. This is how it is, there is nothing you can change.'* (89). I recruited the participants based on their professional work experience and not on their religious affiliations or spiritual ideologies. I explained to the group that: *'It will just be part of whatever comes out of the data because, I am not working on spirituality or religion, specifically'* (90). We recognised the influence spirituality had on participant in counselling and coping methods, which was different for each individual. In my personal experience I

have found that spirituality is one of the strengths of Indian culture. I was conscious of the vastness in the understanding of spirituality in India. My understanding of spirituality was the reference it had to our everyday lives and to our mortality. Its role, rituals, religious practices and perspectives of a higher source were expressions that are beyond human understanding (Piedmont and Leach, 2002). There were no disagreements among participants about the role of spirituality in their own lives, their clients' experiences and the therapeutic process. Each one acknowledged that faith was a subjective experience. Sunya believed: *'If God wants you to go through that, accept it.'* (91).

The concepts of 'fate', 'destiny' and 'karma' were unanimously accepted as part of life, being inevitable, as they were pre-destined by a higher force, defining the cycles of action and consequence. The acceptance of these ideologies was not based on the participants' religious affiliations but through a collective cultural viewpoint. Majority of the group, being Christian, chose to understand the cultural meaning of karma (essentially a Hindu philosophy) as it was understood by a lay person⁴⁴ in India, irrespective of their religion. This was discussed only for professional clarity and not as an ideological definition. The following dialogue highlighted cultural perspectives of karma among the participants.

Nasu clarified her understanding of karma: *'We came to a conclusion that karma is completely cultural to our Indian context right? It's has no caste barrier or by religion... If I said do you believe in what goes around comes around?'* (92)

Prem clarified his understanding from a Christian perspective: *'I think that for many Christians karma is something that many Christians do not believe in but you are actually looking at karma in another way, it's just that you don't believe in a karma that is not going to kill you in the next 10 generations but you believe in a karma that is going to kill*

⁴⁴Lay person: not of any particular religion

you in the present generation so in a way, I like the way you put it, it's an Indian mind-set, world view. It's an idea, though I would probably, if somebody asked me do you believe in karma? I would say no I don't. But in practical aspects of it yeah I might.... Yeah I do!...Yeah that's actually karma, that's what I was just thinking about how interesting, how interesting, being an Indian is being an Indian. It's very true.' (93)

Sunya had his own interpretation of karma from his Christian perspective: *'On karma? I believe in... because of the faith dying many time, dying many times, it's very biblical, where there are too many rebirths I believe in that, but I never take it to therapy.'* (94)

This understanding gave a spiritual boundary to the participants, in practice, and an understanding of their clients who assigned 'bad' or 'evil' things to a higher source, in order to enable them to cope better. As an Indian counsellor Nasu used the concept of karma in her practice:

'I see it coming for me simply because I feel like this profession is so scary, in the sense that the other person comes to you with their lives, and you have the ability to do good and you have the ability to do harm and if you don't know where you are standing and you do harm. It's kind of scary because you know there is always a conscious reminder saying "be careful where your line is, be careful where your line is, don't do harm." Even the aspect of confidentiality and things like that! I think, because of introspection and introspecting and things like that and looking at it backwards, I kind of think that if you hurt that person, it is going to come back to you at some level. So it's almost like a preventive measure, like a conscious measure.... I see that play out very often.' (95).

The motive of each member in this group was to do 'good'. Their intentions were always good, even when practice was challenging. Since counselling was confined to individual interaction, the

participants felt accountable to a higher power. Irma expressed how her awareness of this kept her grounded in 'good' practice:

'I believe that what goes around comes around... it's always there at the back of my mind I cannot do something that I am uncomfortable with. if I have done something that I am feeling uncomfortable with I will address it with the client in session or I will talk about it, with somebody that I know that would help me deal with that because that, that is a guilt that I don't want to have both personally as well as professionally.' (96).

When the influence of spirituality in a client's life was being questioned, there was, often, a parallel process of introspection by the participants. The participants expressed an inability to answer these philosophical questions; questions that were in their own minds, because this concept was an ambiguous one. Surya drew attention to his dilemma:

'This whole thing of what comes around goes around so often it's come that some people are in deep trouble and nothing is working out and then they ask "is God sleeping?" and then "when does it come around, it's only going." Then what answer do you give? Then how do you, then what happens to karma and faith?' (97).

These were times when the participants consulted the 'elders' of the family or society to find answers to their questions. The participants then adapted this to their clients' context within the therapeutic relationship. However, it was agreed that cultural and spiritual influences were discussed in a session, only if they were topics that clients brought to counselling. Vini reiterated: *'I don't talk about karma or think about it till the client brings it up and talks about it... but personally I believe in it.'* (98).

Spirituality and religion were seldom separate and the members did not feel any particular affinity to clients belonging to the same

religion as them. Their experiences showed that clients, on many occasions, were curious about the religion of the counsellor. This was understood as 'learnt cultural interaction,' brought into counselling by clients. Sunya laughed as he related frequent incidents of clients' curiosity:

'Some of them ask... "Are you Christian? Are you Hindu? Are you Muslim? Three questions he asked me but he said you may not be Muslim because your name is Sunya. Are you Hindu or Christian?" So may be that plays a role in their session, because a particular student wanted to know if I was Christian or Hindu.' (99).

There were occasions when clients asked to see a particular counsellor within the organisation because they wanted a counsellor of a specific religion. In Prem's experience:

'Some of the intakes that come to our company they are very specific when they ask, I want a Christian, I want a Hindu, or a Muslim so we've had people who have asked very specifically for that.' (100)

These were realities of practice that the participants accepted and were neither offended nor surprised by them. It was evident that spirituality and religion were important to most clients who sought counselling. The members were surprised at the similarity in their experiences. They used spirituality and faith in their professional practice, based on client sharing, irrespective of their personal beliefs and religious affiliations. They were proud of their ability to use spirituality effectively as a therapeutic skill. Vini explained where she found the use of these skills effective:

'I have used faith when clients are very distressed and they don't know if they can speak about their faith or they are not sure if they can in the session. But a lot of them want to know if I am from a different religion that they are from and they can talk about it. Like I had a client who was Christian and she wasn't sure if she could talk

about her faith because I am Hindu.... And also, another client asked me what my orientation is and what my belief in God was.... So we used spirituality to help him out in the session. But, knowing that I am from a different religion didn't make a difference.' (101).

The distinction between spirituality and religion for the participants was unclear in the reality of their practice. However, it became evident that curiosity and knowledge regarding these, helped establish rapport and confidence in the therapeutic relationship. These were social practices that were incorporated into their counselling practice. The participants had to establish boundaries that prevented personal familiarity and used the rapport established to enhance the therapeutic process.

5.2.J.7 The Use and Influence of 'Language'

In counselling the participants observed that, 'language' was understood differently in different contexts. It was found that the counsellor-client rapport was influenced largely by language: The language of counselling; a formal tone of voice and the appropriate use of jargon. These were dependent on context; issue; experience; philosophical/theoretical orientation; ideologies and skills development. Ophelia expressed her concern with communicating commonly used counselling jargon with her clients:

'I had to explain to this person what the 'should' means or what the 'always' means... it's their literal understanding that they translate into English, so it was difficult so I had to use something else.' (102).

English was the primary language of communication used by all the participants: English is an official language in India and our counselling training was in English and most often, clients spoke English, as Vini explained:

'I talk in English... most of my sessions are in English... there are ones that speak English at home, have grown up speaking English you

know, you know, you have a mother tongue but most of them speak English with their parents....They also think in English.' (103).

There are other languages that the members of this group spoke and counselled in: Kannada, Konkani, Hindi, Kodava, Malayalam, Telegu, Tamil, Tulu and American Sign Language were some of them.

Language was found to be influenced by culture. Nasu relates:

'We just don't learn one language, just one language that we speak in, think and respond and understand, because even for some people who can't speak Hindi like me, if somebody talks to me I can follow. I am not struggling.' (104)

The participants spoke the above mentioned languages and used them frequently to counsel. Adaptions in language were based on client comfort. If clients spoke multiple languages but were more comfortable with one specific language, especially when talking about issues that were distressing, the participants responded in the same language if he/she was conversant in that language. Sunya found it was beneficial that he spoke multiple languages:

'In my setting I get parents who speak different languages... I know this client speaks Malyalam, then I start with Malyalam... or I say shall we talk in that language, and then you can see they are very comfortable, they will be relaxed, and start talking. I think that is something that most of us have.' (105).

There were some clients who thought and spoke languages that they were comfortable with and could only have had a working knowledge of English but did not speak it fluently. When the participants were not fluent in the client's spoken language they made an effort to understand and respond in English. Vini demonstrated how she adapted to the clients linguistic needs:

'They speak in a different language and you know it's just at that minute 'oh it's a different language? Yeah yeah' ok I understand the language.' (106).

The knowledge that the participants were able to communicate in the language that made their client feel most comfortable, instilled confidence in them. It reinforced confidence in their professional credibility and accessibility to a wider population.

The participants' understanding of the clients' cultural language was found to be ingrained from personal experience. For instance, recognising the client's cultural and therefore language, background from their physical features, accent, dress, among others. There are several communities, each with their specific culture, physical features and language in India. It was impossible to know and understand every community, their behaviours and customs. However, there was general knowledge of most social structures that was acquired over time and with experience. The participants made quick mental assessments of their clients, which enabled them to respond appropriately. Nasu found it difficult to articulate this understanding as it came naturally and was not learnt formally:

'There is not a single theory that we learn that addresses a multi-cultural population like ours. They say, "understand your client", but what does that mean? I couldn't possibly say, "you come from Rajasthan, tell me what it's like in Rajasthan" because from when you are a child you are aware of what people from Rajasthan are, approximately, like' (107).

Sunya gave a common example: *'I think most of us know. You look at a Malyalee you know, she is Malyalee.... (laughter).... You see from the curly hair, the skin colour, the attire.'* (108).

A base of information was developed from exposure to various cultures over an extended period of time. The social structure, norms

and rituals in various communities, was important to participants and their clients. When used appropriately in the therapeutic setting, clients felt validated. Sunya explained his thought process when meeting with a particular client:

'When they talk about their family issues, you can easily understand that they are staying in a very big family, there is literally no space in his home for him to study, so we will be talking about, "do you have a table of your own to study?" And they'll say, "what table? There is only one room in the house, the room is the house".' (109).

This gave a clear understanding of the client's circumstances and validated the initial mental assessment Sunya made. This was a sub-conscious understanding of the client's culture. Sunya then moulded his counselling skill to suit the client's needs. There was no evidence to show that a formally modelled counselling routine would be useful for the above client. The initial observed assessment of the client prepares Sunya. Similarly, by asking limited questions, Irma became aware of the client's circumstances and pointed out:

'It does make it so much easier and we are able to understand, we don't need to do much exploration.' (110). This, avoided putting the client through social awkwardness of verbalising his/her cultural background.

The group felt a particular sense of pride when talking about language. They were gratified at being able to see clients from different social and cultural backgrounds experiencing little difficulty. The influence of language and the response it elicited from clients reinforced professional motivation. Sunya's experience particularly resonated with the groups:

'Most of us have the ability to speak more than one language. The environment itself is multicultural; from my place to Bangalore there are so many different cultures and all their cultures, all their diets. If I

go to Tamil Nadu I can very well fit in there because I can speak their language, I am ok with their diet. If I go to Mangalore I am ok with that. I am fine with that. I don't know. Bihar I have been, I have been alright with their food culture. I can speak their language. The moment you can speak their language they are ok with that. And when we went to MA... The welcome drink was rice beer unlike us here, we would give you water, coffee, tea or juice there we were given; it was not a surprise like what is this? It's rice beer. We were not culturally shocked you know, "you are giving beer in the morning." I was not shocked.' (111) Sunya suggested that developing this understanding of culture in India would be challenging if the counsellor was not Indian or was not exposed to the Indian culture:

'The foreigners they ask, "There are so many things, why do you want to do so many things?" But it's the structure we have here; we can't just do away with that.' (112).

The participants possessing the ability to address the needs of the client, in a way that was culturally effective was an insight that was brought about by the group sharing: The use of 'local stories', analogies, words and phrases; understanding what was being said rather than the literal meaning of the words spoken. Sunya examined his practice which was an Indian understanding of a Western theory:

'I use a lot of narrative therapy and I use a lot of 'local stories', I use a lot of Kannada, whatever language comes to my mind, you know, words and phrases; sometimes it helps them when I use stories. They smile and they say, "ahhh, I know where you are coming to." I say ok, slowly you think about this and come back.' (113).

Language helped break down social barriers and made the service accessible to a wider range of people who were in need of it. The art of navigating through multiple cultures was challenging, and the stigma associated with seeking and accepting psychological help and having to pay for the service, was colossal. Participants ensured that

counselling, as a profession, was sustained through their clients' satisfaction of their professional experience. Ophelia described her process of working effectively with Indian clients:

'I feel is that I like that whole thing about getting the 'buy in' from the client. Till they like it they are not going to listen to any of what you say. So I look at it like, "I am selling you a service", I know somewhere at the back of my head that is it, and I think one of my strengths is getting that 'buy in'. I trust you and I know that you will help me through this or we can work with each other through whatever this is. It's that collaborative thing.' (114)

In our experience, a collaborative therapeutic relationship was a progressive change that was seen in India. A tremendous change in the attitude of clients towards counselling was seen in the last ten years. This was manifested through the public acknowledgement of mental health issues, in local newspapers, magazines, radio and TV. Yet, we witnessed only marginal growth in awareness about it in society and a continued reluctance to accept that counselling was an essential health service, in India, today. However, the rapidly growing Indian economy, information technology, globalisation and Westernisation were factors that encouraged people to access psychological help to function effectively on a daily basis. This was found to be true especially with the working population. Prem who worked primarily with corporates noticed:

'I think, with a lot of globalisation that we are into at the moment and the incoming of MNC's⁴⁵ and we are our own fellow Indians are beginning to see ourselves, on par, with terms to our abilities to perform any task... people are able to see, sort of, that it's not purely knowledge that matters, it's the confidence that co-goes with the knowledge that matters and when you learn to feel your sense of

⁴⁵MNC: Multinational Corporation

worth or your level of confidence or your level of self-esteem, it is something that psychologists do. So go to them and ask them to help you out.’ (115).

5.2.J.8 Changes in Family and Use of Technology

The gradual change of mind set was seen to be largely driven by technology and media. Information was easily accessible and answers were available, in a private sphere, through the internet. Although this was contradictory to the traditional functioning of ‘asking an elder’, it had some positives. Some clients were seen to use ‘Google’ for answers. Vast quantities of information, on the internet, acted as a double edged sword. Some clients liked to present their problem with information from the internet. This was evidence that they were aware of what their problem was and that it justified external help. Nasu’s client’s stated: *“I have been reading online and I read that, from the symptoms that I see online, I have OCPD⁴⁶.”* (116) And, Sunya’s client requested a form of therapy popularised through the internet: *‘with counselling also, they are quite aware that, you know, I want Jungian or I want Psychoanalysis’* (117).

The internet was seen to be useful, in finding support networks, especially in cases where clients felt isolated. Sunya validated this:

‘It helps, because in my case the students... I would say come talk, they say “because I would talk all about science, and nobody seems to be understanding in my class or my surroundings” I say why don’t you google and find out I am sure there will be some groups that are all about people who love science... a week later he had so many friends who he could meet, weekly once, for one hour. Those kind of things; and one day he showed me some of the things they discuss, I didn’t understand but it’s all over.’ (118).

⁴⁶OCPD: Obsessive–compulsive personality disorder, also called anankastic personality disorder

The growing development and access to technology was seen to be a universal phenomenon. All participants used it as an aid to help them cope, effectively, in their practice. The above are only some of the varied experiences and influences that altered or modulated our counselling practice and counsellor experiences.

5.2.K Strengths

The participants continued to develop the ability to allow their motivation and belief, in the positivity of the profession, to drive their practice. We used the tools that were learned as counselling skills together with the imbibed knowledge of cultural practice. When taken apart and examined, the harshness of reality becomes apparent. The perseverance that developed was a combination of strength of mind, body, spirit and culture. I attempted to view this embodiment from an introspective and observant position in collaboration with reflective knowledge and the experiences of the participants. It was an experientially reflexive and emotionally insightful process. I chose to call this embodiment 'strength' and the perspective a 'strengths perspective'. Strengths, described in chapter 2, (Refer 2.1.6), were reinforced by the participants through our subjective experiences and understanding. It was acknowledged that counselling theory focused on strengths even if they were not explicitly labelled as 'strengths'.

5.2.K.1 Defining Strengths

We focused on what could be defined as strengths in the person of the counsellor; as a practitioner; and cultural strengths within the social reality. I explained that, because: *'the word 'strength' is 'over-used or ambiguous or can mean many things. It doesn't necessarily mean one thing.'* (119). Vini understood strength as: *'anything or anyone that helps me handle something more effectively than when I could or did in the past.'* (120). Similarly, each participant had their own understanding of strengths. Sunya: *'what I am gifted with, it*

could be intellectual level, physical level, emotional level, spiritual level and social level... feedback and values' (121), Prem: 'any characteristics or qualities or beliefs of mine which is enabling....situational and contextual... innate or strength which I have kind of trained myself into.' (122); Surya: *'A positive something that keeps me going and something that helps me to cope.'* (123) and Irma to whom it was a mechanism: *'to cope or to better what I am doing, even after I don't know what I had and what I have acquired.'* (124).

Vini reflected that: *'awareness and acknowledging are two separate things; if you are aware of your strengths then you will know that they are there... Doing the subjects that we are doing, our level of awareness is high so we do know that there are strengths but... then when someone else from the outside says it, you do not really acknowledge it but we are aware isn't it?'* (125).

The participants' expectation that counsellors 'must have' this awareness of identifying one's own strength was an 'ideal' one. However, we felt that society reinforced certain strengths that were perceived as valuable. Prem argued that: *'the understanding of strengths for me is, like, it should come from somebody else.'* (126). Vini insisted that, irrespective of social validation, counsellors needed to identify their own strengths and discover ways of reinforcing them. There are some 'strengths' that needed to be validated by society and some that we, as counsellors knew and validated. Nasu recognised this:

'One being aware and being able to identify it for ourselves, and one being able to talk about it.... Because if you are able to identify what you are good at and you are able to say what you are good at, you get to do what you are good at.' (127).

The lack of acknowledgement of strengths, whether it was validated by others or identified by us, was seen as *'a form of pride'* (128). *'We*

are too humble to accept it.' (129). The group accepted this as a cultural influence. If a strength was noticed and pointed out by someone who was respected, the value given to it was greater. Nasu quoted an adage in Kannada, '*shanka dinda bendre theertha*'⁴⁷ which meant people respect validation only from people they value. Vini, after almost ten years, recollected: '*I remember TSG*'⁴⁸ *saying, "everybody has strengths... everybody has strengths" maybe we have different strengths but we all have strengths.*' (130) and Nasu felt a sense of pride repeating her mother's advice:

'my mum always told us, from when we were small, she said "everybody has something nice about them, it can't all be bad, so if you don't have anything nice to say keep quiet or pick one thing out about that person that you think is nice and tell them."' (131). These statements were absorbed and valued, by the participants, without question. They were regarded as social anchors in our family based society.

5.2.K.2 Recognising Participant Strengths

After weeks of introspection and reflection the members channelized their thoughts into discovering areas of their personal and professional lives, which they considered as strengths. In the cultural context of this research it was a dedicated effort for each member to delve deep into themselves to discover what they considered aids to their lives and practice. The safety felt in the research group encouraged and facilitated members to talk about their strengths. The experience of participants, of Indian society was, that it did not encourage talking openly about what you are good at as a person. The awareness of possessing strengths was generally personal and not verbalised for fear of being judged socially. Surya observed: '*I*

⁴⁷'Shanka dinda bendre theertha'- Literal translation from Kannada to English – 'It's considered holy water only if it falls from the conch'

⁴⁸TSG: A member of the teaching faculty at Sampurna Montfort College at the time.

think it's just imbibed, who tells you not to talk about these things?' (132).

Irma agreed: *'It was very much implied and it was practiced by them, especially my dad actually and he didn't like it when people talked about themselves, this is the whole thing, this is a family thing... how I understood that. It was ok for me to not talk about myself, and the good things that I do but it's ok to talk about the stuff that's not very good because then I am not considered to be a boaster. I can see that very clearly.'* (133)

Sunya added: *'we were also told to be humble and look at your weaknesses rather than blow up your strengths.'* (134). Therefore, in the group, it took a long time to establish, that talking about strengths was a valuable exercise and that it was 'safe' to do so. Prem questioned: *'So it's very important that I, as an individual, understand what my strengths are in whatever way it is?'* (135). A few strengths were listed, highlighting those that were recurrent.

The lists of strengths that follow are a concise extraction from the data, over weeks of sharing. They evidenced the in-depth introspection and reflexive exertion that each member experienced. The internal working structure: of the individual; as a counsellor; and in social reality was communicated. Personal characteristics found in the participants, required for the person of the counsellor as evidenced in literature, acted as a catalyst to reflect on and verbalise their strengths. Surya was initially self-conscious about her sharing:

'I am persevering, I'm hard working, resilient, open, genuine, now when I am stopping to think I think, wow!, I actually don't take time to think of strengths.' (136)

Motivated by this thought process, the other members felt confident to talk about their strengths: *'caring, being helpful and being generous and being motivated helps me to look for growth.'* Sunya

(137); *'I am actually quite an understanding person... I tend not to judge people...what I think I am good at and stick to my guns.'* Irma (138); *'I have realised that that is my strength... sense of intuition that comes like an instinct that's in the gut.'* Ophelia (139); *'determination is one of my strengths whatever it is and however hard it is I will see it through. It doesn't matter what may come my way.'* Nasu (140); and Prem whose strengths were out of choice: *'I choose to be non-judgemental, I choose to be patient, I choose to be calm'* (141) The insight gained from verbalising personal strengths, led to exploring other areas that were supportive to us as practitioners. The two common support structures that emerged from this were family and faith.

5.2.K.3 Socio-Cultural Reinforcement of Participant Strength

Family played an important role in sustaining professional and personal values that were instilled in all the members, from birth, by this institution. It was Vini's primary source of support:

'My strength is my support system, my friends and family and the acceptance that they have...and the fact that they understand the kind of profession that I am in and what it takes..., it is taken for granted that there is family. Even if you are not staying with family, you get family support.' (142).

Family included not only people who are related to one another by blood or by law but also those that are in immediate proximity or friends (Refer 2.1.K.3). Vini explained further using her client's statement:

"I stay in a flat but this aunty, this neighbour helps me, this neighbour uncle helps me, you know sometimes they are annoying and intrusive but they are also helpful, they give you food, if you are sick they help out." So I think that's very cultural isn't it?' (143).

Sunya drew his support from faith and the values he held: *'my own faith and my openness to others, tolerance, and respect; and the policy of live and let live.'* (144).

Faith was a personal belief and was relied on as a source of unfailing support as explained above under spirituality. This was a common to all members.

Surya explained that for her: *'Prayer to a great extent, then I would say family and friends. And one thing that I feel is really a strength is that I take one day at a time. Because otherwise it becomes too much to cope.'* (145).

Ophelia echoed: *'And seeking guidance from a higher power, I think, that is definitely one of my strengths.'* (146).

This sense of faith manifested itself in the participants and was culturally reinforced. Nasu drew attention to the everyday cultural representations of faith in society:

'In any shop, any home, any car, what is in a prominent place is a picture of God or a symbol, Hindu, Muslim, Christian, it doesn't matter.... I'm dependent on faith or spirituality, I depend a lot on that in my sessions because most of my clients are believers and have faith so it's also something that I take for granted that they have faith... "I will go back to God."' (147).

It acted as a 'safety harness' for participants to fall back on in times of need. Surya conceded, *'sometimes, now, when I am a little stuck with a client I just whisper a prayer and everything I have forgotten that I was stuck, and things just go along.'* (148).

Personal and professional practitioner support was found to be embedded in the cultural understanding of the social reality. There were ways of working that were defined by social need. And as counsellors, fulfilling these needs was natural. For instance, working

hours, *'we work 24/7'⁴⁹* (149), perceived as unhealthy by the participants, were however mandatory in profession. Nasu noticed: *'I realised that nobody here gives you a break for anything, so you keep working.'* (150)

The reality was however that there were difficult circumstances in a growing profession. The ability to cope with this was perceived as strength. Counsellors, in certain organisations, as mentioned above, had multiple roles. Most often these roles were conflicting: such as being a teacher and a counsellor at the same time; one needed to evaluate and the other required a non-judgemental attitude. It was considered a strength to be able to balance these roles and continue to command professional respect.

Sunya was relieved that he managed this balance effectively: *'fortunately, so far, most teacher have their names written in most places with adjectives, they understand that I play a dual role but I play the counselling role better... it is a collective strength.'* (151).

Vini agreed: *'we do a lot more, we are expected to do a lot more but we don't have as well defined boundaries and well defined restrictions that the West talks about.'* (152).

5.2.K.4 Validation of Participant-Practitioner Strength and Adaptability

Conflict was felt when the participants compared experiences from counselling their training to the reality of working in India. Societal needs were integrated and intricately woven into their practice and therapeutic structure.

Prem averred: *'I think we are very integrated, in our approach. We, kind of, choose what we need and we filter out everything else.'* Vini agreed with pride: *'That's what makes us different isn't it? We are*

⁴⁹24/7: 24 Hours, 7 days a week.

able to integrate and come up with an eclectic theory of counselling, which itself is beneficial to our population. It's good isn't it?' (153).

Gradually the participants began to recognise the value of their practice and felt validated when their clients became responsive.

Prem stated:

'When a client is coming in saying "ok I am going to be helped" ok we don't have to do too much work with them, to build that rapport, build that kind of trust, it is taken for granted, "I am here, this is what should happen and I expect it to happen." Even otherwise whatever you say should be right. "I am not really going to dispute it way too much" those are all very positive like you know that itself begins the healing process.' (154)

Nasu acknowledged: *'if we weren't culturally resilient, I don't think we would all be counsellors today.'* (155).

The consensus that we as practitioners were resilient was a breakthrough in the research process; it reinforced confidence in the group. Prem reiterated:

'Our level of resilience is way high. In spite of all the hardship, we still go through with it. You know it is weighing too heavy on you but you still go through with it...Hardiness... I would use the word adaptability, we have adaptability, we are very quick to adapt to people and I see that. It's like, if I am working with a client of certain kind, or a different kind at another time, I can just speak the language very quick and I also remember having worked with one or two whites and others and it worked. I can adapt! No big deal! And so how come? How is it? It's for all of us; we can just take it that easy.' (156).

The word 'adaptability' brought about a turning point in the group discussion. Ophelia perceived it as: *'our sense of flexibility.'* The members were proud of what they had done so far, professionally.

They considered their practice, and their abilities to cope and adapt; a form of cultural pride. Vini clarified:

'I understood the whole adaptability thing, like, everyone was talking about. I hadn't thought about it at all till we spoke about it. You do think about it but not think like this... as a strength.' (157)

Irma was surprised: *'it just happens, just spontaneously or automatically even, we don't pay attention.'* (158)

Prem agreed: *'we, kind of, take it for granted, 'oh we are different, I am different, what is the big deal? That's ok you know!'* (159).

This realisation was empowering for the participants and transformational for the research. As stated earlier, there were cultural values and practices that influenced the practitioner in practice in India. The counselling narrative was based on communication styles of the counsellor and the language used to counsel. Ability to communicate in multiple languages, as discussed above, was also a strength that the participants took pride in.

Another strength was adaptability, it enabled the participants to integrate the use of alternative healing practices in the therapeutic process. The integration of alternative healing practices were not formally structured in the counselling training programme, but were learned from practice-based evidence in India. They were used with discretion, only when the participants felt that they would benefit the client. We used alternative practices such as meditation and breathing techniques on multiple occasions:

'For anxiety we do a breathing technique or a relaxation technique.'
Nasu (160);

'I do mindfulness.' Irma (161);

'I have used it with teenagers I have used it with people about 30 someone who is 55, across all ages... all kinds of breathing exercises.' (162).

The use of these techniques was also used as coping mechanisms by the participants especially for Irma: *'Yoga, I did therapy and yoga simultaneously which really really helped me.'* (163)

Cultural adaptability ensured that, irrespective of the community or social status of the client, the participants were able to adapt to and accommodate the client in an atmosphere that was most conducive therapeutically. We found that we used every available measure to ensure the wellbeing of the clients'. Irma stated:

'There aren't many measures in place, you know that, social measures in place that we can use if we have clients that are facing certain difficulties so we have to in some ways help them work around it and we too have to work about it. Which I suppose contributes to our strengths as therapists' (164).

Vini added: *'I mean you have to do some social work especially in times of crisis.'* (165).

There were cultural nuances to practice in India that were valued as strengths by the participants. One such strength that we, as counsellors, used in our practice, was, that we showed concern for the client's well-being. This came naturally and was a source of pride to us:

'The cultural thing with the clients if it gets late, then we ask them how they are going home even, that we want to know that the client goes home alright.' Vini (166)

Prem described this as: *'the warm feeling, the warmth that is something that is very cultural as well. And these are things, that kind of things, that make the client feel very warm and, you know, you,*

kind of, ask them "how are you doing" "was the traffic alright?" (167).

Nasu agreed: *'you always ask the client "how are you going back or will you be alright going back?"... You don't just say, "See you next week and shut the door." You know, if the surroundings are dark you will walk your client out... they are all cultural strengths.'* (168).

These reinforced the belief that the participants were resilient, caring, effective and warm despite challenges in the work environment.

5.3 Cultural Understanding of Clients and Therapeutic Boundaries

From the above, it was seen that the family based social structure had communication patterns that are unique. The systemic functioning was inclusive and interesting. However, setting boundaries and defining formal codes of communication were seen as challenges.

Evidenced counselling practice drew lines in communication between client and counsellor, where, the client had a safe space to talk and the counsellor listened attentively and revealed personal information that would be therapeutically useful for the client (Brems, 2001).

From the participants' social experiences curiosity was considered natural in Indian conversation. This experience varied depending on particular cultural backgrounds.

Sunya said: *'It's my experience that people who I have met, for not even 5-10 minutes, will ask 'where do you stay?'* (170).

Professionally, client curiosity was used as an ice-breaker for their sharing, and building rapport. It bridged the transition between talking to a member of the family and a professional. It gave the clients a sense of comfort, since counselling may have been a new experience for them. However, some participants were uncomfortable and this hindered their ability to set boundaries. For instance, Nasu's client asked:

“Who are you? Whose daughter are you?” Whether you are married, whether you have children, where you live/ how long you’ve lived here?... “what community are you?” it’s just out of curiosity I think just to know if I belong to the same community and social circle...’ (169).

The disclosure of this personal information, by the participants, resulting from this curiosity, had subtle consequences on the sharing of the client. Through this discussion, the participants realised that this curiosity, which was socially accepted, was transferred to the therapeutic setting, by the client, with little inhibition. *‘They will ask you your salary also... This client of mine is asking me, ‘how much do you earn?’ Surya (171).*

These were some of the communication styles of clients that did not disrupt the counselling process in reality. Participants expressed that this might have quickened the rapport building process and enabled the building of trust, engaging the client in a less formal therapeutic alliance. We realised that the therapeutic space could potentially be daunting for individuals who were accustomed to family where there was limited focus on the person.

The inability to distinguish between thoughts and feelings, in most cases, suppressed the free expression of emotion and represented the great need for help to function effectively, on a daily basis. Because it was difficult to make this differentiation, it needed to be learnt in a therapeutic setting. Vinis’s experienced this with one of her clients:

‘They are not being able to differentiate between thoughts and feelings, a lot of the time what I have observed is that when you ask somebody how they are feeling, they end up talking about their thought. In what I have found also that feeling is something that more than most people in general are not aware of. There is no significance... there is no awareness or understanding that... there are feelings that feeling are not thought and ... culture encourages us in

some way to suppress our feelings more than express our feelings... that is something that I have encountered.' (172).

Culturally, we experienced that family values, upbringing and social acceptance discouraged us from expressing certain emotions and limited whom we could express our emotions to. Although we were of the same nationality, our individual cultures varied:

'We are all Indian, we all come from the same society, we come from the same family or whatever it is and we go into sessions with these societal norms and with these morals, we have values, and sometimes I find it really hard to be able to keep my stand neutral without allowing these morals and values to play a role...sometime for example if I think about it, you go into talking about what is acceptable, to your client, socially from your point of you... what is socially acceptable in my society might not be socially acceptable in your society.' (173).

Our counselling education defined an acceptable view of self, individual focus, validating feelings and labelling behaviour. Therefore the taught therapeutic process was challenging for us to transfer onto our clients. We realised that a wider knowledge of the professional boundaries and differences in the given social reality and client context was required. There was a general consensus among all participants, that there were culture specific ways of communication. *'When you throw culture and society into the mix it just difficult and difficulty multiplies a hundred fold'* Irma (174). These were integrated into the therapeutic process and enabled the boundaries between counsellor and client to be formalised. I was time consuming and personally demanding to distinguish these boundaries.

'On itself it's easy to sit and talk but when you have to actually have to sit and do it, itself hard' Surya (175). These behaviours permeated into the therapeutic relationship and were observed to affect the

power dynamics between client and counsellor. As Prem explained, it made the profession a 'deliverable' service to the client:

'We look at ourselves delivering certain deliverables? Whether it is family or whether it is work place...You know we are so worried about the functions of our role rather than the person ourselves, so as long as we deliver what we've got to deliver we are fine. We will sort of go with it, which is not so good.' (176).

5.4 Expectations as Professionals

Nasu: *'There is no ideal counsellor. Only a counsellor who suits a client is his/her ideal.'* (177). We realised that aiming to be the ideal counsellor was unattainable. We could only strive to improve. Training and experience indicated the need for change, improvement and preparedness, personally and professionally. We enumerated the indicators of what a practitioner should 'ideally' be, gathered through feedback from by clients and society. But, the ambiguity of professional needs and lack of knowledge of other practitioners' experiences created a void in this field. Though each participant's experience of what was professionally expected of them, by clients and society, was unique, when this was verbalised in the group, it was seen that most experiences were common to all members. Vini evaluated her perception of an 'ideal' counsellor:

'That's the perfect therapist, what we have been taught and been told and you cannot have all these problems. Ideally that's how a therapist should be. But realistically we are all quite aware that we cannot fit into that bill of what we are expected to be. Given that you worked on it as a job of a therapist you did your job as a therapist. As much as you could do!' (178).

Some clients understood that the onus was on them to change and the counsellor was only the facilitator of change. There were others who saw the counsellor as a professional who had all the answers and

expected ready-made solutions to their problems. In our experience it was more common to see the latter, as this was an outcome of the socio-cultural structure in India. Irma struggled with her clients' inability to take responsibility:

'They don't want to take responsibility for themselves or resolving their own problems. They won't even want to take responsibility for it, because then if it didn't work out then they can come back to you and tell you "see the solution you gave me didn't work out and I don't think this is worth it" and in a lot of ways I think they are looking for that loop hole when it comes to counselling... Wanting me to give or to find a solution, only to try the solution, to come back and tell me it's not working.' (179)

The client used this loophole to free themselves from the responsibility of making decisions and relied, totally, on the counsellor. This was a common experience, for all the members, with their clients. The consequence of which was frustration and the feeling of being 'stuck' in sessions. We were cognisant of the fact that counselling involved emotional dialogue and work on self, which was a process and not solution-giving. Clients, who do not understand this, were confused because the medical model of symptomatic treatment ingrained in the Indian society. The barriers that this caused were frustrating as Nasu experienced:

'The initial rapport building process - the first 3 or 4 sessions where you need to get to know this person becomes extremely stressful because they feel, like, you are wasting their time and say "why are you wasting my time getting to know me, because as a professional, you should just give me the answers to my questions and I should go", This is extremely frustrating.' (180).

This common occurrence caused clients to get frustrated with the process and discontinue sessions. And so, at the end of each session, there was no guarantee that the client would come back for the next

session. This was an additional stressor for the participants. Sunya, often, felt sure that clients would not continue sessions.

'They will not come for more than 2 sessions. Usually it is one session, so I have to ensure that whatever suggestions that I want to give them or what they want to work upon they have to finish it in that one session... the role of the counsellor in India, they are looking at, as more like consultants. Like for each consultancy I come for you give me a solution.' (181).

The participants felt that there was a huge expectation of them to resolve problems, understand, validate and reinforce the client in one session, at the end of which, all loose ends, if any, had to be tied up, to ensure minimum/no harm. These situations had a negative impact on Nasu:

'Isn't that a fear? In some sessions you are thinking, "I will work on this and it would probably take me three sessions to work on this and work through this". But at the end of that session you don't know if that client is going to come back the following week or the following week. So at the back of my head there is a kind of anxiety that says, "make sure you tie up as many strings together before you let this person go out".' (182).

As mentioned above (Refer 5.2.D), society's pre-conceived notions of what counselling was, converted to expectations, that were encouraged by media, the internet and literature. As a result of this, Irma was asked:

'I keep getting asked this question, "what type of therapist are you? Are you a psychoanalyst?" And usually it's, "Are you a psychoanalyst?" But recently someone asked me, "Are you a CBT⁵⁰ therapist?" And I am like, no I am not.' (183).

⁵⁰CBT: Cognitive Behavioural Therapy

These were perceptions of what looked and sounded good and so people expected that all counsellors were one of the above. Sunya felt that: *'expectations are too high I don't know if I can fit into their expectations.'* (184). The group verbalised their frustration that society was not aware that every category of therapist had distinct qualifications and that each one, though different, was as effective or valuable as the other.

We had to work only in our own 'Indian' culture and specific training for this was not included in our curriculum. We had primarily, a Western training, as mentioned earlier (Refer 1.1.6). However, we learned customs and cultural norms of clients through personal experiences and client interaction. Counselling people from various cultures, in India, required participants to modulate their counselling skills to suit the culture of the client. Participants further adapted their communication with their clients, depending on their individual sub-culture. This was challenging, as we needed to avoid offending the client. Sunya explained one of his experiences:

'Initially I had difficulties with the North East⁵¹... they belong to different tribes, what is appropriate in one is not appropriate in another? I saw that the Mizo⁵² guys were very assertive they sit like this (crossing legs) in front of elders..... I kept observing that and one day I asked them and they said "it's ok you know in our family it's ok". I asked a Naga⁵³, they said "no" if you look at Nagas, how they wish, they bend and wish (bowing), very different between them so it was very difficult for me to work with them unless I know which tribe you belong to unless I read something about you it's very difficult and I think Nagas have a matriarchal system.' (185).

⁵¹North Eastern states of India

⁵²Mizo - The Mizo people are an ethnic group native to north-eastern India

⁵³Naga: The Naga people are a conglomeration of several tribes inhabiting the North Eastern part of India.

This explained how verbal and non-verbal behaviours were interpreted differently by different sub-cultures. Because of the high need for approval, as explained above (Refer 5.2.J.3), clients discontinued counselling rather than voice how they felt. This was ironic because we, as counsellors, in Indian, did not want to offend the client and wanted their approval and acceptance, professionally.

'We've got that greater feeling inside us that everyone who comes by us should go out with a good feeling. That's in a way social guilt.'

(186). Prem's blunt admission provoked recognition of this among the participants.

The feelings of discomfort and difficulty to accept this were magnified when clients came for only one session, wanted approval in their own social circles, or sought counselling only as a result of social pressure. Nasu recounted an incident that placed her in an awkward situation:

'Suddenly I had 8 other women call me saying "can we come to you?... can we come to you?"... and I was like... "I don't understand this!", so when three of those other women came to me I understood that they all belonged to the same 'kitty'⁵⁴ and so one of them happened to have said – "I go to Nasu and she is my therapist" – and so the others thought it was 'cool' to go to a therapist..... (laughter)... and I remember saying to her that this was a waste of my time and she said "no no no you'll fix me", and I said..." How will I fix you?"...and she said..."but my friend comes to you and she said its 'cool' in our society to have a therapist so you know".' (187).

This created the additional onus of having to sift out and 'judge' between those who came because they genuinely wanted help and those who came for the wrong reasons. We acknowledged that this was our reality! If clients who fell in the latter category as in the

⁵⁴Kitty: a regular social gathering of women in which each member contributes money to a central pool and lots are drawn to decide which member will get the entire sum.

above example were not humoured, we found that it worked adversely for us as counsellors. It was important, for us, to build a professional reputation in the community where word of mouth carried more weight than advertising.

Vini described going out of her comfort zone to see clients that she was not comfortable seeing:

'I have worked with one abuser and I do not agree with their justification and I do not agree with what they do and I do not understand it. But irrespective, there are facts that I have to give across to you, whether you agree or not. And I did. And there are certain things that I have to because that I part of awareness. Right! I am working to help you get over it and beyond that if you don't come back to me, you don't come back to me. But right now I am giving you a fact irrespective of how I feel... irrespective I did. Given a choice I would not have worked with him, but he was referred and so I worked with him, and gave it my best. That's my job isn't it as a therapist?'
(188)

Although the above cases were vastly different from each other, they demonstrated a lack of professional counsellors on one hand and the dependence of counsellors on society on the other. We understood that we had to give the client what the client needed within an ethical framework.

'We realised that, for us, as counsellors in India, because of the nature of counselling, we just have to give what the client needs, irrespective, if that's what you are trained in or if that what your ideology is. As long as you are ethical and that's what your client wants you have to give and will give it because that's culturally how we have to function.' (189). This was found to be the underlying mode of functioning for the participants in their practice.

5.5 The 'Counsellor' in Society

It became clear to us that the profession of counselling was firmly established in the social context and that the counsellor was a member of this society. Cultural influences moulded the therapeutic relationship and process as described above. The participants, as counsellors, in society, were affected by natural curiosity about people and human behaviour. They felt frustrated at their inability to 'fit in' socially and be accepted. They also felt judged and isolated by others because of their profession. At various levels of social interaction, they encountered a condescending curiosity. An interrogative questioning style was often used to communicate disbelief in the need for the profession.

"So what do you counsellors do?" almost like looking down at me, "what do you counsellors do?" ... "oh so you will solve all my problems?"... "Anyway how much do you charge?"... "So I have to spend xxx for me to come and see you for a problem that I don't think exists but you will create for me?" (190).

The need to justify what we did and why it was important and how it was done, was a constant drain on our resources and inhibited social interaction especially in new surroundings.

'Some people say ... "I can just come, sit and listen? So I am a counsellor too then. So I will finish my degree and I will come and sit in a room so this is what you do. That's it?" (191)

'Yeah... or they say, "yeah anybody can do that." (192).

General disregard for the importance and value of psychological care, the professional training required for it, gave rise to false assumptions about, and judgment of the counsellor. Some of the common misconceptions were brought up in discussion:

'Medical people don't need a doctor, that's very much in our culture.'
(193);

'I am sure you are in this profession because you have no problems of your own, so lucky you are.' (194) or

'When I tell people that I have my own therapist, the reaction is, "oh then you must be a lousy counsellor."' (195)

These experiences negatively impacted the participants. We valued our families and social networks and recognised our need for their approval. The degree of negative impact felt was directly proportionate to the relationship the participant had with the person; 'closer the person, greater the impact!' The group discussed how talking about children's or siblings' occupations and achievements, to one's social group, was important to most Indian families. Sunya's family found it difficult to explain what he did for a living:

'In my place mom finds it very difficult to tell what job I do, so she has found a nice way to say it. "he treats mental patients", everybody is happy they know what it is... I try to tell them but they don't understand.... They ask, "is it like doctor? Do you prescribe anything?" I say no, "then how do you do it?" I say 'talk'. They don't get it.' (196).

There were many cultural barriers that dimmed the understanding of 'going to an outsider for help' especially if it was not for a medical condition. From client feedback and our personal experiences we learnt that the value society attached to the mental well-being of a family member and their own image in society was colossal. This bolstered the stigma associated with mental health problems and this stigma was appended to mental health practitioners. The open lack of respect for the profession (without adequate knowledge about it) was experienced by the participants as an affliction:

'We succumb to that whole system eventually... I was so fed up with these kind of questions... you just don't want to bother explaining anymore.' (197)

Every challenge we encountered reduced the drive to stay motivated and saturation point was, very nearly, reached. Each member's heightened self-awareness and their exposure to this social lack of understanding, on a daily basis, reduced their tolerance level on several fronts. It had a negative impact on their relationships and social bonds, even outside professional circles. Nasu's professional passion made her intolerant of inappropriate humour, socially:

'I struggle with it, if I feel passionately about something, for example sexual abuse... if someone cracks a joke about rape... I go from 0 to 60 in 5 seconds... if it's in a session, it's good, if it's in a workshop, it's good but in a social situation, it's a lot of damage.' (198).

As the distinction between what was socially appropriate and what was not was not defined, Issues tended to become personal. The constant exposure to some 'human behaviours' coloured our perspective, including superficial social conversation.

'Wherever you go people are at different level and they talk about the weather or the traffic or something so irrelevant' Surya (199). Sunya agreed with Surya: *'Most of the time the kind of topics they talk about, I get irritated.'* (200).

A merging of roles was seen between the counsellor in the professional setting and the society at large, even with family, and friends of varying degrees, i.e. immediate family, extended family, inner circle and multiple circles of friends: 'who you are as a 'counsellor' and who you are supposed to be, as a person in society'. This was illustrated by Sunya about his family:

'Particularly my mom and sister, if you are having a bad day and you snap at them, they will say, "a counsellor is supposed to have patience, how do you deal with your clients?" (201) or

Vini's friends "oh you are a counsellor, you are supposed to listen" and I tell them I am human as well, I mean I may be a counsellor but you are not my client.' (202)

Social dynamics as experienced by group changed constantly, as we grew with our professional experiences. All participants felt a definite sense of separation and distance from their friends and family. This resulted in, us, feeling isolated and not understood. Nasu explained:

'I struggle...a lot of my friends, I am sure this happens to you, they talk to you because you listen and because you respond in a particular way.... I feel so isolated, I feel, selfishly, "I listen to you and I listen to you, but when I am talking to you, you or you, you all give me advice and say "no, no don't worry about it "" it's frustrating because you don't get heard and no one responds to you like you've been heard.' (203).

A fear of being judged, manifested itself, especially when making new friends and in new social interactions.

Sunya said: *'it's not easy to make friends.'* (204);

Irma agreed: *'it's really hard to make friends, and for someone like me who finds it anyway difficult to make friends'* (205) and

Nasu said: *'It's impossible, it's definitely not easy.'* (206).

Listening to the above Vini shared the methods she used to overcome these situations: *'I don't tell them what I do.... And I try and go over it because immediately when you say what you do, they stop talking... Or they get scared or they just make fun of it.'* (207).

The feeling of being judged socially was felt to be 'degrading' and 'demoralising': *'I tell a lot of people that I can't work with children...they say "what did you do for your internship?... how did you manage to complete your MSc. without it?"... Sometimes when you are too aware of yourself you tell yourself that it's ok.'* (208).

The group felt that there was an unquestioned expectation of us as counsellors to use our skills to transcend all social forums and to be an epitome of unconditional love and patience. We felt this was unrealistic and not feasible and began to question our professional competence. Prem expressed:

'I am not very sure if our population around is so willing to accept that you need or you may have a difficulty doing certain things or you may have certain limitations of the sort or whatever. I don't know, I find it difficult to tell, I don't know, if this is just because of me or because I have had a couple of experiences like this where people have asked me certain kind of questions which has made me kind of cringe about my own qualifications and my own ability.' (209).

The expectations we had of ourselves, that we needed to everybody's happiness, generated detrimental behaviours in us, for instance, our inability to say 'no' socially. This reinforced the unrealistic social expectation of us and created guilt. Vini emphasised the difference she felt socially and professionally:

'I understand this social guilt, but it's easier for me to do it. Having said that though, it's easier for me to do it in a session with a client, to say no, than socially' (210).

Ophelia had similar experiences when she decided to be assertive socially: *'I cringe socially... I physically cringed... but I realised that it was not ok and I had so much of stuff to do and that's why I couldn't take anything on so I sent her text saying I am sorry'* (211).

We realised that, although it was we who changed, and not our family or friends around us, we had similar expectations of their understanding of our growth. This all-encompassing awareness was, at times, destructive to personal relationships. Irma shared a personal experience she had as a result of this corrosive cycle:

'The price that I paid was I would get really snappy at home... (Personal sharing) And for some reason he was the target of my wrath and it did affect my relationship with him considerably, that it was affecting other relationships at home.' (212).

The dynamics in the group, by this time, was therapeutic and everyone was supportive of each other. Members shared similar experiences in their lives and the tools they used to cope with these stressors. As a result of which Irma felt validated and supported in her struggle. She valued the opinions and struggles of the others and came for the next meeting with a positive outcome.

'I think after we started the group, and that has changed, I can talk with him. We, kind of, have a conversation and now it's all about football, thanks to your suggestion, last week, Prem. I started watching matches and I am enjoying it.' (213).

The accumulation of all these factors was a complex synthesis of personal, social and professional elements. Many of these problems might be faced in other parts of the world, by counsellors or others in mental health professions. The point I make here is the acknowledgment of: unavoidable regular interactions with family in family based cultures like India; social interaction with persons from different cultural backgrounds, as part of daily functioning; and regular occurrences of social and professional difficulties, faced by counsellors. In defending oneself and one's profession, we kept in mind the social consequences, not only on ourselves but also on our families. As mentioned above one of the personal and professional consequences of this was burn out.

5.6 Burn Out

The consequences of sustaining a high functioning counselling practice in the given social context were evident from the participants' narrations of their exhaustion and manifestations of physical symptoms of ill-health. Even though we were aware of these feeling of exhaustion, instead of slowing down the level of activity was maintained and self-care was neglected. We put pressure on ourselves to work harder, until we experienced a total breakdown. All but one of the participants, were in different stages of burnout during this research process. Prem was recovering from burnout that was debilitating and reflected on his experience:

'Is that tiring me out? I started putting in a lot of effort than I would otherwise do. I started putting in so many hours and started checking my emails even on Saturday and things like that. I used to use a blackberry before and get an email every other time and all of that and... I started putting emails on the phone saying, because I want to, sort of, do something and somebody might ask me something I might be able to do or tell them. And that drove me in that direction because I was hitting that burn out period of time.... I started seeing that it was affecting my personal life, my time at home or my time with myself... a sense of insecurity and inability to take risk and ...how that was affecting me really bad... And I am feeling as though I am just one of the "buffalos running the mill"⁵⁵ ... it was just making it impossible to get out of it.' (214).

The emotional intensity of this sharing was echoed by the other participants, who shared their feelings of 'misery' and searched for reasons to continue practicing as counsellors. Ophelia asked herself and the group:

⁵⁵Buffalos running the mill: A traditional method of oil processing in India using buffalos

'So where I am right now I am just wondering if it's all worth it?... When I started seeing my burn out affecting my relationships, then I shook up. Before it was only affecting me. It didn't matter; I didn't give a damn about anything else. But now that I am seeing that it's affecting my family, as in my husband, I am just wondering if everything is worth it. Honestly!' (215).

These levels of isolation, frustration and burnout, through practice and social interactions, were heightened due to a paucity of professional validation. The working environment of a counsellor was challenging and lacked defined roles, as discussed earlier. Prem expressed a hope for positive validation or feedback:

'I know I was doing something but somehow or the other it seemed as if nobody looked at it as something useful except my clients ...and I felt that way I said I am doing a lot of work there is just no credit given to me... If only they would come back and tell you that they got better.' (216).

There was a sense of despair that was deeply distressing for each of us. Nasu felt as though there was: *'a massive lack of appreciation of what you do, because sometimes you need what you have done, acknowledged. You are expected to be this superhero, completely invisible and at the end of the year, you get no credit, nobody even looks in your direction to say thank you.... the management, doesn't even acknowledge your presence. Even to mention that you exist. I used to feel miserable, because I used to feel that I give you all that I have but for you to say thank you is so hard.'* (217)

The groups understanding of society's perspective on burnout: working without complaining even when exhausted was not labelled as 'burnout', but rather, seen as a characteristic of being resilient. Sunya and Prem highlighted the influencing roles family and society played with regard to this:

Sunya: *'My mom is a working woman, sick not sick, we are sick, she is sick, she would wake up she will take care of our needs then go to school still unwell, take half a day's leave, take us to the hospital, you can't beat that.'* (218).

Prem responded to Sunya: *'You can't beat that... even if you are burnt out, the character of being resilient, I will do in spite of it... you may call it Indian you may call it anything it is a very important in a sense if you don't have it I don't think you can move on, I don't know if I am being right or wrong, and I think you have to have the will to survive.'* (219).

What was observed as resilience, served as motivation for us to go on because others, before us and all around us, had! The family, for instance, played a major role in encouraging 'survival'. The fast paced economic growth in India did not accommodate people with burnout. The country's bursting population provided instant replacement. This knowledge prevented us from processing burnout effectively and so we kept the momentum of working constant. In the period of his burn out Prem wanted to address it and rejuvenate his motivation and health:

'I would have wanted to take certain weekends off or a certain length of period as a holiday and do certain things for myself or my family or any of the other things and I said if I did it how it's going to impact my life and how it's going to impact my career and a whole lot of things even to the security of the job and I was afraid of those things and I was pretty much working on just on those parameters, it was just making it impossible to get out of it.' (220).

The learning from these reflections was that there were many facets to counselling in India. It was agreed that the major theoretical influences were from the West. However, the practicing these in our social reality was dependent on the Indian practitioner. The struggles we faced as professional counsellors, sometimes, blocked out what

we were taught that the profession 'must' be. Reality changed this knowledge and we accepted what actually existed professionally and socially. We made therapeutic adjustments in: practice, personal growth and effectively integrating the learned therapeutic process with personality, profession and society.

5.7 PAR: The Beginning of Emancipation, Transformation and Change

5.7.1. Outcome

The longitudinal nature of PAR ensured change through a gradual process (Refer 4.2). I understood the development of this ongoing process more in retrospect than during the journey. The intensity of this PAR group and its value became visible after allowing the learning to incubate. The knowledge generated was personal, practical and transformational rather than academic or skill based. The participants expressed their awareness of this change and transformation through the group process. They, periodically, voiced the changes they were undergoing and the emancipation they felt as cited below. Their description of insight and growth was inspirational. I chose to use the voice of each participant in this section, as done above, to do justice to the meaning of what each one felt. Vini voiced her professional loneliness and how the meetings supported her through her practice:

'I didn't realise how I would feel, I would feel alone whether I was working with clients even when I was with one to one or school. Soon after I started meeting the group and other therapists just the collective kind of support and just the sense of being validated and accepted knowing that I don't have to explain how the dynamics of the profession just saying something and knowing the rest will understand is a huuuuge support. To a large extent. We are out of the box, itself a collective we are together' (221)

This professional togetherness was also felt by Irma: *'For me too, I think that when we started I didn't know actually, I mean I was just doing what I was doing what I was doing because I was doing it. you know there was no focus on strengths as such. It was never really anything that I focused on at*

some point in my you know I was working as a counsellor I realised that I am not a therapist, I know that I don't do bad work, I never really called myself a good therapist but I said I wasn't bad. Which was a huge step for me to begin with because when I started out the experience that I had the first 2 years of working as a therapist I didn't really get feedback that made me feel that I was good at anything especially at what I was doing. So it took me while until I got to a point where I realised that I am not bad. I would never say that I am good but at least I would say that I am not bad. And then we started this and then I started talking about myself which is something I generally don't do and the work that I do, although I love it so much I generally, we I mean I generally never talk about what I do. But that talking about it and talking about it, talking about what I have done, talking about how I have done it and like you all said, support response to what I had done is really it sent it home to me that I am not... not just not bad (laughs) ... you know I'd be rather good. I still haven't got to a place where I can say ok I am a good therapist, I tell myself in private that ok usually if it's been a good day of sessions and at the end of the day all my sessions went well and all my clients told me that they have got some insight then I know, I let it sink in and I say ah! Today was a good day. You know I am good therapist. But the second thought will be I am not bad. You know so that is something that I am still working on to acknowledge to myself that I am good at what I do and on some level I think I am aware of it but I still don't want to acknowledge it upfront. I don't know if it's modesty or humility or I am guessing it's not and I am guessing it's more out of a pessimistic point of view.' (222)

The emotional value of Irma's sharing was reflected in her gestures and tone of voice. The strain, felt by professional counsellors in India, was most often overlooked and the acknowledging of and verbalising this strain was painful. The supportive nature of the group motivated and encouraged participants to question their motives and to assign realistic values to their professional abilities and personal coping styles.

'With me I can see a big difference because it's only after starting with Sandhya... We started that I actually decided that I had to leave S and go to

D irrespective of what it took... I said "no, I need to do at least that much for myself ok, and somehow we'll manage with whatever happens." ... So that much of I have begun to believe so much in myself and then just yesterday another thing I am teaching skills ..., he is a youngster...for 2 classes I did self-awareness exercises and at the end of the second day he turns around and asks me, why are we doing this and how is it useful? And for a minute it hit me that he ...he must be evaluating my classes so I am not so comfortable in the class...Anyway I answered him but then you know I was a little uncomfortable inside and whatever and I kept telling myself "no! I gave him a thing I know what I am doing I have taught skills for so many years. Let him ask what he wants just forget it" and I think it's probably because of coming here.' (223)

The participants found that the knowledge that was generated, shared through the group, was transferable into their various professional roles.

'I mean like Surya just said and we were talking about and another thing I have observed in myself when we were talking about this group and since the group began is, something that I've been focusing on even in class. I specifically talk about what we do in our culture, how things are different and yes it says this in the text book but when you have to apply it in our context it is very different and I talk about the difference and I started doing that very recently, I never used to do that before in class and now again this is another conscious thing, it's, well it's, I am doing it consciously not, but it's not effort or an extra effort that I have to make in class to talk about the difference in culture but I think I started doing after attending this group especially'. (224)

The willingness to learn and transfer knowledge reinforced their confidence and view of self without necessarily needing to conform to accepted professional labels. The understanding that it was more valuable to be sure of oneself and do good work, rather than to find one particular school of thought that you could identify with was very rewarding.

'Before coming for this group by the fact that I was not in any box and I was very nervous about the fact that I am eclectic or integrated. But ever since that I have joined this group as I have also mentioned before it's like 'I am this, that's about it, I use everything deal with it' so far as it feels good and I think it's important to give it a label.' (225)

Prem reiterated the cultural ease of being 'integrated' counsellors and naturally adapting: *'I think we, being Indians, it's easier to be more integrated than just being Because we, kind of, agree to have different things just coming in... And we are not one of those puritans you know, who say 'this is how it should be and if it's not it cannot be called by that name'... If it works it works we've got that kind of a sense. Being integrated is just something that is part of us.'* (226)

The professional discourses and debates awakened critical yet reflexive thinking. The participants felt part of a whole where personal and professional needs were addressed. Sunya also felt a sense of loyalty towards the group:

'I think the aspect of professional health is also taken care off here. In this group that's what I found. Because I was also a part of this self-care research group, so I said some of it I am already doing it here. It's happening so I don't need to separately be taking care. I was looking forward for that weekly meet.' (227)

These weekly meetings had become an oasis in the desert of the working week for the participants. The interaction and activities, based on strengths, evoked latent energy that escalated the drive to make a change because 'we deserve it'.

Irma became conscious of this in her practice: *'Ever since we had that discussion about strengths I was actually quite observant in myself and also when I was doing sessions it was something that I was very conscious of, when talking with clients, I tended to focus a little bit more at least*

consciously I focused on strengths as opposed to what I normally do especially with clients.' (228)

Surya integrated acquired knowledge from the group into her sessions: *I look forward to meeting the group. Because you have mentioned that we may not know the thing, but I think there is a tremendous change for me after coming here, learning from each other and the research and the introspection and all that, because that strengths thing A-Z thing once and I used it with my clients I make them write it from A-Z.'* (229)

Similarly, Sunya, who was one of the participants that made notes of knowledge, insight and learning, through every meeting, made optimum use this opportunity:

'So I am making some notes because of that you know, so a few things I might miss out but I know I will make it a point. You know I am able to take some of those that you are using to my sessions. And I made a note and kept – explore strengths.' (230)

Personal growth and development was definitely an outcome of the PAR group. The focus was primarily on professional development and change. There were, also, subtle personal changes that occurred within the individuals. The process, as a whole, was inclusive of this transformation. However, I would like to reiterate that these were interdependent. The insights obtained, reinforced a dynamic process of learning and reflexivity which sustained professional development, especially for the participants. For instance, frustration, stemming from being a professional minority in the mental healthcare system in India, evoked feelings of anger, both, professionally and socially. Vini acknowledged her ability to deal with this anger after being part of this group:

'It's true because since we started the group, I don't fight, I don't argue, I am very politely if they have a wrong impression I tell them, 'this is what we

do' so since we've started the group I've been doing that whole thing. And I smile and I just say politely... (laughter)... what is required.' (231)

Sunya mirrored Vini's feelings of personal growth and adjustment to the reality of practice. He highlighted the value of the group and the independent relationships that developed with members of the group:

'I am happy. Yeah... now lots of work is there but I like working and group is there and Ophelia is there but I am not troubling her much though. Occasionally, I am happy, I am happy with the youngsters I don't feel like it's a burden.' (232)

5.7.2 Support Group: 'We all can sing the same song in the same boat' (Prem)

As mentioned above, the research group developed into a cohesive, dynamic group. The members were enthused by their interaction and felt supported. Therefore, the decision, made by the group members, to continue to meet as a support group, initiated in the first phase of the group meetings (Refer 4.9), was welcomed after the PAR meetings came to an end. Surya said:

'You know when talking itself I was going to tell Sandhya may not be part of your research but can we meet and start something like this you know?' (233)

'I was talking about this group with my brother and sister they were here the last week and I was talking about it with them and my brother talked about a quote that he read and he said, it said, you have apple I have an apple we give that apple to each other we have one each, you have an idea and I have an idea, you give me yours and I give you mine and we have two each and I really liked that.' (234)

The consensus of this thought was made note of and, at a later stage in the group process, discussed again.

'This group works in terms of thought process, similar struggle and similar strengths I wish we could do something for one another. We should be able to have some form of unity in terms of profession, so we are all counsellors sitting in a box and this box needs to go somewhere. I know you are good, she knows he is good, he knows you are good, so we know what we are good at in this process, if it's something that we can continue and sort of just use to, if not anything else at least a knot. Would be helpful to grow, step out.... it's such a struggle every step of the way is such a struggle, even though we have such a supportive society and supportive culture, all of us are hanging loose, no? And we have to all ... and that's when I thought about we have to sort of find a central line, like if this is a central line to sort of cling onto like a bunch of grapes because a grape needs a grape it doesn't matter, because grapes hanging out with other fruit doesn't really help. Feels a bit lonely' (235)

Theoretically this was a sound plan. I realised that the initial motivation would have to be mine. The knowledge base could then be shared. If the group continued to meet on a regular basis, and be productive emotionally and professionally, then and only then, would the transformational aspects of the PAR group be fulfilled. This would become a firm ground for the future development of my research. I was conscious that I did not want to have the primary responsibility of the support group. I wanted it to be a group effort. The relationship that was established between participants could continue with a little encouragement and I would participate as just another member of the group.

Prem suggested a format for these meetings: *'It will be nice to organise it, because I got this inspiration coming from some of the doctor friends that I have, they talk about some of the CME's that they have Continuing Medical Education, so itself like they meet once a month or once a fortnight and each one talks about something that they have learnt from their practice, what they have learnt and how that is kind of working out. They talk about it, present it to other people and they discuss. Well they say itself working for you but it could be this and this and this and this, probably you need to*

watch out. That's the kind of input they get. Could we possibly have something like that? Connected to what we are really doing because that is something that we are really lacking. Or at least I feel like that. I would be very glad to come to a place where my ideas are challenged at the same time where my ideas are respected. I feel like this is a good place where I can talk about what I am thinking and at the same time you know, learn something new. So that's something that I look forward to.' (236)

The active role that members' took in this discussion validated me as a practitioner-researcher. They acknowledged that the group was, in reality, an 'action' group, that motivated participants to take action and take forward this change, was an emotional realisation. Irma encouraged by Prem's suggestion, built on it:

'We have to establish some kind of a system at least among ourselves in order to be able to work with or within that system. Which is what we don't have to a large extent.' (237)

A basic framework, for the purpose of the support group and logistics, was discussed:

'Yeah this is what I am looking for, this is what I am looking for, just bring up ideas, what will happen is we will eventually become better counsellors...So it should not be too difficult for us to fetch ourselves together and come somewhere or even find a place that is common to all of us, might be even find something like that, it could even be in one of the café's' (238)

Each participant contributed to this idea working towards short term practical realities, for instance I asked: *'when should we meet next? How will I still be part of the support group after going back to Leeds?'* I made a suggestion which was welcomed enthusiastically: *'So I was thinking, instead of being completely excluded from these groups...(laughter)... I would be so lonely, so if you met somewhere where there was Wi-Fi and then you could just keep me on Skype.'* (239)

The purpose of the support group continued to provide professional, personal support, peer-supervision and validation. It is an on-going group that continues to meet at least once a month to date.

5.7.3 Participant Relationships within the PAR Group

The distinctive nature of PAR groups is the contribution of its members towards action (Refer 3.5). Relationships are commonly understood as the way in which people see each other and behave towards one another. It is qualified, based on the time, place, circumstances and subjective worldview of each participant. Most of the participants and I: were known to one another; were in various existing relationships with each other; came together for a common goal; were driven by similar motivation; were open to learning and change. At the first meeting there was an initial apprehension which was expected. After the initial introductions and research group formalities (Refer 4.9), the tone of the group was set through the universality of experiences and unconscious yet active use of counselling skills. The formality of the group waned and a friendly, interactive and empathetic group ensued. As Surya mentioned: *'And there again I think we have somehow gelled well together.'* (240) and Sunya validated: *'The environment as such because at least I know us as such, we studied there, peers, and others as teachers and I know whatever I say I will not be judged. I think the environment matters so much, at least when we speak.'* (241)

Although each one was from a different sub-culture, the environment was one of understanding and genuineness that fostered therapeutic sharing, constructive argument and reflexive action. Prem voiced this:

'We all understand each other. It's not that we all understand each other we offer that to the other, that is a bit of an action rather than a passive receiving, I think that the action makes a lot of difference because when that action happens you feel good about yourself, you feel good about something else and that's really good.' (242)

The action that Prem referred to was the sustaining power of the group that continued in the support groups. Most participants were in a professionally difficult stage of their practice, from a personal perspective of burnout as stated above. The platform for discussion was engaging, challenging and at the same time, easy. There was a relaxed atmosphere where everyone felt unequivocally understood as Vini described:

'Just the fact that there is someone else, you don't have to explain they understand that you are tired or burnout they understand. You don't have to go onto a definition of what is burnt out for you as a counsellor and burnt out for someone else.' (243)

Through most discussions, over the period of the research, there was cohesion of thought and the participants felt protective of each other within the boundaries of the existing relationships. The relationships that developed were existential, where sustenance was given and obtained through simple suggestions, reminders and validation of daily coping styles. For instance Ophelia recounted:

'The last time you all actually reminded me. Why aren't you riding? That completely went out of my head and got buried under a carpet somewhere. So things that I do to make myself happy or kind of chill, one of the things is riding. So when I got reminded of it and I took a ride consciously the other day 45 into it and my thoughts were zero and then I went into church and I prayed like a maniac. Because sometimes that's the only thing to do. And I felt a lot better, I mean I am better off today. I mean last week I was rock bottom. But just reminders like this as to what to do when you don't want to do anything for yourself is helpful.' (244)

And Vini: *'There was one more thing I have to add the group I had stage fear, it's gotten better over time but the group really helped me. We been looking at working on ourselves and so being a part of this group made it more proactive for me and I decided I have to do it and a friend kept*

pushing me and I finally joined a theatre group to get over my stage fear and I did. I did not have a panic attack or anything I could take it further only because I was part of the group and I got the support and the awareness and I decided that I have to do something about it. So I owe it to you and the group.' (245)

The members felt connected with each other and when any member was unable to be present for a research group or support group meeting, their absence was felt:

'I did miss the group the weekend we didn't meet. Oh it is Saturday and we are not meeting... and if one person doesn't come I feel like oh I miss them.' (246)

5.7.4 Humour

Humour was and still is an essential part of the group's interaction. The ability to make light of a situation, in order to: strengthen a members sharing; lighten the mood; validate struggle and accommodate errors in judgement and practice, enriched the experience. Jokes and anecdotes about people, situations and the reality of life, personally and professionally created an environment of informality and acceptance. An example of this is: after a long discussion about the struggle that Indian counsellors face while trying to adapt Western theory to Indian population, Nasu related a one liner that she heard in a cultural context distinguishing the India from the UK:

'This reminds me of what a stand-up comedian once said in one of his shows that I had gone for, "in your movies you show hugging and kissing and in our movies we show running around trees and singing, yet we have a population of 1.2 billion people, that is probably due to cross pollination" (laughter).' (247)

Although stated in humorous vein it clearly threw light on the socio-cultural distinctions between the customs, habits and cultures in the West and India through the television, which was one of the most popular

modes of transmitting information to the masses. The members also repeated incidents that happened in practice that were funny but which kept the client motivated. Irma related:

'I too use food analogies a lot. I use spaghetti ... and once one of my clients said to me 'one of the things about me coming to you is that I am putting on a lot of weight cause every time I go from here I crave something, the food that you've talked about. (laughter)' (248)

'Laughter' which was a word seen repeatedly in the transcripts signified: self-consciousness when talking about topics that were sensitive; inhibition, when there were moments of discomfort; banter between members and humour. It was discussed and appreciated as the dialogue below shows:

Prem: *'Here it will be quoted in the research... (Laughter)...*' (249)

Surya: *'I am laughing too much and getting catches....'* (250)

Prem: *'Laughing as an exercise hasn't been done much'* (251)

Irma: *'And also the concept of facilitating the laughter'* (252)

In the process of facilitating 'laughter' I was surprised to see the equality of power that developed between participants and 'me' as the researcher. Towards the latter part of the research process the members felt comfortable enough to laugh at my detailed interest in: PAR; group dynamics; my passionate views; my desire for change for the profession in India through the use of our existing strengths. Sunya laughed and said: *'When I saw the mails no, I said oh Sandhya and strength strength. (laughter)'* (253)

5.7.5 Refreshments

There was significant focus, each week, on post group interactions over refreshments. Vini observed, as an encouragement to me for the success of my research initiative: *'We will all be at the finishing line with refreshments too (laughter)'* (254)

Koch and Kralik (2006a) suggest that offering food and refreshments at a PAR group created a relaxed atmosphere and facilitated casual conversation between participants. I chose to serve refreshments at the end of each meeting, taking into consideration that each meeting commenced at 2:00pm. This was soon after lunchtime in India, which is generally between 1:00-2:00pm . All participants worked on Saturdays, had lunch and then came to the meetings. Therefore, it seemed suitable to serve a substantial tea after each meeting. I chose to make the tea myself, as the researcher, in keeping with the Indian cultural tradition of hospitality and as a way of acknowledging and expressing my gratitude to the participants for their voluntary participation, enthusiasm and support.

One of the key methodological findings of this research, for me, was the importance of food and refreshments. A PAR group is an intense experience of interaction and growth. Participants feel vulnerable and exposed in their journey of self-awareness and acceptance of a responsibility of working towards a change, as described above. The emotional environment and therapeutic attention, especially in this research group, was energy consuming. I was also aware that participants had to go a long way back to their homes, after each meeting, in terrible traffic. At the end of a long week, I considered it only right to serve refreshments: to create an environment for de-briefing after each meeting; to encourage social interaction and relaxation between like-minded professionals.

An example of the refreshments provided at the meetings: Water during the meeting, as it was a long session and water is a cultural symbol of welcome⁵⁶ (Kesari, 2014); dates; vegetarian and non-vegetarian sandwiches; crisps; fresh fruit; cake; fruit juice; tea; coffee and candy. The participants felt validated and happy as can be seen from extracts of their final feedback (Appendix 8):

⁵⁶Naidevya: 'offering water to the guest is an important part of the welcome. This may be connected to the tropical weather and sweating which makes frequent drinking of water a necessity' Vedanta Kesari

Sunya: *'The food provided was simply delicious. Yeh dill mange more!⁵⁷'*
(255)

Ophelia: *'Another thing I quite liked was your attention to detail from the coloured stationary, the flowers in the corners, to the ohhh! sooo glorious food. So much effort n care went into it.'* (256)

Surya: *'Not just the sharing and the inputs but most specially the refreshments which were yummy... and which I am most certainly going to miss.'* (257)

And,

Vini: *'Very grateful that you chose me to be a part of this group. Enjoyed every single moment of it. Oh! the food was heavenly!'* (258)

When reviewed in the given circumstances and research perspective, this acted as a catalyst in maintaining an environment that was therapeutic and conducive to working towards my research objectives.

5.7.6 Feedback

In keeping with the objectives of PAR, feedback was an essential part of the process, as described in chapter 3. There was structured feedback received at the end of each session (Appendix 6) and at the end of the PAR group. However, periodically the participants gave feedback about: the research process; group dynamics; personal and professional learning; and support. The information gathered from the feedback was woven back into the research fabric and used to strengthen the argument, working towards the goal. The genuine, positive, validation proved that PAR groups are indeed transformational for the participants in their journey towards making a change in the given context.

To give the reader an idea of the impact of PAR on the participants I have inserted the following extracts from various phases of the group process.

⁵⁷'Yeh dill mange more': is in reference to a an advertising slogan coined for Pepsi by Anuja Chauhan literally meaning 'this heart desires more'

The descriptions are categorised and detailed above and the implied meanings are discussed in the next chapter.

Sunya told the group about the therapeutic value the group had for him:

'Thank you very much, getting a group like this with people who have taught me, been my therapist, my senior and new friends yeah it's good, it's good to be in this group, very good. At the professional front, I think I consciously started telling people let's look at the good that's happening around ...It feels good to be here irrespective of what others thought being in the group⁵⁸ and I think I joined the group when I most needed it, I was working with a freak I was also wanting to get out from there and I got an opportunity to vent my feeling because I couldn't talk there you know because everybody thought that I was the only guy who could manage with that person. But I was like actually "no, but whom to talk to?" and I poured it out here - sorry!' (259)

Prem told the group about the usefulness of the group environment and dynamics and the role it played in his personal and professional life and gave suggestions for the support group meetings:

'For me I like a place where I can talk about myself and talk about the issues that I really go through without really being in a place where I would be negatively evaluated or judged or criticised rather critiqued or supported. And I really see this as a great place for me there. You know I really enjoyed it because I really have not spoken about some of my own ideas and even something that I have been afraid of I haven't really spoken it openly with anybody and it has been made very comfortable here for me, which by itself is a great thing for me because I am otherwise I would have just kept shut about all the things you know I wouldn't have really talked about it and what I really also saw was some of the things I talked about it was really taken alright and I started sharing it with my other consultant and said this is another thing that you can do and I do some bit of

⁵⁸Sunya is referring to the potential participants that said "no" to me when asked to participate in this group.

supervision now and I am now started doing that and like I said I wouldn't have done that otherwise. You know it really helped when I tested the waters. It's a wonderful place for me. I mean honestly I am telling you, you do what you see, what your idea is, if your idea is credible, and you are trying it out in your own sessions but you only talking about it with other people and here I could actually honestly talk about some of the things that I have tried out and I know that I have to be worried about it. So that's something which is very nice, because getting a place where you can be honest about yourself Oh My God, that's, there is nothing like it, nothing like it because it's so liberating and that's how I feel. So that way thanks a lot... Plus I am also learning a lot of new things I thing, one of the things where you talked about being very comfortable in spite of everything that is being thrown at you, well you have something it is something that you can't keep under. And there are certain strengths that you have that can empower you and empower somebody else and that's a really nice feeling as well. I am kind of working on that.' (260)

Surya gave a personal account of her experience of being a part of my research:

'I have always doubted my you know my ability and capability in whatever and F P would say believe in yourself just go ahead and do if something goes wrong we'll handle it. But I would always doubt, am I doing it right? All that kind of thing so I think that change is because of being part of Sandhya's research.' (261)

The change, transformation, growth, learning and emancipation described by the participants resonated with my own feeling about this PAR study.

5.8 Conclusion

This chapter has drawn out a detailed account of the various findings of this research. These are placed in the given context and social reality and therefore give a clear view of the realities of psychological counselling practice in India. It is a descriptive account that is intends to enlighten the reader and practitioner, especially in India. There are some contexts that

are stated verbatim and these will be understood and taken for granted, socially and professionally, by people of Indian origin. However, since my intention is to disseminate this learning and knowledge on an international platform, some of these contextual aspects, intertwined with methodological processes, are discussed in the next chapter.

6.0 Discussion

6.1 Introduction

In this chapter, I will elaborate on some pertinent aspects of my research that need a contextual understanding. These are from a personal and professional perspective through my lived experiences and interpretations of the social reality, intertwined with existing literature and research findings.

The growth of the PAR group was an organic process which had a transformational outcome: developmental, emancipatory, consultative, supervisory and therapeutic, with a focus group element. The primary focus of this group was the collection of data, which was flexible and not structured (4.7). The process of working through introspection, sharing of experiences, taking back ideas and feedback and applying them to their personal, social and professional lives enabled the group to progress effectively. PAR was an intensive process which required a detailed examination of the reality of practice. In this longitudinal study (4.2), a comfortable environment (4.4.4) facilitated participant interaction. The entire experience was 'Wholesome'. As a practitioner researcher I was central to this research (3.9). The motivations for this research was developed from my own personal experiences over a period of 10 years.

6.2 An Experiential Narrative of Counselling Training and Practice in India

As stated in chapter 1, formal psychological counselling training in India was started in 1998. I chose to train as a professional counsellor in 2004. I continued to teach and practice in the profession from 2006 till 2012 which was when I started my PhD. My research involved the understanding of counsellor experiences in Bangalore and this gave me an in-depth view of the realities of practice. Therefore, I am aware of most of the developments in and challenges of counselling training and practice in Bangalore over the last decade. The following is an insiders' view of psychological counselling training and practice based on my personal experiences, as these are not evidenced in published literature.

There is a dearth of professional, practicing psychological counsellors in India due to various reasons: Psychological counselling, as a profession, was perceived as a field that did not have a potentially stable future monetarily. An unsaid hierarchy in the mental healthcare system prevailed in India that acted a deterrent when choosing a profession that was seen as the lowest in the 'pecking order'.

Since counselling dealt with, predominantly, non-clinical population, it was considered to be a profession that '*can be done by anyone*' with little or no training (5.2.F). If a person had 'adequate' life experience and confidence, in addition to an interest to 'help others', that was considered motivation enough to practice as a 'counsellor'. People acquired basic counselling skills training from a multitude of unrecognised institutions. These courses prepared them in life skills and to identify people with problems, whom they should have referred to professionals. However, it is a misused system where these inadequately trained 'counsellors' continue to see clients themselves and considerable damage is done. Some of these clients subsequently came to us for counselling. The feedback we got from them was detrimental to the profession which was still in a foundational stage in India.

Our professional counselling training in India was a long and intensive course which required commitment and hard work. Personal therapy was mandatory. However, this was an under-utilised facility because of cultural inhibition and myths – '*there is nothing wrong with me, I am here to help others*'. Many of the students chose to do the course because they wanted help themselves but felt socially stigmatised to go to a counsellor. They felt that it was 'the lesser of the two evils'. These students, most often, did not go back into practice. Instead they followed other lines of professional interests. Some of the others who were trained, found the profession, in the reality of practice, exhausting and unsustainable; financially, mentally and emotionally. This continues even till today. As a result, the number of professionally trained counsellors, that are actually in practice today, are few. However, unfortunately, the number of untrained individuals who

practice under the title of 'counsellor' are many. This is due to one primary reason: there is no professional body, in India that standardises practice, defines norms and ethics, or offers information and guidance concerning psychological counselling. There are no licencing laws, no code of conduct that needs to be followed, or accountability to start, monitor, support, maintain or advance counselling practice in India.

6.3 'East meets West' Psychology and Counselling

Pittu Laungani describes experientially, the challenges of Western methods in Eastern practice. His works are a critical acknowledgement of the need for change in adapting Western models to the Indian setting and also when seeing Indian clients in a Western setting. But, before we attempt to do this, I feel strongly that we need to understand what the realities of psychological counselling in India really are today. Through my research, I focus on highlighting counsellor experiences of their practice within the given social context. I argue that my findings could potentially be the first step towards understanding these realities of practice in India.

As reviewed for this research, it is clear that there is limited published literature in the field of psychological counselling in India and no literature on counsellor experiences, written by psychological counsellors. This means that, even if there is on-going research, the findings are not yet easily accessible. To break this down further, using my own professional experiences and those of the group, I have come to understand that the voice of the psychological counsellor in the mental healthcare discourse, in India, is missing. Counsellors are not yet in a professional position to dialogue with other mental healthcare professionals on an academic forum. As stated above there is a dearth of professional counsellors and therefore counsellor-researchers. My research, therefore, is a pioneering study where the predominant rationale for exploring un-researched territory was to discover, validate and evidence my personal and professional experiences as a counsellor in India.

6.4 My Research Journey

Initially, my research journey was motivated by my practitioner experiences and past research. I was conscious that counsellors in India had tremendous potential and we were under-utilising it. This thought over-shadowed my practice, which I found very frustrating because I was unable to consolidate and record my thoughts, as there was limited previous evidence to back this up. When I discussed this with other counsellors they voiced similar feelings and expressed their frustration too. However, this did not give me much to go on. Since my past research had culminated in the value of family strengths in the Lambhani community, I wanted to transfer this learning and incorporate it into my counselling practice. When I found this to be an effective skill in practice I reflected on 'why' it was effective. I found that I had to introspect and first apply this knowledge to myself, personally, before I used it, in practice, with my clients. I realised that this approach, was positive, when my clients felt validated. The learning of new tools was limited and the client counsellor relationship became the core platform for change. I was then driven to explore this thought and develop my initial research question: *'To create a more empathetic, therapeutic environment where clients will feel culturally understood and practitioners will learn to use client resources as well as their own.'* (Rasquinha, 2013).

I believe that the resources of the client and the counsellor are counted as 'strengths'. As literature shows, these are the underlying, unstated beliefs of human beings. I set out to explore any strength that could play a role in the therapeutic relationship. I wanted to leave no stone unturned when searching for strengths in practitioners and clients; to create an awareness and understanding of the subtle yet definite intertwining in the relationship between strengths that exist within an individual and those that are influenced by culture; and to collaboratively design and develop a strength based perspective in the Indian context. Through extensive review of literature I found that the strength perspective was already being used in social work, psychology and psychiatry in India. Incorporating a similar,

existing, theory to psychological counselling, validated by counsellor experiences was the direction that I decided to follow for my research. I was also confident that I wanted to focus on the counsellor experiences and not client experiences.

At the data collection phase it became apparent that what needed attention was not just the strengths perspective but also a place in which this perspective can be placed, in theory and reality. The data generated during my research was a revelation, as it distinctly pointed to the struggles of counsellors in India, their minority status and the lack of a voice in the mental healthcare profession in India and the lack of social respect for the profession in the workplace and in society. It dawned on me that the ideal place to start this research was by exploring, describing, explaining and sensitively transforming existing counsellor experiences. This basic knowledge would, potentially, establish a platform for the further development of practice and research in counselling in India. The awareness that '*without the counsellor there is no counselling*', was instrumental in the change of perspective that I had about my research.

Counselling relies heavily on the therapeutic relationship between counsellor and client. The roles are well defined although they are tailored to meet individual client needs. There is a lot of literature published describing counsellor roles and experiences in the West. However, as stated above, there is a lack of literature on counsellor experiences in India. If the only evidence to show that the process of counselling is effectively therapeutic in India is word of mouth, this opens up a whole world of research possibilities to explore, validate and disseminate knowledge about counselling practice in India. Since counselling begins with a practitioner, I chose to explore the personal and professional world of the counsellor in India. My intention is to carve out a niche in counselling research, in India, to represent counsellor voices and acknowledge the vast quantities of work that is carried out within a demanding cultural and professional context (Refer 5.0).

PAR as a methodological choice, described in chapter 3, was well suited for my research. It is democratic, experiential, inclusive, reflexive, cyclical and transformational. I was aware that my experiences were powerful; therefore, I wanted to include them in the research process and place them, realistically, with those of the other practitioners in a similar socio-cultural context. I had many questions that required answers which were unavailable in literature. The basis for the knowledge I wanted to acquire was unclear. PAR epistemologically aims to unearth this information through an interactive reflexive process. The above mentioned transformation refers to the breaking thorough of: habitual thinking, culturally learnt responses and unquestioned acceptance of the social reality. This was challenging because questioning of culture is generally viewed as a disregard for culture and was only possible because of the degree of group cohesion and the group dynamics that created a safe environment.

6.5 Group Dynamics

An outcome of the transformational process of PAR was the emancipation of the group members. One of the unwritten goals of the group was the acceptance of self, personally and professionally. The group sharing that I facilitated, with experiential questions about practice and other social realities, enabled members to gradually build trust. The initial inhibitions of the participants to share their struggles as practitioners disappeared and it became a cohesive, therapy like group.

Trust played a vital role in this PAR group. Participants trusted each other, trusted me as researcher-participant and trusted in the research process. The faith that was expressed in the promise of change, riveted by the intensity of sharing, was instrumental in developing a therapeutic setting. Communication flowed easily, with no long awkward silences or controversial power struggles. The pace of the research process in the group was maintained without needing too much facilitation. Members recognised each other's needs and individual ways of expressing themselves and used these observations to continue interaction

consciously. Some moments of personal sharing were addressed constructively and were responded to with empathy.

Phase two of data collection was the working stage of the group: the members were most vulnerable at this stage. The theoretical workings of this stage are explained in chapter 4. The significant transformation that took place was that this no longer became about 'data' which indicated a transformational process within the group. It is challenging to point out the exact moment of change as it was a gradual imperceptible, process. The body language of the members changed from formal to a comfortable familiarity; they related personal narratives without hesitation; a sense of confidence that the group was there to help and support each member prevailed; there were comfortable silences and the members consciously included me, and encouraged me to share my story and took on the responsibility of facilitating the interaction in turns. These are some of the subtle changes that I observed. They are documented in my research journal. However this sort of transformational process, in which the participants assume power, is difficult to document as it is evidenced from the participants' tone of voice rather than the content of what was actually said. The fact that they requested an additional meeting and then used it in this way, to open up to each other, is highly significant. My role changed gradually from the initiating practitioner-researcher to a facilitator-participant.

6.5.1 Power: Researcher - Practitioner - Facilitator - Participant

Power in groups is often viewed as a strong tool. In the facilitation of this research it is evident that although we had unequal amounts of power, there was no struggle between the participants and me, as power was definitely shared. The periods of silence were most powerful and the firm encouragement of the participants enabled the transformation from a passive counsellor into a dynamic professional who recognised his/her full potential. To channelize this transformation, my role as a researcher-facilitator, is seen by me as important. Theoretically it can be said that my role was neutral, however, in practice this was not the case. I was

conscious of my research aims and objectives and my motivation drove me to do this research. Only I knew the sacrifices that I had made to come this far in my PhD and this played a deeply rooted albeit sub-conscious role in guiding and sustaining the group through the research process. I had tremendous faith in my participants and was sure of their commitment and desire to help me achieve this goal. My facilitation involved initiating the process, allowing the group to take responsibility, empowering the group and steering processes in the direction of the desired goal. I was aware of the power the group had given me which stemmed from past experiences and interactions with me, personally and professionally. This knowledge of me, both personally and professionally helped to establish a 'safety net', initially, while the group assessed each other, to build rapport and trust. Therefore, as facilitator, I was overjoyed to be allowed to be: creative with activities; draw from experience and tradition; and improvise processes across diverse cultures, empowering change through implementation of generated knowledge.

6.6 Change and Empowerment

The generation of knowledge in the group was a collaborative effort. The participants pooled their professional resources together to share: knowledge; generate new knowledge; critically evaluate this learning; reflexively process learning; implement the learning and give constructive feedback. These are detailed in the previous chapter. The transformation that was seen in the participants was of great importance to me personally because it gave credence to my conviction that: a change was necessary, possible and that I had initiated this change. The professional emancipation each participant felt at the end of the PAR group empowered them to see themselves as effective professionals in practice and in society.

Change and empowerment, which are aims of PAR, begin within each individual. Each participant took responsibility for their attendance, contribution, involvement and collective participation within the group as a whole. Some of the changes that were noticed during the meetings at various phases were:

Confidence: in oneself, to voice feelings without fear of judgement – it enabled participants to talk freely about what they do and encouraged them to feel proud of their profession. It also inspired each one to value who they are and emboldened them to take risks. For instance: financial risks – to be certain that they will do well enough to sustain their practice. The confidence permeated through family and social boundaries, enhancing communication styles and personal relationships.

Strengths: The identification, acknowledgement, validation, implementation and feedback on strengths had a tremendous positive effect on the confidence of the participants. This was a change that I envisioned at the beginning of my research journey. I wanted to make a difference even if it was with one person. The fact that the group as a collective was able to integrate awareness, knowledge and strength into their practice and personal growth reinforces my belief that change is needed and possible.

Support: The support group was an outcome of the research group. It is a platform for professional interaction, peer supervision and knowledge sharing. The support group gives each member the therapeutic space to talk about the effects of their professional practice on the person; these effects, their consequences and other personal struggles that hamper effective practice.

I see this development as only the beginning of the process of creating change in professional counselling in India.

6.7 Reflexivity as an Iterative Journey

The reflexive process of PAR heightened the above awareness and learning. The cyclical nature of reflexivity, throwing back on itself knowledge and learning, was a gradual process towards emancipation. Reflection-on-action (Refer 3.8.3) through the writing of a personal log and a research log, although at the time, tedious, gave me the best perspective of this longitudinal study. What I failed to understand, at the time, was the influence of my physical and mental state on my research. In retrospect,

my journals established the development of the thought process and emotional growth, parallel to the academic side of the research. Looking at my journals, reflexively, through data analysis and thesis writing gave me a step-by-step account of my research journey. I quote two instances.

An extract from my research notes while transcribing:

'It takes so long to do them, but thoroughly enjoyable. So much learning and so much gratitude! This session seems strange, It was all my initiating, and all my talking. The group gave a massive response, and enjoyed it, I never thought I would share so much.' Sandhya 16-07-2014

And, a validating extract from my personal journal towards the middle of my thesis writing: *'Finally I am catching up with all my work... its nuts, it has been like my head was out of order all this time. I hope to do my work and well now.'* Sandhya journal 28-07-2015

It put into perspective the effort that went into doing PAR. The journey was paradoxical. On one hand it was isolating, as a significant part of the research was introspection, reflection and weaving in and out of reality attempting to create and substantiate the research aim; on the other hand it involved group activity, cohesion, support, supervision and dissemination. Reflexivity is also reflection-in-action, i.e. reflecting on the process of doing the research while doing the research. It was through a clearer understanding of this process that I became aware that I had changed my perspective of the study and how I related to the participants during the course of the research. For instance: processing the developments in the journey enabled me to analyse the subtle changes in the interaction between participants. As mentioned above, the initial formal interaction of the PAR group gave way to a therapeutic element. This encouraged participants to share their experiences as practitioners and as professionals in society. This took on a central role which was substantiated by the strengths perspective and socio-cultural influences. I understood that reflexivity is not learnt but rather, an experience of learning and is fundamental to any PAR.

6.8 Researcher

PAR is a powerful tool, where the researcher is an essential part of the research. Khanlou and Peter (2005), argue that participating researchers are committed participants and learners with specialised knowledge and training in the research process. I found that being the researcher-participant in the group, was a liberating experience. Over the last ten years the sense injustice of being professionally marginalised was overpowering. In the researcher's role it was empowering to be in a position that initiated, enabled and fostered change through a democratic, reflexive process.

The initial research and ground work involved in establishing this research was challenging, given the lack of published knowledge, especially from India. It also challenged the traditional assumptions of a practitioner-researcher. Aspects of counselling that were central to the research process were empowerment, ongoing growth of the professional within the social reality, professional guidance and supportive relationships. My experience, knowledge and initiative were the driving force of this research.

I was aware that the participants conferred, on me, considerable power to democratically manoeuvre discussions and experiences towards the generation of knowledge and initiating change. I withheld disclosing my experiences in the initial meetings, I wanted the group to reach a point of understanding and trust instead of having their thoughts and their sharing influenced by my sharing. The initial power of the role of a practitioner-researcher reduced successfully due to effective decision-making and gentle direction. Through this reflexive process I consciously sought to maintain an egalitarian group environment to ensure a professional balance of reflective sharing, experience and action.

Over the weeks of meaningful participation I shared my thoughts and experiences which synchronized with those of the group. The cultural values and realities of the profession stayed as the integral part of the

research. The intensity of disclosure, the community of experiences and consensus of wanting a change was unifying. I felt empowered when I found that I was able to identify these issues and bring together struggles that would generate knowledge and create change. I felt proud by the participants' dignity and mutual respect accorded to each other and the research. The desire to continue the process of change, post-research, demonstrated commitment to the goal. The support group continued to annihilate personal struggles, update information and work through challenges.

The process of data analysis was a deeply moving experience. It was insightful and revealed aspects that I had overlooked or missed during data collection. It also emphasised the importance of staying close to the data, being immersed in the experience and dedicated to my research goal. Initially it was just data as I was still in a 'data collection' frame of mind. After a few months of forced separation, due to ill health and writer's block, I began to recognise the usefulness of distancing myself from the data and returning once again to it, to find a different perspective which was not coloured by experience alone. This was also, probably, due, in part, to the intensity of the data and the degree of my immersion in the data.

Supervision with Bonnie and John, both of whom encouraged my staying away from the PhD, as a whole, for a little while to allow latent thoughts to emerge with adequate self-care, were concerned and supportive. As mentioned earlier, I was not receptive to the idea until it became an absolute necessity. I will definitely encourage PAR researchers in counselling to pay heed to this advice as it is pivotal to the growth of the practitioner-researcher. As the researcher I felt empowered as the impact of the findings dawned on me. I was able to navigate between my daily life, research and professional development with confidence tinged with a little anxiety. The anxiety stemmed from the fear that if I stepped away from the research journey, for however brief a time, I would lose momentum and the quality of my work would become diluted and this would be viewed by

me as a display of weakness rather than resilience, especially from a cultural perspective.

The actual experience was contrary to all my fears. It gave me renewed energy to analyse data and write my thesis; directed perspective to the future of my research which is discussed in the conclusion; and spurred the support group to an efficient and logical development of change and emancipation. The actual writing of the thesis reinforced my passion for this particular research. It propelled me forward to implement this learning in the given context keeping in mind the continued need for change and dissemination of the generated knowledge on a professional platform.

6.9 'I': My Learning and Transformation

My experience through this process has been one of growth through personal turmoil. I can liken this research process, personally, to a float in the pool when one is learning to swim. It keeps you afloat and prevents you from drowning. It was very rewarding to see the changes in members of the group and myself, making changes within ourselves first and then, with our clients. Working with these counsellors, people who work on emancipation as a way forward can be compared to dropping a pebble in a pond. This emancipation has a ripple effect. It also gives voice to the professional minority and is liberating.

The experience through this research has been phenomenal; it is all that I have wanted to do and more. What has come out of it is a greater understanding of the strengths in me, personally and professionally. The reflexive component and feedback from the participants has reinforced my awareness of these strengths. One learning that is significant for me is that *'a strength can also be a weakness'*. This insight was the hardest lesson that I have learnt. The inability to accept that I cannot do everything that I wished to do, all at once, and perfectly, was an unpleasant thought that I had to grapple with for a long period of time. It somatised in many ways and this held me back from achieving my goal. What I perceived as resilience, John (my supervisor) perceived as trying to be 'Superwoman' -

having an unrealistic expectation of myself. This, together with the isolating experience of the PhD, culture shock and burn out that I was just recovering from, was a deadly and destructive combination. The ability to see beyond this and validate my effort rather than focusing on failure was a transformation in me, that I am proud of.

All in all the experience of conducting a PAR study has been very fulfilling. I was afraid, initially, about conducting a pioneering study, in the field of counselling, in India. It was all new: living in a new country, the PhD, the methodology, method, researching counselling in India while living in a different country and reflexively analysing data. I feel emancipated at the end of my research journey. I know I own my work and willingly accept the responsibility that comes with it.

I also realise that I want to continue to practice in India, as the need here is great and I feel that I am in a position to make a difference. Counsellors here need support and they need their voices to be heard. Not just within the community, but internationally. I am blessed with the academic, social and economic status which is an added advantage for me to make myself heard and set off the spark of change in the counselling profession in India. There is a dire need for professional counsellors in India as much as there is a tremendous need for an organisation to address and put in place ethical standards for counselling practice in India. Counsellors need opportunities to further their academic and professional growth through research, access to journals, publications, training and clinical practice. I hope to disseminate knowledge through this study and hope that it will open some more avenues that will help to achieve the above.

6.10 Limitations

The small sample size of seven counsellors, who are predominantly women, as there are limited men who are trained in psychological counselling in India, might be considered a limitation of this research project. However, the small number of participants, which can be considered to be a lack of representation, facilitated the interaction within

the group and had little bearing on the project's basic logic (Crouch and McKenzie, 2006). The fact that there are more women than men also has little bearing on the findings because in reality there are more women who train and practice as counsellors in Bangalore than men.

The proportion of religious affiliations among the members may possibly be considered a limitation. There are 6 participants of different Christian denominations and 1 Hindu. The religious affiliation of the participants was pronounced when it came to coping styles. All participants used God and faith to fall back on and then family came next. Since the outcome of this is positive and it has little influence on their practice or other professional interaction I considered it 'strength' rather than a limitation. I would like to draw attention to the fact that most counselling training centres in India are run by Christian organisations. This may be significant in the representation of counselling training in the country. However, when statistical comparisons are made in the religious population of the country, Christians in India⁵⁹ are a minority (India, 2011). Though this is the case, counsellors see clients from all denominations, regardless of their religion, caste⁶⁰ or community.

The knowledge generated and developed in my research may not be generalised to all counsellors, counselling centres and training programmes in India or to Indians as an ethnic minority in other parts of the world, as it is constructed in the cultural context of urban Bangalore. It is very likely that practising professional counsellors in India will share a large number of the experiences that are mentioned, personally and professionally, as the findings represented are from participants of diverse cultures within India. And, I hope that, this study will enhance the future of the counselling world in theory and practice, especially in India.

⁵⁹Religion in India: Hinduism (79.8%), Islam (14.2%), Christianity (2.3%), Sikhism (1.7%), Buddhism (0.7%), Jainism (0.4%), Other religions (0.7%), No religion (0.2%)

⁶⁰Caste: Caste is usually connected with the Hindu philosophy and religion, custom and tradition. It is ingrained in the social institutions in India. In Sanskrit: caste is varna, which means colour. It is divided into four main varnas - Brahmins, Kashtriyas, Vaishyas and Shudras. This system was prevalent during the Vedic period and was primarily based on division of labour and occupation.

6.11 Dissemination

It is of value to me that the findings and recommendations of this study are disseminated to as wide an audience as possible. These include my colleagues, peers and anyone who has similar interests in PAR, psychological counselling and counsellor experiences. Some ways of communicating my research process and findings of the study will be through publications in peer reviewed journals (counselling, psychology, research methods and education). They will also be presented through posters and presentations at conferences: within the University of Leeds; topic related conferences within the UK, internationally, in India; and other parts of the world. For instance, I presented a paper at the '3rd International Conference on Counselling, Psychotherapy and Wellness' and the '4th Congress of the Society for Integrating Traditional Healing into Counselling Psychology, Psychotherapy and Psychiatry' on the 6th of January 2016 and I am writing a paper for the publication of the same. I hope that the impact of my research, through publications and presentations, resulting from the study, will be far reaching.

It is my intention to return to India after my PhD. I look forward to disseminating the findings of my research in my everyday practice. In my role as a counsellor, I will continue to use the strengths perspective and encourage clients to become aware of their strengths and use this perspective in their interaction with others. As a teacher, I hope to reduce the inhibitions of counselling students to do research, especially qualitative research. From my experience of doing this study and living the research process, I want to guide and encourage as many counsellors to question their professional inadequacies and embark on exploring and creating a change as practitioner-researchers, especially through the use of PAR. As a professional, in society, I will continue to conduct awareness programmes and counselling skills workshops. Through these, I intend to use the findings of this research: to bring about awareness among counsellors and other mental and general health care professionals; to emphasise the value of counselling and counsellor experiences in India; to recognise the

importance of personal, professional and socio-cultural strengths; and focus on the need for on-going research and professional development and the relevance of using this growth for the change, development and emancipation of psychological counselling in India.

The findings need to be grounded in the harsh reality of society, in India, where, for various reasons, some of which are mentioned in chapter 1, 2 and 5, the value, the implications and impact of psychological counselling as a profession is minimised. The dissemination of my findings through multiple forums consisting of practitioners, academics and other professional and non-professional members of society, it is hoped to trigger a ripple effect of change, from the present narrowed perspective of counselling to a greater awareness of need and importance. This research also applies to many other regions in the world, where counselling is undeveloped and somewhat misunderstood, and will be valuable if disseminated effectively. It is about developing professionalism as opposed to chaos which tends to exist at the moment (Lees, J. Supervision notes, 22-08-2016).

I consider it important to communicate my findings to my research participants. Apart from a sign of gratitude for their time, effort and co-operation, I feel that it is crucial that the findings of this study are communicated to them. They will be given copies of my report on the findings. Those participants who are, still, a part of the support group will be included in discussing further recommendations for the study and the implementation of these findings. The participants will also disseminate the findings through their practice, independent research and other professional interactions. I am confident that it will initiate a change in counselling practice for Indian counsellors within India and abroad. Over time the findings, if further researched, might be able to be generalised to the practice of counselling in different parts of the world.

6.12 Implication in Practice, Education and Research

6.12.1 Practice

The study intends to create a foundation or a medium for the practice of professional counselling in India. The strengths perspective includes the understanding of culture, traditions, values and their influence on the strengths of clients. Counsellors help clients feel validated and reinforce that in their own reality. They have the resources to create change in their own lives; become aware of their own strengths and the role these strengths play and learn to use these strengths effectively, especially in times of emotional stress. This awareness might also create an understanding of which strengths are useful and to what extent they are enabling, in varied circumstances. Clients will, most likely, feel confident enough to be able to work towards a change that they see as enriching; a change that is within their ability to make, within the boundaries of their social environment. This endeavours to encourage autonomy, positive introspection and to grow to be a platform for change and for coping with reality. The awareness achieved through the strengths perspective, is meant to encourage counsellors to become reflexive about their own practice and subjective functioning. This research aspires to be the beginning of a more pragmatic approach to counselling, effectively putting into practice the multi-cultural understanding of professional psychological counselling in India.

The dissonance experienced when taught Western theory is applied to an Indian population evidently shows that there is a need for an adapted or new theoretical understanding for the Indian population, taking into consideration cultural traditions, values and concepts. The development of self; the positive influence of family, faith and culture; and the implications of burn out are signs that allow practitioners to be watchful in their practice and focus on their own well-being. This improves the quality of their professional and personal lives facilitating growth and building a healthy resilience.

This research also encourages practitioners to become united through their practice. The development of the support group as a community of practice, providing supervision, support, encouragement and ethical guidelines informally, is intended to create a body of counsellors whose voice is more likely to be heard in the larger field of mental healthcare in India. There is a great possibility that these groups can eventually develop into an organisation that will provide standards for counselling practice and also create a professional network to integrate mental healthcare practitioners in a common forum. The support group that is an outcome of this research will continue as an informal group until it can be formalised. This group is intended to be open to other trained professional psychological counsellors practicing in India who fit the criteria.

6.12.2 Education

The knowledge generated and co-constructed by the PAR group aims at influencing counselling training from an experiential perspective. The realistic picture of counsellor experiences and cultural influences, given in this research, has an impact on the adaptation of Western theory, in practice, in India. Introducing trainee counsellors to this perspective would have a ripple on: the ability to critique existing theory and practice; questioning educative value and appropriateness of cultural transferability; and research and generation of new knowledge to develop and strengthen psychological counselling theory in India.

6.12.3 Research

My purpose is to add to the existing knowledge base of qualitative methodological approaches, especially PAR. To give other counselling researchers, especially where psychological counselling is still in the developmental stage, a culturally sensitive, reflexive model to generate data that is context specific and one that involves a collaborative, democratic and transformational process.

Further research can be done to build on this perspective and help to adapt this model to other populations. With limited existing research work in the

field of psychological counselling especially in India, this study aims to give insight into the current practice of trained counsellors in India. This strengths based understanding of counselling in India intends to encourage other researcher-counsellors to do research in the field so as to validate, establish and address the rapidly growing need for psychological counselling.

6.13 Conclusion

This research is a personalised, reflexive account of my experiences and those of the participants and it must not be generalised to all practitioners across the country. The acknowledgement of these realities however, is just the commencement of further research in the field of the counselling practice in India. The conclusive elements of my research are encapsulated in the next chapter.

7.0 Conclusion

7.1 Introduction

In this study I set out to explore the professional experiences of psychological counsellors in India through the cultural lens of a strengths perspective. I identified the essence of professional psychological counselling practice in Bangalore, India. This research explored the following research problems.

- Current practitioner experiences in professional counselling practice and the development of a strengths based perspective in the Indian context.
- Create an awareness and understanding of the realities of counselling practice in India and the influence of family, culture and society on the practitioner, professionally and personally.

The general academic literature available on this subject in the Indian context was limited and did not include counsellor experiences. The study found: the drive behind the motivation to train as a counsellor, social and professional challenges of practice in India; the strengths required for the diverse, professional roles and the importance of establishing a community of practice for counsellors in Bangalore.

7.2 Establishing the Playing Field

The recurrent question was where to place my research problem in existing literature. The extensive review of literature showed clearly demarcated pockets of research with reference to counselling in India. Some of these were the following: the influence of Western psychological counselling theories, ethics, experiences and on-going research developments; Eastern understanding of psychology, traditional/alternative healing and practice of 'counselling' – a term used generally for most psychological services provided by professionals and non-professionals involving 'talk therapy' with no particular reference to trained psychological counsellors; determining and practising of multi-cultural counselling in Western countries with Indian or South Asian populations; and, an attempt to

bridge the theoretical gap between Western and Eastern psychology (Laungani, 2010); the strengths perspective: its theory and practice in social work and psychiatry in India.

The above mentioned areas of literature, although they covered a wide range, did not define a playing field within which my research problem might be situated. It exposed the obvious dearth of evidenced research in psychological counselling by psychological counsellors in India. From my own experiences I know that counsellors in India do tremendous amounts of work which is undocumented and therefore goes unnoticed. At this point in my research I chose to adjust my researcher lens to focus more on exploring counsellor experiences in India and delve into strengths from the counsellor's perspective. This established a definite placement for my research findings without requiring evidenced literature to defend them but, rather, conceptually validate them.

7.3 Methodological Design and Implementation of PAR

The dialogical deliberation of methodological choices with my supervisors ended inconclusively, with a strategic reference to PAR. This was a significant moment. The realisation that I had found a methodological design that accommodated changes to suit the study, keeping its principles and aims, was incredible. The flexibility of PAR, as discussed in the earlier chapters, was perfectly suited for my study. It was the beginning of my metamorphosis from two identities, one as a counsellor and the other a researcher, to becoming an integrated practitioner–action researcher.

I chalked out a flexible plan (Refer 4.8, Figure 2) within a semi-structured timeframe, to identify and recruit participants, plan group meetings, transcribe audio recorded data, do a preliminary analysis of the data and verify it with the participants. The plan was approved by SHREC, after which I travelled to India to collect data.

As I soon discovered, most research seldom goes according to plan. Identifying participants was easy. However recruiting them for a long term research project with no tangible incentive was difficult. The 8 recruited

participants dropped to 6. The PAR group was a group of 7 including me as the participant-practitioner-researcher. The four phases of data collection took over eight months, during which time I transcribed the data; did an analysis of the data based on group experience, observation, intuition and reflection.

The research, in keeping with the aims of PAR, as stated above, explored, in detail, experiences, cultural influences and identification of strengths of the counsellor personally and professionally. The process was gradual, reflexive and powerful. The knowledge shared, generated and co-constructed, transformed the participants from being passive to progressive practitioners. The group dynamics, influenced by the use of counselling skills, by all participants and a democratic style of facilitation, developed a therapeutic component. This change moved concentrated, power from me, as the researcher, to shared power/responsibility with the participants. These subtle changes experienced by the group, over time, strengthened our resolve to forge on and reinforced our desire to be instrumental in making a significant difference in the field of psychological counselling in India.

7.4 Realities of Practice as Research Findings

The realities of practice detailed in chapter 5 demonstrate the reflexive cyclical rigour of PAR. The synthesis of data is an on-going process even after data saturation. The experiential nature of the data brings new awareness with every reading. Therefore, I have used a reflexive method to analyse my data with a contextual representation of the participants sharing. The data was given a socio-cultural context and presented in a manner that maintains its originality.

The participants' reflection on the process was recorded through their feedback. Their enthusiasm to continue to meet as a support group reinforced my initial view that counsellors in India need professional support. There is a great need for change in counselling practice, where the

'oppressed' counsellor is professionally liberated and whose voice can be heard in the field of mental healthcare in India and abroad.

The focus on strengths validated their hard work. This was uphill task given the continued resistance and stigma that attaches to it in society.

Ironically, the same society acts as a safety net in times of distress and professional burnout. The strengths perspective, when implemented in practice, mirrored the learning and insight gained through the group process. The ripple effect of this is a positive outlook on practice where culture is used as a tool, effectively, not only with clients but also with the counsellor's daily functioning and coping.

I also found that the Indian counsellor paid attention and was sensitive to the many facets of the Indian culture that are present today, as opposed to having, only, a theoretical outlook. Towards the end of data collection the participants felt empowered. The catalyst for change within each one was triggered by voluntary and deeply satisfying group interaction. This cultural awareness motivated participants to bridge the dichotomy of their counselling practice (East-West), especially as they now have a professional support system in place.

7.5 A Transformative Outcome

The participants, recognising the need for change and their decision to make this change was transformative and emancipatory. These outcomes are in keeping with the process of PAR. Change is personal! The participants distinguished, very clearly, the difference between attempting to change a system versus being instruments of change. The emancipation that ensued was reinforced by the other members of the group, through their support, validation, encouragement and constructive feedback.

The research group transformed into a support group: it is a safe space for practitioners to discuss cases, make referrals, access peer supervision, encourage new research, share knowledge and create a professional network. The group continues to meet once a month. We aim at developing into a community of practice where: members will be

supported; develop standards, ethical considerations and guidelines for counselling practice in India; spread awareness by providing reliable information about mental health and services provided; care for the same in the hope of reducing the social stigma and positively promoting mental healthcare.

The support group, as of today, is primarily, as the name suggests a *support* system for its members. There is no formal structure for the group. We have a technological application that keeps all members connected. This is also our source of communication with each other and a platform where information is shared such as requests for referrals, counselling conferences, papers published, job openings and logistics for future meetings. The fellowship that the group generates ensures the voluntary attendance. The members feel a sense of responsibility and ownership towards the group. A positive outcome of these meetings is that a couple of members of this support group have started similar *sharing sessions* at their respective workplace. The idea was well received by the employers as was the platform for counsellor interaction with other counsellors and mental health professionals within the organisation.

The group is a dynamic group and this is seen from the professional changes each member has made. The transformation from passive professionals accepting a mediocre standard of professional dignity to acknowledging professional and personal strengths, giving value to the quality of service they provide. This has resulted in changes in employment, taking initiative to organise mental health awareness conferences, pursuing PhD's and accepting that influence of physical, social and cultural aspects on the person of the counsellor. It is over two years since the first research group meeting. The support group is gradually establishing itself professionally. I hope to accelerate this process formally, giving it a professional identity after my PhD.

7.6 Recommendations for Future Research

The focus of this study is to establish a base of knowledge about counsellor experiences in Bangalore, India. This implies that this research is a pioneering piece of work. The entire field of professional counselling in India has limited research, as mentioned earlier. At the end of this project I have a few recommendations for future research.

To use these findings to help generalise counsellor experiences across India. It will be a productive research project to identify practicing professionally trained counsellors across India. This can be done by using the findings of this research to develop a questionnaire that is semi-structured which will be administered to counsellors. The data collected can then be used data to analyse and generalise counsellor experiences in India. The process of identification itself will create a directory of psychological counsellors in India through which professional networking, and from which a body of motivated counsellors can work towards building a professional organisation for counsellors that will augment our existing support group, nation-wide. This will make it easier to address some professional needs such as developing an ethical framework, professional conduct, supervision, standards of practice and access to professional practitioners.

Another recommendation is to extend PAR as a qualitative enquiry in counselling and in India. As mentioned in section 3.5, PAR is seldom a methodological choice in counselling research, especially in India where quantitative research is dominant. PAR is a transformative process that I found flexible to use in areas of practitioner research that have not yet been explored. It is a longitudinal methodology, however, it allows for participants to give detailed, subjective experiences of their reality. There are some limitations with long term data collection attrition for instance (Refer 4.3). If this is managed well PAR is ideal.

The methodological processes in this study are a good example for other practitioner-researchers especially in counselling. I have given a step-by-

step account of the process so that it can be understood by researchers who are hesitant to embark on a PAR study. It also may be replicated or adapted as I have adapted PAR to my study in India. I would like to caution the researcher: A PAR group works a lot on the good will of the researcher in question. It is a delicate balance between research, therapy and socialisation (described in chapter 5). The intensity of data is embodied by the researcher and if this is analysed slowly, by distancing oneself from the data, it leads to an insightful development. PAR can be developed in communities of practice (Refer 5.7.2) which sustain not only the long term research project but also post research, research. PAR, from my experience, is safe to use with practitioners.

7.7 Conclusion

My research in working towards the 'development of counselling practice in India,' from the perspective of the counsellor, has shown very satisfactory and heartening results. It is one step ahead in reducing the paucity of evidenced literature. The use of PAR with academic supervision provided the structure, skills and tools to carry out this research with reflexive rigour. The academic significance of this research is the impact that it aims to have on counselling training, practice and research in the future by other practitioner-researchers. Although this is the end of my PhD research, it is the just the beginning of my life as a trained practitioner-researcher. I will, most certainly, use this research to pioneer change, through professional emancipation of counsellors, thereby altering the perception and practice of psychological counselling in India, and hope that it will be a landmark piece of literature that will help and guide other researcher-practitioners world-wide.

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Appendix 1: Sheet to gather Information from Participants to begin discussion:

Phase one, Meeting one

Date:

Participant Name (Optional/Initials):

Gender:

Year of Completion of Masters in Psychological Counselling:

- Course UGC Approved:

No. of Years of Counselling Practice:

Areas of Practice:

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Theoretical Orientation in Practice:

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Theoretical Orientation in Philosophy:

Appendix 2: Participant Information Sheet**UNIVERSITY OF LEEDS****A Strength Based Model of Counselling for India**

I would like to invite you to volunteer to take part in the above named study, however before you decide, please read the following information. It is important that you understand why this study is being done and what it will involve before you volunteer to take part.

Please ask if anything is not clear or if you would like more information.

What is the purpose of this study?

The purpose of the study is to develop a strength based model for counselling for India that is culturally discerning of the urban population of clients that seek psychological counselling professionally.

Who is doing the study?

This study is being done by Sandhya Rasquinha, a PhD student based in School of Healthcare, University of Leeds, UK. This work is being supervised by Dr. Bonnie Meekums and Dr. John Lees from the discipline of psychotherapy and counselling within the School.

Who is being asked to participate?

I am asking individuals who are trained practicing counsellors - counsellors with a Masters (MSc) Psychological Counselling approved by Bangalore University. Potential participants should also have a minimum of three years of work experience.

What will be involved if I take part in this study?

If you take part, you will be required to attend a focus group, once a week for 9 weeks with breaks between each stage. Each focus group will be approximately 3 hours long. Day and time of meeting will be decided as convenient to all individuals participating. The sessions will be arranged during normal working hours at a time that is suitable to you and will take place on 1B, Alfa Museum, 5/2, Museum Road, Bangalore – 560001,

Karnataka, India. There will be refreshments provided at the end of every session.

The focus groups will be divided into four stages:

The first stage –with the help of a topic guide you will be asked to focus on the positive and challenging experiences of counselling as a profession. This will be conducted over three weeks. The group participants will remain the same. These 3 weeks will also include the sharing of practical experiences of the researcher. There will be a 5 week break after this meeting.

The second stage - the designing stage, semi-structured input about strengths and the existing strength based models for counselling and the ability to culturally adapt this model to current practice will be discussed. You will be part of a collaborative effort of designing and creating strength based model for counselling. You will be asked to try and implement this perspective in your on-going practice in the following three weeks. They will be asked to write all their observations, experiences, client feedback if any or audio record sessions and observations as per their convenience. There will be a 4 week break after this meeting

The third stage – you will be asked to explore experiences of practice after the awareness and implementation of the strength based perspective over three weeks. There will be a 4 week break after this meeting

The fourth stage – you will be asked to help derive an action plan collaboratively, using the preliminary finding from the data as well as give and take feedback.

The participants will be given the time to interact before each session, comfort breaks in-between and given refreshments at the beginning of every session.

There will also be two to four week breaks between each stage of the process.

Will the data obtained in the study be confidential?

Yes, all information provided and data collected will be kept confidential. Your name and contact details, and the signed consent forms, will be kept confidential, stored in a secure place and only accessed by the researchers involved in the study. Personal information will not be linked to the data

gathered in any way. Gender and age (not birth dates) will be recorded however; this will not be linked to any names. Data will be anonymised and kept for 2 years after any professional publications arising from the study.

What are the advantages and disadvantages of taking part?

You will need to give up some of your time to take part. Although there are no direct benefits to taking part in this study, by taking part you will get a common platform to evaluate whether the experiences of others regarding practice are similar to your own. You will also be part of a collaborative effort to develop a model that will bring a change to your professional practice. You will also help us gain an understanding of the current practices and experiences in professional counselling in India and help develop a strength based model for counselling that could potentially be more understanding of the urban Indian population.

Can I withdraw from the study at any time?

Yes. Your participation is voluntary and so you can change your mind about taking part and withdraw your participation at any time (prior to and during the focus group) without giving a reason. If you withdraw part way through the focus group sessions any data already collected will not be deleted. It will not be possible to withdraw your data after the focus group sessions. All data will be saved and stored anonymously.

What will happen to the data of the study?

The data gathered will be recorded, transcribed, analysed and kept for 2 years after completion of the study including any publications, prior to deletion.

What will happen to the findings of the study?

The findings of the study will be written up in the form of a PhD thesis, disseminated through publications in peer reviewed journals (counselling, psychology and education) and presented at conferences worldwide. A book may also be planned after completion of the PhD. All data used will be anonymised.

Who has reviewed this study?

Ethical approval has been granted by the School of Healthcare Research Ethics Committee (SHREC/RP/296).

If you agree to take part, would like more information or have any questions about the study please contact:

Sandhya Rasquinha

3.35 PhD suite

Baines Wing

School of Healthcare

Faculty of Medicine and Health

University of Leeds

LS2 9JT

Tel: 0113 3433397

Email: hcsmrp@leeds.ac.uk

Thank you for taking the time to read this information sheet.



A Strength Based Model for Counselling in India

Please confirm agreement to the following statements by putting a cross in the box below:

I have read and understood the participant information sheet

I am aware that I can ask questions about the research and receive satisfactory answers

I have received enough information about the study

I understand that any information I give may be included in published documents but all information will be anonymised.

I understand that the focus groups will be audio-recorded

I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study

I understand that I am free to withdraw from the study at any time without giving a reason. If I withdraw from the focus groups part way all information obtained from me will **not** be deleted in the study following my withdrawal, but will be anonymised.

I understand that all interaction in the focus groups are confidential and I will respect each participants presence, identity and sharing.

I agree to take part in this study

Participant Signature Date

Name of Participant:

Researcher Signature Date

Name of Researcher: Sandhya Miriam Rasquinha
Prabhu

Thank you for agreeing to take part in this study

Appendix 4: Personal Practice and Theoretical Affiliations

Phase One

Participant Information relevant to Research – ‘**A Strengths Based Model of Counselling in India**’

Date:

Participant Name (Optional/Initials):

Gender:

Year of Completion of Masters in Psychological Counselling:

- **Course UGC Approved:**

No. of Years of Counselling Practice:

Areas of Practice:

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Theoretical Orientation in Practice:

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Appendix 5: Strengths Activity created as an Outcome of the PAR Group**NAME YOUR STRENGTHS**

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Phase III, June 2014: (Courtesy Benjamin Paul; Created by Sandhya Rasquinha)

Appendix 6: Feedback Sheet: after Every Meeting

Feedback for Today's Meeting:

Date

Overall Experience:

Experiential Learning:

Suggestions for Future Meetings:

Appendix 7: Preliminary Feedback (Given to Participants)

Goals of the Research

- Emancipatory, Transformational, Community Development, Empowerment of the Community
- Look for examples of community empowerment
- Areas of counselling that a counsellor in India needs to cover
- Strengths and culture
- The person of the counsellor
- Peer supervision and developing research.

The Participatory Action Research (PAR) groups brought out various aspects of the life of a counsellor in India. Bangalore being the centre of Mental Health in India, (the word India is used here synonymously with Bangalore), the research was conducted here. The group consisted of psychological counsellors with a Master's Degree in Psychological Counselling, with over 3 years of Clinical Practice.

Each group was conducted with a sense of direction and a purpose, with boundaries set by the researcher. The researcher was also a participant in the group. The sharing was unstructured and non-directive. Feedback sheets and refreshments were given after each group.

Some of my general impressions of the data collected over the last 7 months are as follows:

Professional counsellors have a challenging work cut out for them. There is limited role definition unless one works for oneself. Amongst other mental health services counsellors have marginalised voices in India. There is no structured body that governs the service provided.

So what does it mean to do Counselling in India? And what are the Strengths?

This research has been an organic process with an emancipatory transformational approach. Listening to the participants; collaborating with them and not overly guiding them, instructing them or artificially structuring it for them.

Some aspects of counselling in India for the counsellor:

There has to be a deep Sense of service, 'just get on with it' and stoicism (cultural), that is unsaid.

So an enquiry of what works for counsellors in India? What meets their clients' needs? What role does culture play? How does this fit with their cultural sense of self? What sustains them in this work? What strengths do the counsellors have? What strengths does culture have?

Acceptance of self and others for counsellors is cultural rather than religious/spiritual. This can be interpreted through multiple lenses – (cultural, spiritual and religious). Therefore training to become a psychological counsellor includes alternative healing and Indian psychology. Irrespective of what religion the student comes from.

There is also difficulty in integrating the Indian model of healing and psychotherapy, even though when applied is very effective with the given population. Thus the student/counsellor develops an ambiguous understanding of what theoretical understanding to apply.

This then leads to a "trial and error" way of functioning and this "trial and error" works. Learning from mistakes – what are these mistakes and what are useful? Professional and individual introspection is important. There is an underlying aspect of faith that is universal and respected. Faith understood as any source of a Higher Power. This is more culture bound than religion. Social stratification, gender, age, language and social aspects of society play various roles in an Indian's life and the counsellors' awareness, developing the ability to adapt needs to be high. The collective versus the individual can sometimes be a challenging body to work with.

The professional distinction, personal and social interaction within the society at large is a double edged sword and can work most often against the counsellor socially. For instance: social isolation on one hand and having to bear a social burden of having to listen as an expectation (social guilt), on the other. Similarly, the Role of a counsellor in a professional

setting also gets confused, as someone who takes care of all that needs to be taken care of in the institution.

This cultural strength is also the weakness, the individual as a person and as counsellor belongs to a family, community and society at large. These act as protective supportive layers at all times, however movement and change within such a tight structure is slow and resisted.

So how do Counsellors Cope?

Exercise, writing journals, occasional supervisions, meeting peers to discuss cases, family and social outings. What else can be done? If the 'Strengths' perspective is looked at through a cultural lens, the areas of self, faith, society, religion and work can be extracted through professional and personal interaction within the medium of a support group. Counsellors find themselves to be lonely and heavily worked with a heightened sense of responsibility. These can be addressed through personal therapy which is also a challenge as there are limited professional counsellors, and the fraternity being so small that most of them are known to one another personally or in a professional capacity which prevents therapeutic excellence.

Thus the support group could provide a therapeutic, supervisory and emancipatory setting for the growth and development of its members.

The support group in itself is a bi-product of this PAR group. It has brought about a sense of safety, security and something to fall back on. There is trust and camaraderie which enhances learning. This is something that needs to be continued and sustained, in the future, which might prove to be challenging. It would take a collaborative effort for the participants to meet to help survive in a culture that doesn't support them. It would be the end of my commitment to the group in terms of a researcher and I would like to be part of the group as a participant.

My Experiential Learning

The growth of the Participatory Action Research (PAR) group has been developmental, emancipatory, consultative, supervisory and therapeutic with a focus group element. The primary focus of this group has been for the collection of data. There has been no map to follow; the group has progressed with each one working out; through deep introspection, sharing their experiences, taking back with them ideas, feedback and applying them to their personal, social and professional lives. The entire experience has been 'Wholesome'.

My experience through this process has been growth through personal turmoil. This process has been personally like a float in the pool when one is learning to swim. It is rewarding to see the changes in members of the group and myself. Making Changes within themselves first and then making changes with their clients. Working with these healers/ therapists, people who do the emancipation in a way, feels like dropping a pebble in the pond, the ripple effect is the emancipation.

The experience has been phenomenal; it's all I've wanted to do and more. What's come off it is a greater understanding of strength in me personally as well as a professional. I have also realised that I want to practice in India, as the need is here and I feel that I am in a position to make a difference. I have understood there is a dire need for counsellors in India. Counsellors here need support and they need their voices heard. Not just within the community but in the world at large. They also need opportunities to further academic and professional growth through research, access to journal, publications, training and clinical practice.

An in-depth introspection, discussion, action and feedback working from a strengths perspective gave me the awareness of my own Strengths, the strengths of my colleagues and the need of the profession in India today. A counsellor in India is a minority, standing alone against other socially accepted mental health professionals, family and society. It is a delicate balance which very often ends in unnecessary burn out.

Action for the Future:

Do a detailed analysis of the data experientially and through an existing theoretical frame work (Narrative Analysis).

Publish with the help of Dr. Bonnie Meekums and Dr. John Lees (my Supervisors).

Build a professional system, a professional organisation with an accreditation system in India. Take more responsibility for the application of this research in the future based on the positive issues that have come out of the research.

Let it be action related, to go beyond the research, continuing the PAR.

Strengthen and sustain the created support group/system for counsellors.

Strengthen Clinical practice among Counsellors and Counselling Trainees

Participants Contribution to this Research

The above is a preliminary outlook on the analysis of data and methodology of the research.

I am most grateful to all of you for your full cooperation and support through this entire process, volunteering to be part of my research and diligently coming to group meetings for many Saturdays for the last 8 months.

I hope that this research will bear fruit of all the time and effort put in by all of you. The analysis and thesis is expected to be completed in over's a years' time and I am looking forward to giving you a completed version of the research and its outcome.

The data collected is a great resource and I am very grateful. I hope that you will feel like you have contributed to something worthwhile which in the future will be used to make a significant change to counselling in India, through publications, training, clinical practice, supervision, support

groups, forming a formal organisation and spreading of general awareness within the Indian society.

Thank you and All the Best.

Appendix 8: Feedback Received from Participants after Data Collection

Sunya: 'Thanks for reminding me about the feedback. Seeing the mail alert I thought I need to key in my feedback from my sickbed. And I am doing it with joy :)

From the time you asked me if I could be part of your research group to now, I think I made a brilliant decision :) to be part of it. I have personally grown and become better skilled counsellor, sometimes even just by being there and listening to others in the group. The time that I got to share my view on various topics was more than enough. Thank you for listening. Thanks for asking me to be part of the group :)

I think you had well planned the sessions and you were flexible in moving out of the plan when discussions went beyond the topic. I appreciate your courage in choosing a challenging topic that most would shy away from.

With regard to the support group, I think that too was a very good idea. I have personally gained lots of emotional and professional support from the group.

The food provided was simply delicious. Yeh dill mange more!

Wish you all the best as you sit miles away from the research group and continue to work on the thesis. You and your work are in my prayers.

Ophelia: I'm not sure what your expecting, but I'm just going to put down a few my thoughts anyway.

I liked how you eased everyone into talking about their journeys using a conversational, curious and genuine approach in your style. Its something that I've always admired.

Another thing I quite liked was your attention to detail from the coloured stationary, the flowers in the corners, to the ohhh sooo glorious food. So much effort n care went into it.

I appreciate you for the space you created, and the sense of comfort you ensured we had with each other regardless of the existing relationship we did have with members.

I've been to many groups conducted by all sorts of therapists, healers... etc... but in this group I've found that 'keeping it real' vibe. Goes without saying, it probably comes from your sense of connectedness with all things real (nature to politics).:)

I did get a lot out of the group. For one like minded people to just discuss life with, or to talk about genuine concerns with clients. Discuss ideas pertaining to burn out 'stuckness' or ethical issues. Each session was fruitful for me to share, as well as to listen.

Thank you for letting me be a part of it. And God bless you on your journey through this research.'

Surya: 'Thanks so much for the loving card, I was really touched; the gift which is so beautiful and the sweets which remind me of the times we spent together, exploring and enriching ourselves as Indian Integrated Counsellors!!

I have been trying to put into words all that I benefitted from the process of your data collection and it seems I am at a loss for words. Just being together as a group, supporting each other, feeling comfortable sharing, learning from the other and just being able to be myself speaks volumes about how much I benefitted.

I think the most important thing that I learnt is that there will always be problems and weaknesses but it's important to focus on the strengths and positives in one's life and half the battle is won.

Even though there was so much happening in my life I still made it a point to come over on a Saturday afternoon and I have no regrets as I enjoyed every moment ... not just the sharing and the inputs but most specially the refreshments which were yummy... and which I am most certainly going to miss.

All the best as you go back to the UK to complete your PhD. Hope to see you back soon as Dr. Sandhya.'

Vini: 'The group gave me support and a sense of belonging. Gave me hope and strength to continue working as a counsellor. Motivation to work on my issues was a lot more and working on my stage-fear was a huge step for me.

Newer perspectives and having many more options to handle an issue with a client was a learning process. The most important learning aspect for me was recognizing strengths of own and become aware of the times I used strengths as a way to help clients.

I enjoyed the activities since they were fun and interesting. The humour and the informal environment added to the effectiveness of sharing and communicating with the other members of the group.

I realized that counselling is such a tough profession after I joined the group. Didn't have the realization prior to everyone sharing their experiences.

Hope this helps. These were the ones I could remember for now. Let me know if you need more. Will take more time and write in tomorrow.

Also, very grateful that you chose me to be a part of this group. Enjoyed every single moment of it. Oh, the food was heavenly!:-)

Irma: I'm sorry that it has taken me a while to send you my feedback. I'd like to begin by thanking you for wanting me to be a part of your research and for forming the support group, I'm really happy that I could help or

rather contribute with my experiences. This has been a wonderful experience both personally and professionally. Being a part of the group had been rejuvenating in many ways, it's helped me see myself as I am, and what I want for myself. The greatest benefit I've received from being a part of the group is recognition that I am (or at least was) stuck in a rut and what to do in order to get myself out of it. I feel less afraid of taking that step now because I know I can speak about it to people who understand how that feels.

The focus on strengths also helped with this, and being a part of the group helped me recognize my strengths as well as acknowledge and use them. My confidence in myself as a person and as a counsellor has increased. As I've mentioned during group meetings, this focus on strengths has also become a focus in my practice along with a keener understanding of multiculturalism, it's strength and significance both personally and professionally. I have always believed that a strengths' perspective is effective and empowering and being a part of this group with you and the others has confirmed that belief, so thank you again for that.

Personally, I've become more patient and tolerant of the people in my life mainly my family. I've begun to appreciate their presence in my life and also to reconnect with them. This I attribute to being a part of the group because I no longer feel like I'm different from most people and that they won't understand me. Being a part of the group had helped me become more communicative with them and I've found that they are able to understand me, although this is a work in progress ;) And my buying a car is an achievement that I never imagined I would have, at least not now and on my own, because I had been toying with the idea of buying one for a long time, I hadn't mentioned it to anyone but when I did mention it, I ended up buying a new car. Being a part of the group helped me recognize that I've earned the right to be proud of myself and my achievements need to be acknowledged, so thanks to the group for that :) At this time I feel hopeful and I haven't felt this way for sometime, for myself and what I want to do for myself.'

Prem: *'Thanks again for this wonderful and enriching experience and I'm committed to making this group work, because us coming together has been awesome.*

Thanks for the opportunity to be part of your research. It was indeed a great experience every time we met together to talk about our experience of being a counsellor in Indian context. Let me share how this participation was beneficial to me...

The discussions we had helped me to appreciate the need for research to validate Indian perspective/practice of counselling psychology.

The importance of the concepts like personal strengths and resilience became even more important to me personally and in my work with clients. Our group discussion helped in naming/identifying certain cultural and personal strengths which are very specific to being an Indian. Our pain threshold is definitely high and how we use it is very important.

Our discussion on how Indians seek help provided me a better understanding of the client population we have here and how to respond to them appropriately.

Every group has that sense of 'togetherness' and this is no exception and that gave the courage to make small and big changes in the personal lives.

The very fact that we all could gather to talk about the challenges and joys of being a counselling psychologist was just great! It was very affirming and built confidence to go on.

Thrilled about Indian Integrated Therapist! I'm looking forward to great things to come.

Please let me know if there is anything else.

All the very best as you compile and write!'

Appendix 9: Major Categories/Nodes

- 00. Cultural pride
- 01. Acknowledging potential bias in the research
 - 01a. Motivation to be a counsellor
- 02. Research goal- question- intention
- 03. Counselling training
- 04. Population of practice, theories of practice, areas of practice
- 05. Confidentiality and responsibility - professional
 - 05a. Counselling practice
 - 05b. Cultural references to perceptions of the 'west'
- 06. Self-learning
- 07. Counselling styles
- 08. Experience of counselling as a professional
- 09. Expectations of us as professional counsellors
- 10. Multiple roles at work place
- 11. Counsellors in a teaching role
- 12. Personal experiences
- 13. Challenges in practice
 - 13a. Gender
 - 13b. Work place challenges as a counsellor
- 14. Challenges of being a professional counsellor
- 15. Physical challenges
- 16. Social struggles of being a counsellor
- 17. Preconceived notions of counselling
- 18. Lack of general awareness about counselling
 - 18a. Non-professional counsellors
- 19. Client's awareness, perceptions, expectations, struggles
- 20. Lack of validation
- 21. Lack of support and therapy for the therapist
- 22. Lack of supervision and inadequate training
 - 22a. Lack of professional network among counsellors
 - 22b. Experience of interaction with other professional counsellors: socially or professionally
- 23. Lack of professional counsellors
 - 23a. Referrals
- 24. Coping mechanisms
- 25. Person of the counsellor
- 26. Self-reflexivity, insight, awareness
- 27. Personal therapy
- 28. Supervision
- 29. Personal growth through professional practice
- 30. Impact of counselling practice
- 31. Influence of counselling
- 32. Positive and effective experiences training, supervision and advice
- 33. Strength: definition, personal, cultural, situational, professional, spiritual, family, friends
- 34. Professional pride
- 35. Christian influence

36. Language
37. Alternative healing techniques
38. Who wants to be a counsellor today
39. Drop in standard of counselling training
40. Do not want to work with
41. Change in practice
42. The setting
43. Questions about the research
44. Research process
45. Group interaction and process
- 45a. Understanding concepts in counselling
46. Power assigned to me by participant
47. Researcher use of counselling skills
48. Participants use of counselling skills
49. Humour assists in group interaction and cultural platform
50. Knowledge sharing
51. Experience of group cohesion and confidence in the group
52. Participant self-reflexive experience of group experience
53. Relationship between participants
54. Outcome of research
55. Feedback about the research group experience
56. Gratitude
57. Previous attempts to develop a professional body
58. Support group development
59. Refreshments

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