

Attitudes of South Asian Immigrants
Toward Utilizing Counselling Services

by

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ABSTRACT

This study used a qualitative approach to explore the attitudes of South Asian immigrants toward utilizing mental health services. A review of the literature showed that ethnic minority groups underutilize mental health services but little focus has been given to the specific needs of the South Asian community. This investigation aimed to describe the experiences of five South Asian immigrants and their help-seeking behaviour. Specifically, the research collected incidents using Critical Incident Technique pertaining to the research question: What factors facilitated or hindered a small sample of Punjabi speaking South Asian immigrants' decision to utilize formal mental health services? Subsequently, these factors were analyzed and emergent themes and categories are described.

The study was comprised of four female and one male South Asian adult participants who had emigrated from India to Canada. All participants had resided in Canada for a minimum of ten years and had experienced a difficult time in their life where the decision was made to utilize or not utilize counselling services. Semi-structured interviews were conducted with participants, resulting in a qualitative study that aimed to discover, understand and describe the lived experiences of South Asian immigrants and give voice to their views of mental health services.

The results of the study are discussed and related to the available literature on Asians and help-seeking. The study found that the five participants had little or no knowledge of the mandate and process of counselling services, leading to the conclusion that counselling organizations need to conduct outreach efforts to educate the South

Asian community about its' services. Additional factors of facilitation and hindrance, impact of acculturation, importance of counselling the invisible family and the intervention versus interference dichotomy are all discussed. The limitations of the study are described, coupled with implications of the findings for counsellors and the counselling profession. Lastly, possible directions for future research are recommended.

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CHAPTER ONE

Introduction

Impetus for the Study

This research inquiry examines the facilitating or hindering factors involved in South Asian immigrants' decision to utilize counselling services. I have a personal interest in this study because I am a member of the South Asian community, although born and raised in Canada. I can only imagine the unique experiences that an immigrant person faces, some of which include a lack of understanding of the new culture, language, customs, traditions, mores, and values. Coupled with these issues, I can only hypothesize how terrifying, overwhelming and daunting life can be for a new immigrant. I've often heard about the struggles, stressors and difficult life experiences members of this community face. Rarely though, do I hear of one's willingness to seek formal support from mental health services to get through these difficult times. I have always been curious to find out what holds most South Asians back from accessing support; wondered what current counselling organizations might be doing that perhaps isn't working for this population; and questioned if it is being South Asian or an immigrant that hinders people from using services. Thus, this study was born from my curiosity to find out more about this population and perhaps in some way, shed light on how practitioners can better serve this group. Ultimately, all people, whether they need support through a difficult time or encouragement through a good time, deserve the opportunity to be heard. I hope that this study provides an opportunity for some South Asians to have a voice and helps contribute to the scant research available about this growing population.

Statement of the Problem

Canada is a country that is a “cultural mosaic.” It is a diverse country that houses many different people, with different values, cultures, and ethnicities. The diversity continues to grow as more and more people immigrate to Canada. The policies of immigration in the latter part of the twentieth century have increased the need for counsellors to develop skills that relate to increasingly heterogeneous caseloads. It is likely that counsellors will work with different ethnic clients throughout their careers (Shebib, 2003), and specifically, counsellors will likely work with South Asian clients throughout their careers.

Influences on the decision-making process of seeking help must be unraveled in order for health practitioners to (a) provide effective services to South Asian clients, (b) place strategic interventions at critical points in the counselling process to improve the overall counselling experience, and (c) design programs that are better able to meet the needs of this community. This study uncovers some of these influences and provides guidelines for mental health practitioners to better serve this community and to build stronger counsellor-client relationships. This investigation describes the factors that facilitated or hindered the participants’ help-seeking behaviour. The latter information is especially important because the researcher went straight to the source to find out why services are underutilized and how service delivery could be transformed to better serve a community that is growing in British Columbia.

In recent times, local mental health agencies have transformed their service delivery to appeal to the whole population. For example, many health agencies provide service in different languages and cater to the unique needs of the different ethnic groups.

Yet, research shows that ethnic groups still underutilize counselling services. Thus, it is clear that specific knowledge about the reasons why South Asians underutilize counselling services is necessary for effective service delivery. Additionally, previous studies have focused on past or current service-users (Kok & Liow, 1993). However, this study widens the scope to include those people who have not used counselling services in order to clearly understand their reasons for underutilization. South Asians who have not sought out counselling services provide important clinical information to the counselling profession.

Furthermore, current research focuses on large-scale generalizations of South Asians (a catchall term to include different cultural groups from India) and discounts the unique characteristics of specific cultural or religious groups within the South Asian term. Thus, this study focussed on Punjabi speaking South Asians from India as an attempt to obtain the views of one specific sector of the larger heterogeneous South Asian group.

This qualitative study explores the factors that impact South Asian immigrants' decision to seek help. Specifically, it addresses the following question: What factors facilitate or hinder the decision of South Asian immigrants to utilize mental health services? This study focuses on a small sample of one specific ethnic group, first generation South Asian immigrants in Canada. Research literature on ethnic groups and help-seeking is limited and comparatively less is known about Punjabi-speaking South Asians. Thus, further research is still needed to better understand the clinical needs of this growing community in Canada.

Purpose of the Study

The purpose of this qualitative study was to discover, understand, and describe the attitudes of five Punjabi speaking South Asian immigrants toward seeking help from formal mental health services. For this research study, help-seeking behaviour is generally defined as one's thoughts, feelings, and behaviour that lead to the decision to utilize mental health services.

To understand help-seeking behaviour, it is imperative to consider the attitudes and belief systems that are transmitted by ethnicity and culture. Culture profoundly affects the way that people perceive and respond to threats to their psychosocial and physical existence (Wright, Saleebey, Watts, & Lecca, 1983). These cultural products are of clinical significance because of the low number of ethnic groups utilizing formal health care services.

This study provides psychologists, mental health practitioners, educators, and others working with South Asian clients with a better understanding of the reasons for the underutilization of counselling services by members of this population. It is hoped that the recommendations arising from this study will help practitioners find better ways to meet the needs of this growing population.

This study has several aims:

1. To contribute to existing research literature on help-seeking behaviour.
2. To examine the attitudes of South Asian immigrants toward help-seeking.
3. To give voice to five members of the South Asian community to express their needs and experiences.

4. To provide a contextual understanding of the influences on the decision to seek or not seek counselling services.
5. To provide mental health practitioners with increased knowledge and understanding about this group and ways to promote utilization of counselling services, to build strong counsellor-client relationships and to create positive bridges with the South Asian community.

Value of the Study

This study provides important information for health care professionals about the clinical needs as articulated by a small sample of Punjabi speaking South Asian immigrants. Clinicians need to better understand the issues faced by South Asian clients and to find appropriate and culturally relevant strategies for providing effective counselling. “Culture-specific information helps explain the cultural values, beliefs, and behaviors that may be encouraged in cross-cultural interactions” as “culture-specific information provides a framework of possibilities to consider” (Lynch & Hanson, 1997, p. 55). However, this does not provide “a fail-safe prediction of any individual’s or family’s beliefs, biases or behaviours” (Lynch & Hanson, 1997, p. 55). Therefore, continued research, input and awareness, and competence building are necessary for researchers and clinicians. Culture specific information will help build a bridge between counsellor and client and help us understand the diversity of our clients.

This study underscores the belief that research participants must describe their own experiences in their own words. “One of the ways to learn about other cultures is through open discussion and interpersonal sharing with members of another culture” (Lynch & Hanson, 1997, p. 56). Through dialogue, we can learn about feelings, beliefs

and practices that are unfamiliar (Lynch & Hanson, 1997). Thus, aligned with this belief, this qualitative study shows respect for the individual differences of participants, allows for open discussion and provides rich data for analysis.

Approach of the Study

The methodological approach used in this study is the Critical Incident Technique (Flanagan, 1954), an interview process that elicits information from participants based on their own experience or direct observation of a clearly defined phenomenon. Critical Incident Technique allows the participants to share their knowledge and experiences in regard to what factors they see as needed to establish positive counselling relationships with South Asian clients. This technique adequately provides a method for answering the research question of what factors facilitated or hindered ones' use of counselling services and is consistent in applying research practice that is safe, informal, and respectful of individual differences.

Definition of Terms

I have provided a functional description of the terms to provide accurate understanding of the terminology as they relate to the research literature and this study.

South Asian, Indian-Asian, East Indian & Indo-Canadian – A person of Indian-Asian descent. These terms are interchangeably used in the study for two reasons: terms are interchangeably used in the literature and within the community.

Immigrant - For this study, immigrant is defined as an individual who was born in India and has resided in Canada for a minimum of 10 years.

Participant – For this study, a participant is a person who is considered knowledgeable about the research topic through personal experience or direct observation of the general aim of the study (Flanagan, 1954).

Critical Incident Technique – A methodology that consists of a set of procedures for collecting direct observations of a given objective in order to obtain incidents that will be useful in solving practical problems and develop broad psychological principles (Flanagan, 1954).

Research Questions

This study addresses the following research questions:

- (1) What factors facilitate or hinder South Asian immigrants' decision to utilize formal mental health services?
- (2) Under what circumstances was this group of South Asian immigrants likely to utilize counselling services? Under what circumstances were participants not likely to utilize counselling services?
- (3) If counselling services are not utilized, where, if anywhere, do these members of the South Asian community seek support or assistance to get through difficult times?
- (4) What would encourage participants to utilize counselling services? What can counsellors do? What can the counselling profession do?

Summary

Chapter One briefly outlines a general description of the study, rationale for the study and the purpose and value for mental health practitioners and the research literature. The purpose of this study is to investigate the research question: what factors facilitate or hinder South Asian immigrants to utilize counselling services? This

qualitative investigation will use Critical Incident Technique to discover, understand, and describe the views and experiences of South Asians toward mental health services.

Additionally, the chapter underscores the need for the current research in relation to the gaps in the existing literature and the basis for utilizing a qualitative research paradigm.

Furthermore, the research questions and significant terms are defined for thorough understanding of their relation to the research literature and the current study.

Chapter Two consists of a review of the research literature that examines general help-seeking and underutilization of mental health services by ethnic groups. The literature on overall help-seeking behaviour is plentiful, yet, the research on South Asians' help-seeking experience is minimal. Chapter Two sets the preface for the need of the current study and its significance to the scant research literature on Canadian South Asians.

CHAPTER TWO

Review of the Literature

Chapter Two will present a review of the literature on overall help-seeking and ethnic groups. The subsequent sections are organized as follows: Help-Seeking Behaviour, Ethnic Groups and Help-Seeking, Factors that Hinder Utilization of Counselling Services, and Canadian South Asian Immigrants. This latter section is further divided into three subcategories, Demographical Information, Canadian South Asians: A Distinct Cultural Group, and Issues Faced by Immigrants. There is a substantial amount of information available on help-seeking behaviour in the research literature, including the motivation of help-seeking behaviour within the different contexts in which help-seeking can occur. However, research on ethnic groups and help-seeking is limited in scope. The literature is summarized below with the most relevant research to the topic.

Help-Seeking Behaviour

There are many factors that influence the decision to seek help. Some of these influences include the impact of culture, ethnicity, belief systems, understanding of illness and health, and awareness of mental health services. Help-seeking behaviour is a learned behaviour and can be based on sanctioned socially acceptable behaviour. Thus, it is important to uncover the influences on the decision to ask for help.

The research literature identifies some of the key variables that influence help-seeking behaviour, including personological and sociocultural factors, such as gender, ethnicity, culture, religiosity, socioeconomic status, acculturation and many other factors. Additionally, the relationship between context and help-seeking has been analyzed and

different contexts are considered, such as the type of services sought, i.e. child protection services, parent education, medical professional, and other health care organizations. The overall aim of this literature is to find links between the help-seeking aspect of human behaviour and its clinical significance. However, given the breadth of information on help-seeking, the overall patterns of health-care utilization are still broad and ill-defined, and further augmented by culture, geography, politics, social status, and economical trends (Wright et al, 1983). There are significant gaps in the research literature that underscore the application of research with specific ethnic groups through qualitative inquiry. Hence, these gaps in the research literature provide the foundation for this current research study.

Ethnic Groups and Help-Seeking

In the past two decades, the human service fields have attempted to understand the psychological and clinical needs of different ethnic groups. Specifically, the patterns of help-seeking behaviour in different ethnic groups have been given significant attention but crucial gains have not been made. “[M]any counselors do not understand why Asian American clients do not actively participate in the counseling process and often label them ‘repressed’ or ‘resistant’” (Sue & Sue as cited in Sue & Sue, 1995, p. 79). Clearly there is a lack of understanding by professional counsellors about the Asian American clients’ mental health needs and the necessity of more ethnic-specific knowledge.

Different ethnic groups (i.e. Chinese, Vietnamese, Korean, African American, Native American, Mexican, Pacific Islanders and Asian Indian) have been studied both individually and in groups. Valuable information has been gained about group comparisons, such as, how and when do Chinese clients use mental health services

compared to Malay or Indian clients (Kok & Liow, 1993). Conversely, this ethnically inclusive literature often times uses generic terms and definitions of some ethnic groups. For example, the term “Asians” reflects the application of large-scale generalizations to many different “Asians”, which can refer to Chinese-Asian, Japanese-Asian and Indian-Asian (Panganamala & Plummer, 1998; Ramisetty-Mikler, 1993). Overgeneralization of “Asians” discounts the many within group differences of the “Asian” population resulting from regional, cultural or religious variables. To highlight this tendency, Sheikh and Furnham’s (2000) study in the United Kingdom included 115 adults who were considered “British Asians.” However, further investigation showed that participants came from varying backgrounds including India, Pakistan, and East Africa. Only in recent times, have key distinctions between different Asian groups been acknowledged and documented (Kwak & Berry, 2001; Ramisetty-Mikler, 1993; Sheikh & Furnham, 2000).

As noted above, many studies make comparisons of the patterns of health care utilization and help-seeking behaviour between different ethnic groups. Equally important is the research focusing on the differences within specific ethnic groups. “Studying within group versus between group reduces stereotypes of the group because it shows that members of the group can be at any part of the continuum. Culture is not static, it is dynamic and ever-changing” (Lynch & Hanson, 1997, p. 27). Instead of looking at between group differences, a focus on a specific group to find more in-depth information about the group is very important and is a distinct research gap in the literature (Dhruvarajan, 1993; Sheikh & Furnham, 2000). As well, it is pertinent for counsellors to understand help-seeking behaviour of a specific group, rather than to learn how one group utilizes services more than another. Panganamala and Plummer’s (1998)

quantitative study on 101 Asian Indian immigrants in the United States, showed that even though their overall research results reflected neutral or fairly positive attitudes toward counselling services, strong negative attitudes among some Asian Indians still persisted. Therefore, “this within-group variability, includes general assumptions about Asian Indians attitudes toward counseling as a cultural group may be premature” (p. 61). Cultural groups have many differences within the group and large-scale generalizations about the overall group are not appropriate and do not provide in-depth knowledge about the specific ethnic group. Specific information on each ethnic group would provide an opportunity to develop more effective counselling tools and to assist in the building of more positive client-counsellor relationships.

Existing research literature indicates that there are important differences within cultural groups about their perceptions of and behaviors related to the mental health system (Wright et al., 1983). There is a demand by professionals for more knowledge, not only about different ethnic groups, but also about utilization of mental health services at different points of the counselling process. Firstly, in general, ethnic groups underutilize mental health services. Secondly, clinicians must conduct needs assessment research to understand if the services provided meet the needs of their clients. Thirdly, full participation through the counselling process is important. These three variables have not been researched completely in the different ethnic groups, yet, it is these ethnic individuals with culture-bound orientations towards illness and care, that are the most likely to delay seeking professional advice and treatment and to use traditional, folk, or cultural home remedies when in critical need (Wright et al., 1983). Therefore, when ethnic groups do seek professional help, they tend to be in more distress than the average

non-Asian seeking treatment (Sue & Sue as cited in Sue & Sue, 1995). For those who do seek treatment, premature termination is a concern possibly stemming from differences in value orientations and expectations (Sue & Sue, 1995).

Given the above points, it is imperative for professionals to have adequate knowledge in order to deliver services in a culturally responsive and sensitive manner and to evolve with their caseload composition. Almeida (1996) notes that mental illness and emotional difficulties for ethnic clients are often exacerbated by the intersecting influences of (1) stresses of immigration and acculturation, (2) adaptation to a racist culture, and (3) the hierarchy of the male-centered family system. Professionals must recognize integral elements such as concepts of religiosity, culture, spirituality, family's structural patterns, group composition, ascriptive and ascribed social roles, language, values, taboos, beliefs and attitudes about health, and their impact on seeking and utilizing formal health services (Almeida, 1996; Das & Kemp, 1997; Dhruvarajan, 1993; Sue & Sue, 1995; Wright et al., 1983).

Factors that Hinder Utilization of Counselling Services

Cultural beliefs can determine how and when information and counselling is sought. Research studies on different ethnic groups have identified a number of factors that influence the underutilization of health care services by ethnic groups including systemic issues (based on the inherent practice and delivery of counselling services) as well differences at the individual level. Sue and Sue (1999) describe how the theoretical roots of counselling are embedded in the dominant values of the larger society (White, middle class and Anglican) and declare how this Eurocentric worldview may do harm to culturally different clients. Kok and Liow (1993) found that cultural components are

important considerations in professional interventions and that effective matching of needs to sources of support may also lead to a better uptake of services by minority groups.

Other factors that hinder ethnic clients from fully utilizing counselling services include: religiosity and supernatural beliefs; explanation of psychological distress (Dhruvarajan, 1993; Ramisetty-Mikler, 1993; Sheikh & Furnham, 2000); model of interdependence of culture, social structure and family (Almeida 1996; Das & Kemp, 1997; Sue & Sue, 1995); acculturation (Ho, 1987); pattern of immigration (Sandhu, 1997), shame from family (Almeida, 1996); stigma of utilizing mental health services (Das & Kemp, 1997); formal and informal cultural taboos (Sheikh & Furnham, 2000; Wright et al., 1983); inadequate financial resources (Wright et al., 1983); cultural conflicts between provider and recipient groups (Keller & McDade, 2000); and prejudice, institutional and individual racism, ignorance, and the maintenance of social power and status (Wright et al., 1983). These factors affect the entire help-seeking process, from the assessment of whether formal help is needed to the decision to seek help and in successful outcome of formal support services.

Pillay (1996) conducted a study entitled "A model of help-seeking behaviour for urban blacks" which took a quantitative approach (combined with a brief open-ended question period to ascertain complete understanding of the questionnaire). This study looked at the medical help-seeking behaviour and attitudes of 892 urban blacks in South Africa. It was found that a personal conception of belief systems about illness, health and disease influenced the decision to seek help. It was also found that significant people in the subject's environment influenced health action, along with the location and perceived

quality of the service provided (Pillay, 1996). The impact of significant others, location of services, and perceived quality of services were important factors in facilitating medical help-seeking behaviour.

Ho (1987) describes how the process of acculturation is important in describing the different levels of stress on families. Studies show that higher levels of acculturation increase the likelihood of utilization of counselling services (Ho, 1987; Sheikh & Furnham, 2000), yet even with acculturation, East Indians still are underutilizing the services (Dhruvarajan, 1993; Panganamala & Plummer, 1998). For newer immigrants, belief systems from the home country can affect current utilization of counselling services. For example, Eastern cultures such as India regard counselling and therapy as associated with severe psychological disorders and mental distress (Ramisetty-Mikler, 1993). However, Dhruvarajan's (1993) quantitative study of 243 first generation Hindu immigrants to Canada could not confirm if a longer residence in Canada related to a greater preference for individualistic norms (similar to Western value system). A shorter stay in Canada only accounted for adherence to some of the behavioural aspects of ethnic culture. Thus, acculturation alone may not play a significant role in cultural retention and associated help-seeking behaviour.

Mehta's (1998) study involved an examination of the relationship between acculturation and mental health for Asian Indian immigrants in the United States. One hundred and ninety-five first-generation immigrants from South Asia (85% who were Hindu) completed measures to explore three aspects of acculturation and mental health using social and demographic variable as predictors of the composite mental health score. Results found that length of residence in the United States, education in the United States,

income amount, education level, and adjustment level before leaving India did not influence mental health as much as their perceptions of acceptance in the United States. Thus, not feeling accepted was associated with poor emotional status, regardless of high rating on other standards of financial success. Greater social and cultural American ties and fewer traditional ones, independent of other social and demographical variables, led to better mental health scores than those reporting lower levels of involvement with American culture and society. The hypothesis that acculturation process was related to mental health was supported. However, Mehta's study was a correlational study not causal and it cannot be inferred that acculturation caused better mental health.

Other factors that perpetuate the underutilization of counselling services may be related to the stigma of receiving individual counselling, coupled with having to explain or justify counselling to family members, including possible extended family members who reside with them. Therefore, the focus of treatment for Asian Indians and Pakistanis should be on family issues, even when individuals present alone, as the family is central to individual development (Almeida, 1996). South Asians, like many ethnic groups, operate from a collectivist perspective, that is, when a personal concern arises, they tend to seek assistance from members of their family, community, and church before seeking help from members from outside the community.

Panganamala and Plummer (1998) in their study entitled "Attitudes Toward Counseling Among Asian Indians in the United States" looked at a blend of 101 first and second generation Asian Indian US immigrants ranging in age from 13-65 years. Participants were recruited from a variety of sources including an Asian Indian social organization, an Asian Indian youth meeting, and university classes. In total, 459 surveys

were distributed and 101 were coded and analyzed. This represents a 22% return rate, which is lower than the 33% return rate traditionally obtained with majority populations. Three areas were assessed: (1) the various attitudes and behaviours with respect to psychology and counselling, (2) exposure to the psychological field, and (3) demographical items. The results of this study reveal that Asian Indian immigrants living in the United States hold neutral or fairly positive attitudes toward counselling, although some expressed very strong negative attitudes toward utilizing services. Additionally, other trends were noticed that indicated Asian Indians with a higher degree of perceived prestige might have a better opinion of counselling while older Asian Indian immigrants and Asian Indians with children may have more negative opinions. These conflicting results were attributed to the existence of with-in group variables as the sample was composed of a large number of professionals, mostly Hindu, and with higher levels of education and social status. It seems premature to make assumptions about Asian Indian attitudes towards counselling as a cultural group (Panganamala & Plummer, 1998).

The research literature also shows that ethnic groups tend to focus on lay support systems (family, friends and religion/spirituality) for general support. Kok and Liow (1993) looked at the patterns of help-seeking behaviour among single Asian parents in Singapore and found that participants were more likely to receive help from family than from professionals. However, the lay support might not be sufficient because when people do seek help, the problems have already progressed to a critical state (Sue & Sue as cited in Sue & Sue, 1995). Thus, one of the aims of this study is to explore the contextual influences on the decision to seek help.

Canadian South Asian Immigrants

Demographical Information

“An ethnocultural profile of Canada at the outset of the 21st Century shows a nation that has become increasingly multi-ethnic and multi-cultural.”

(Statistics Canada, 2001)

There are an increasing number of new immigrants settling in Canada everyday. British Columbia, one of the provinces where new immigrants continue to settle, is seeing an increasing number of immigrants from Asia, including India. South Asians account for the second largest visible minority group in Canada (this includes both immigrant and Canadian-born South Asians).

While immigration patterns from other parts of the world to Canada are steadily declining (i.e. Europe), the statistics show immigration from Asian countries is dramatically increasing. Each passing decade notices the increase of Asians to Canada. Thirty-three percent of all immigrants were from Asia in the 1970s, 47% in the 1980s, and 58% between 1991-2001, with the majority of these immigrants living in the metropolitan areas of Toronto, Vancouver and Montreal (Statistics Canada, 2001). These numbers only account for immigrants who were born in Southern Asia and do not account for Asian Indians coming to Canada from other parts of the world. Of the immigrants who speak a non-official language at home, Punjabi is the second most common language. Indian immigrants of the 1990's, account for the second highest proportions of immigrants who are unable to converse in either official language. Only 3 out of every 10 visible minorities are born in Canada (Statistics Canada, 2001), which leaves 7 out of 10 of all visible minorities as born outside of Canada (i.e. China, Sri

Lanka, India, Japan, etc). Twenty-nine percent of South Asians were born in Canada (Statistics Canada, 2001) with the majority residing in the Lower Mainland of British Columbia (Assanand, Dias, Richardson & Waxler-Morrison, 1990). The majority of South Asians immigrants are between the ages of 25-44 years; hence, the reason for the adult age group of this study.

Previous research conducted with South Asians stems mostly from Britain and the United States. With the influx of Asian Indian immigrants to Canada, local research must be carried out to identify the needs of this particular group. Kwak and Berry's (2001) study provides valuable information about three Asian groups in Canada (Vietnamese, Korean, and East-Indian). "Despite an influx of Asian immigrants into the Canadian population, there remains very little research which can address and explain their process of adaptation in Canada" (Kwak & Berry, 2001, p. 153). Ramisetty-Mikler (1993) further highlights this tendency, noting that socialization and psychological adjustment among immigrant families in North America continues to be understudied in the literature.

Canadian South Asians: A Distinct Cultural Group

South Asian immigrants have been arriving in B.C. since the early 1900's, with early Sikh male settlers coming from the Indian state of Punjab, to emigrate to Canada to earn money (Assanand et al., 1990). The numbers of South Asians arriving in Canada has increased due to changes in immigration policy and law for family reunification, increased entry for skilled workers and the impact of international events.

In Canada, the majority of Sikhs are from rural Punjab and have emigrated to Canada searching for a better life, namely more work opportunities and educational pursuits for their children. Most Sikhs have emigrated through relative sponsorship

(Assanand et al., 1990). Sikhs, although one of the smallest groups in India, represent one of the largest groups of migrants from India (Assanand et al., 1990). Sikhs tend to be landowners or farmers with relatively little formal education or English, although by the standards of India's villages, they were relatively well off (Assanand et al., 1990). Furthermore, the majority of Sikhs work mainly in unskilled, labour jobs, although some Sikhs work in technical and skilled positions. The majority of the women who work outside their homes work as unskilled farm workers, janitors, and factory workers, and in restaurant kitchens and canneries (Assanand et al., 1990). Many Sikhs are farm owners in Canada and own various other businesses. Sikh involvement in entrepreneurship activities and higher education has increased steadily over the years.

Conversely, other South Asian immigrants such as the Hindi and Punjabi speaking immigrants from northern India, who more mostly Hindu, represent a highly educated and middle or upper class group (Assanand et al., 1990). Furthermore, these groups tend to have higher education, such as U.S.A. university education, and are independent immigrants who did not have relatives to sponsor them (Assanand et al., 1990). Therefore, it is evident that the pattern of immigration typically is a decisive factor in understanding the identity, employment and education level of the migrant in Canada.

In India, family is the most important social unit and consists of nuclear grouping of parents and children, grandparents, brothers, sisters and their families (Assanand et al., 1990). Traditionally, the extended family members live together and this extended family network provides the identity of the individual, along with economic security and emotional support (Assanand et al., 1990). Interdependence and collectivism are highly valued traits back home and in Canada (Assanand et al., 1990). Even in Canada, many

nuclear families live with extended family members and decision-making and information sharing is common with extended family members or valued friends. For all important matters, close relatives are consulted and their opinions are given considerable weight (Assanand et al., 1990). The mother or wife will consult senior family members about “health care decisions, for example, when to consult a doctor about an ill child...” (Assanand et al., 1990, p. 151). Clearly, “if the extended family unit is working together well, it is a highly supportive system” but if it is not working, the unit can provide a great deal of stress (Assanand, 1990, p. 151).

In India, South Asians tend to rely on family support, home remedies, traditional healing practices, Ayurvedic medicine, and supernatural causes of illness before seeking biomedical medicine. Even in Canada, these practices can still be followed (Assanand et al., 1990). Moreover, Assanand et al. (1990) note that “many South Asian families are more willing and able to use the advice and help of community agencies and schools than that of psychiatrists or the mental health system, especially when the sick person is an adolescent” (p.167).

South Asians still believe in many traditional values and components of the Indian culture, even in Canada. Change and progress regarding mental health beliefs will be slow, especially given the steady influx of Asian immigrants to Canada. As a result, acculturated South Asian immigrants or Canadian-born South Asians are continuously interacting with recent immigrants, leading to a kind of forward-backward interacting clash or of different levels of Indian acculturation – moving towards Westernization in one step and towards traditional India in another step. As long as migration patterns from India continue, the traditional thoughts and beliefs will come with the immigrants,

leaving the South Asian community with many within-group variables of different levels of acculturation, belief systems, and values, continuing the dichotomy that exists within this community.

Issues Faced by Immigrants

Issues that arise in the immigrant population include, but are not limited to, acculturation, settlement, and intercultural and intergenerational clashes. Chandrasekhar (1982), Das & Kemp (1997), Ibrahim & Ohnishi (1997), Sandhu (1997) and Sue & Sue (2002) all describe how Western stereotypical views of Asian-Indians as a “model minority” may not necessarily be true. Such views do not take into account other factors that may influence the perception of their perceived success. This perception negates the issues this community faces. For example, newer rural immigrants may face additional pressures as they might be less fluent in English (language barrier) and may require assistance in functioning effectively within the dominant culture (systems barriers) (Almeida, 1996). First generation immigrants are more likely than second generation immigrants to experience cognitive dissonance and cultural clash. First generation immigrants are more likely to be enmeshed with the traditional patriarchal and religious culture of their home country (Das & Kemp, 1997; Dhrujarvaran, 1993; Lynch & Hanson, 1997). Immigrants may face differing perceptions of professional roles, priorities, and belief systems (Lynch & Hanson, 1997). The issues are multiple and complex in nature, indicating a need for more clarity and discussion around the exact issues this clinical sample faces.

Summary

In Chapter Two an overview of the research literature on help-seeking behaviour and ethnic groups clearly exemplified the many gaps that must be addressed in order to obtain a comprehensive understanding of the impact of ethnicity on seeking help. Some of the gaps include the need for local Canadian research, use of qualitative methodology, in-depth enquiry on Canadian ethnic groups, and research to include people who are not current or previous service users.

This investigation aims to contribute to the aforementioned gaps in the research literature with analysis of the help-seeking behaviour patterns of a small sample of Canadian South Asians through a qualitative research paradigm. This will be a starting point to start bridging the existing research gaps.

In Chapter Three a description of the methodology of the study will be provided, including details about qualitative research paradigm, selection of participants, method taken, data analysis, and ethical considerations. In addition, the Critical Incident Technique is described.

CHAPTER THREE

Methodology

The purpose of this investigation is to discover, understand, and describe the help-seeking behaviour of South Asian immigrants, using a qualitative approach. Chapter Three describes the methodological plan of the study, including description of the qualitative research method, researcher's preconceptions, research design, selection of participants, pilot study, procedure, data analysis, reliability and validity procedures, and ethical considerations.

Qualitative Research Method

Qualitative research is most often used to describe a phenomenon about which little is known and to capture meaning (Creswell, 1998). Qualitative research aims to explore the experiences of people in their everyday lives (Creswell, 1998). A qualitative research approach seemed appropriate given that the general aim of the study was to understand the experiences of South Asian people and help-seeking. A qualitative design is culturally friendly, allows for rapport-building and provides voice to the participants including transitional space for participants to speak their native language (Punjabi) and to use culturally relevant phrases, descriptions and nuances. Qualitative data arises through a very in-depth look at a phenomenon, in order to produce detailed, thick descriptions of the phenomenon. Because the analysis is so in-depth, only a few individuals' situations or life experiences are studied, although many contextual variables are considered (e.g., educational levels, length of time in Canada, etc.).

Researcher's Preconceptions

Disciplined subjectivity is the researchers' rigorous self-monitoring, that is, continuous self-questioning and re-evaluation of all phases of the research process. Emotions in field work are part of the data collection process because of the face-to-face interaction. As part of my research process, I contemplated and described any "assumptions" or beliefs about the research project before I engaged in interviews with participants (Creswell, 1998). This process, referred to as "bracketing" involved writing out all my potential biases about the topic of inquiry before I began. Before starting any interviews, I went through this process of reflection and discovery to uncover my assumptions about South Asians' use of counselling services, their overall health issues and needs, and help-seeking behaviour. In order to do this, I discussed my judgments and beliefs with colleagues, friends, and peers. This process allowed me to engage in a process of self-discovery about my thoughts surrounding help-seeking and South Asians and allowed me to document these assumptions and beliefs so they were less likely to influence my beliefs about the participants or the research process.

Through this process of reflection, I discovered the following assumptions and beliefs about help-seeking and South Asians:

1. East Indians rarely use counselling services for any reason.
2. South Asians will consider utilizing counselling services as a reactive measure to problems and not in a proactive manner.
3. South Asians typically use religion/spiritual beliefs and family systems to deal with stress and these supports are not sufficient.

4. Immigrant South Asians will display a strong aberrance to utilizing counselling services.
5. South Asians are not aware of the meaning of counselling services and availability in the community.
6. South Asian women are more likely to seek help than South Asian men.
7. Participants will share stories that will likely be similar in thoughts, feelings and beliefs about utilizing mental health services.

Research Design

The study involved the use of Critical Incident Technique (Flanagan, 1954) because this technique provides an opportunity for comprehensive discussion around the research topic – the factors that facilitated or hindered the use of counselling services by South Asian immigrants. As well, this approach supports qualitative inquiry of the experiences of the participants and provides the participants with a voice in the process and a chance to explain their ideas and experiences.

The Critical Incident Technique consists of a set of simple interview procedures for collecting information from people about their direct observations of their own or others' behaviour in a way that facilitates their potential usefulness in solving practical problems and developing broad psychological principles (Flanagan, 1954). The essence of this interview technique is that participants provide a descriptive account of events that facilitate or hinder a given objective. The participants are considered knowledgeable because they have directly experienced or observed incidents that describe the general aim of the study. The incidents are extracted and categories are formed according to Flanagan's (1954) recommendations (outlined in the data analysis section later in this

chapter) for gathering dependable and valid information to ascertain important themes and commonalities that will be found in the research data. The themes are identified and categorized for their special clinical significance to mental health practitioners.

Selection of Participants

The participants were recruited in four ways: 1. word-of-mouth referral through network system of friends, colleagues, and family; 2. use of the “snowball” effect – where a potential participant was identified as a knowledgeable person to talk to through the network; 3. advertising via recruitment posters (see Appendix A for English poster and Appendix B for Punjabi poster) at local Gurdwaras (temples) and other community gathering places; and 4. displaying posters at local agencies that provide service to immigrant populations.

Obtaining participants through the poster distribution methods of recruitment was difficult because the process and researcher remained vague and mysterious to potential participants. It became clear upon speaking to my network of colleagues, friends and family that the best means of recruiting participants is through establishing links with potential participants through a network system or “snowball effect.” Thus, a direct method of word of mouth referral, where potential participants were informed about my study by people they already knew and trusted, increased the likelihood of participation. Participants were more likely to engage in the process after a telephone conversation where they had a chance to get to know me and the purpose of the research. Questions arose about the “hidden meaning” of this research and what the researcher would be doing with the personal information about people. It appeared that South Asian people lacked an awareness of the meaning and process of research, not just the meaning and

process of counselling, and thus I faced barriers to recruiting participants, similar to the barriers faced when encouraging South Asians to seek counselling. This experience provided not only important information for future researchers on recruiting participants, but also served to validate my belief in conducting qualitative research – a process that allows room for rapport building and comfort in the process.

A total of 5 participants were interviewed, four females and one male. Flanagan (1954) states that selection of participants, wherever possible, should be based on their familiarity with the activity. In this study, participants had either directly experienced or observed relevant examples that fit the general aim of the study. Thus, five criteria were used to select the participants for the study. The first criterion was that the participant must be born and raised in India and have immigrated to Canada. Secondly, the participant must have resided in Canada for a minimum of 10 years. Thirdly, the participant must have experienced a difficult time in his/her life where accessing either formal/informal support services was contemplated. Fourthly, the participant must not be currently receiving counselling services. And finally, the participant must reside in the Lower Mainland.

Furthermore, a total of 8 potential participants were recruited. Three participants were excluded from the study: one participant was screened out of the interview process because she did not fit the criteria (e.g., was not born and raised in India) and two potential participants chose not to participate in the study upon receiving further information about the process. A total of 5 participated in the study. I maintained regular contact with the participants in the study through telephone and in-person interaction in

order for participants to have opportunity to provide any additional information as needed.

Geographically, all participants resided in the Lower Mainland and had immigrated to Canada from India. All participants spoke both English and Punjabi. All had experience dealing with a difficult time, with some participants having used formal support services and others having used informal support services. Participants ranged in age from 34 to 45 years old, with the average age as 39.4 years old. All participants had emigrated between 1977-1994 (10 to 27 years) with the average being 20 years of residence in Canada. Reasons for immigration included: through relative sponsorship (2); by marriage (1); arriving as a visitor (1); and having better future for the children (1). All participants were married and had children. Participants' education levels ranged from completion of Grade 11 to a University degree. Four participants were currently working and one participant was a full-time mother. See Appendix C for more information about the participants.

Pilot Study

In order to ensure a smooth flow of the interview process, I conducted one initial interview with the first participant to test the flow of the questions. Upon completion of this interview, it became evident that the order of the interview questions needed to be revamped to ensure better flow of the interview. Thus, the interview questions were rearranged and somewhat reworded to increase clarity and to enable clear and accurate translation from English to Punjabi. The procedure of conducting the pilot study was the same as described in the next section.

Procedure

Critical Incident Technique interview method was used to facilitate the interview process (Appendix D). The researcher conducted the interviews based on the interview guide (Appendix E) between the months of December 2003 and January 2004. Initial telephone conversations began with rapport building in which I explained the general aim of the study, outlined potential benefits to the individual, and highlighted the value to the larger community. Participants were thanked for their involvement in the project. In order to alleviate any concerns, a brief description was given of the type of questions to be asked. This process provided transparency about the research process and offered an opportunity for participants to reflect and to formulate their thoughts. When participants had questions about the research process, the meaning of research and rationale for conducting interviews was explained. Confidentiality was a concern to most participants; thus, the steps to ensure anonymity and confidentiality were clearly outlined. The interviews were arranged at a time and location that was mutually convenient, with all attempts made to ensure confidentiality and anonymity of the participants.

Participants engaged in one personal semi-structured interview that was audio-taped and one follow-up telephone conversation. The interviews ranged between half an hour to an hour and a half. The interview began with an explanation of the interview process, along with the general aim and purpose of the study. Questions about the use of recording information were clearly explained and concerns about anonymity were alleviated.

Confidentiality was an important point to participants and it was explained thoroughly once again. The participants were given the choice to continue in the study or

withdraw without consequence. It was also explained that they could refuse to answer any questions they did not feel comfortable with or withdraw from the study at any time throughout the interview without any fear of consequences and that all of their personal data would be destroyed. Participants were asked to sign the consent form (see Appendix F) and a copy was provided to each participant, whether they chose to take it or not. The participants were asked to fill out the demographic sheet (see Appendix G). The researcher explained that the demographic sheet would be used only for descriptive purposes and any identifying information about the participants would be kept strictly confidential.

Each interview was audio-taped and transcribed verbatim upon completion of all of the interviews. Following procedures outlined by the University of Victoria Ethics Review Committee on Research and Other Activities, all audio-tapes were erased immediately after transcription, and the names or identifying information was not recorded on the data. The names or identifying information was kept separate from the data. A code name was assigned that was not linked to the participant and was only identifiable by the researcher. The code name replaced all references to the name in the transcripts. Participant names and consent forms were kept in a locked cabinet for the duration of the study. The transcripts will be kept in a locked file cabinet and shredded after two years. Only the researcher will have access to the data.

Each interview was arranged to allow time for the participants to answer each question fully and completely. Interviews ranged between half an hour to an hour and a half, varying with the amount of time needed to build rapport with the participants. The interviews started with the researcher asking participants the following question:

“Can you think of a time where you experienced a difficult time in your life and you thought about getting support?” The researcher used listening, paraphrasing, empathy, clarifying and probing skills to completely understand their stories and to avoid leading the participants in anyway. The researcher used the interview guide and interview questions to facilitate uniformity in the interview process, however, interview questions were asked at different times to fit with each person’s narrative. Sometimes the interview questions had to be repeated in English and Punjabi to allow for complete understanding of the questions.

At the end of the interviews, all attempts were made to ensure the emotional well-being of participants, especially given the sensitive nature of the topic. A resource list of phone numbers (see Appendix H) was provided to all of the participants in case they needed further personal assistance or in case they decided they wanted to seek professional counselling. The researcher thanked the participants for their contribution and explained how their contribution would help counsellors, the community and others seeking help.

Upon completion of all the interviews, the researcher re-listened to each interview completely to gain as complete an understanding as possible. Each interview was then transcribed verbatim by the researcher. In cases where the content was in Punjabi, the researcher provided the most direct translation into English so as to not lose the essence of the statements and meanings. Afterwards, the researcher re-read the transcriptions, becoming completely immersed in the data. Finally, transcriptions of the interviews were used to construct themes and to devise categories. The data was analyzed according to the steps detailed in the following section.

The researcher kept in contact with the participants throughout the duration of the study. The researcher mailed, emailed or faxed the collection of incidents from the transcriptions to the participants and followed up with a telephone conversation to provide the participants with an opportunity to clarify, to alter or to remove any statements in the transcription. Creswell (1998) calls this process “member checking”, where participants have an opportunity to test the reality of the data. The participants agreed that incidents were accurate and clearly represented their experiences, thus, no alterations were made. The researcher was unable to contact one participant.

Analysis of Data

According to Flanagan (1954), the purpose of data analysis is to summarize and describe the data in an efficient manner so that it can be effectively used for various practical purposes. Thus, the main objective of data analysis and classification is to provide practical and maximally useful information in relation to the general aim of the study. The steps of analysis are not as directly objective as the data collection phase and the process requires great skill and sophistication of the researcher (Flanagan, 1954). However, Flanagan indicates that if the aim of the study is clearly defined and if the procedures for observing and reporting incidents are clear and accurate, then the results can be expected to be comprehensive, detailed and valid.

Transcriptions were studied and incidents extracted and examined following Flanagan’s (1954) criteria for critical incidents: (1) Does the critical incident (event) relate to the general aim of the study? (2) Is there a theme for the critical incident (event)? and (3) Is the critical incident thoroughly and completely defined (i.e. is the account accurate and complete)? Incidents were extracted from the original transcription

based on the above criteria and written on individual pieces of paper. Then, the incidents were divided into two main categories: (1) factors that facilitate help-seeking behaviour and (2) factors that hinder help-seeking behaviour. These two main divisions allowed for further sub-categorization that was fluid and evolving and allowed for continued redefinition and development of new sub-categories as needed. Next, in each sub-category or “Clusters Within Each Category”, themes were grouped together based on similarity (i.e. all themes relating to participant characteristics were grouped together and all themes relating to counsellor characteristics were grouped together). Themes were not construed as negative or positive, rather, neutral in the clusters and were labelled the “Themes Within the Clusters”. After placing all themes into the clusters, the researcher went back to the original transcriptions to ensure the meaning from the original statements was not lost in the process of analysis. All themes fit the clusters and the categories. The wording for some clusters was revised so that each accurately depicted the summary of the themes. For example, one cluster was renamed from “Problem Definition” to “Aspects of Problem” to reflect a broader and more inclusive name for the clustered themes.

The category formation and representation of the data follow Flanagan’s (1954) recommendations for reporting the data in the following manner: (1) the headings and requirements indicate a clear-cut and logical organization; (2) the titles convey meaning within themselves without the necessity of detailed definition, explanation or differentiation; (3) the list of statements are homogenous; (4) the headings of a given type have the same general magnitude or level of importance; (5) the headings for classification and reporting of data are such that findings can be easily applied and

maximally useful; and (6) the list of headings are comprehensive and cover all incidents having significant frequencies.

Reliability and Validity

Qualitative data is based on non-standardized method of generating data and therefore reliability, a process of measuring the consistency of how data collection produces the same results, is not relevant in qualitative study (Mason, 2002). Rather, Mason (2002) indicates that reliability in qualitative research should be concerned with "...ensuring – and demonstrating to others – that your data generation and analysis have not only been appropriate to the research questions, but also thorough, careful, honest and accurate..." (p. 188). In this study, the data analysis generated results clearly related to the research question: what factors facilitate or hinder this sample of Punjabi speaking South Asian immigrants to utilize counselling services? From the data generation emerged categories of factors of facilitation and hindrance. Furthermore, through Creswell's (1998) process of "bracketing", I identified my assumptions and expectations about the research in order to put aside my biases and focus on as complete understanding as possible of the participant's experiences. Finally, through "member checking" (Creswell, 1998), the participants had an opportunity to clarify, alter, and remove any statements to ensure thorough and accurate representation of their experiences.

According to Mason (2002), validity in qualitative research or questions concerning whether I am measuring what I claim to be measuring, focuses on "...how well matched the logic of the method is to the kinds of research questions you are asking, and the kind of social explanation you are intending to develop" (p. 189). In order to

check for validity in the data analysis, the participants checked the extracted themes and had an opportunity to provide additional comments or feedback. No alterations were made and one participant was unable to further discuss the results. Furthermore, the validity of the data is reflected in the accuracy of the representation of the themes and categories and in the accounts of the lived experience by the participants. Data collection is also considered valid when it reaches a point of saturation, meaning that there is a repetition across the thematic content of the categories (Andersson & Nilsson, 1964) or until “redundancy appears” (Woolsey, 1986).

Ethical Considerations

The researcher gained ethical approval from the University of Victoria Ethics Review Committee on Research and other Activities Involving Human Subjects prior to commencing the research study. Participation in the study was completely voluntary and participants were reminded they could withdraw from the study at any time without consequences. Interviews were conducted with participants who had read and signed the participant consent form. All attempts were made to maintain confidentiality and anonymity of the participants. The participants' personal information was not used in the study and a pseudonym was used where reference of a particular participant is made. All records of the study, i.e. signed consent forms were placed in a locked cabinet, separate from the data, for the duration of the study. The audio-tapes were erased immediately upon transcription. All other documents pertaining to the study will be shredded after two years.

Summary

In Chapter Three the methodological plan, participant selection, data collection procedures, data analysis, reliability and validity procedures, and ethical considerations was described. Chapter Four provides the results from the data collection procedures outlined in this chapter. The main categories, clusters and themes will be thoroughly explained and outlined in Chapter Four.

CHAPTER FOUR

Discussion

Chapter Four provides a summary and analysis of the data collected in the research project. The chapter is organized into the following sections: (1) Interview Process, (2) Organization of Data, (3) Information About the Participants, (4) Summary of Participant Interviews and Themes, (5) My Sense of the Participants, (6) Thematic Content Distribution, (6) Comparison of Similarities and Differences, and (7) Issues in Data Collection.

The experiences of five South Asians and their attitudes and beliefs towards help-seeking are examined. The chapter illustrates the breakdown of categories into themes and clusters. Quotations from the transcribed interviews are inserted into the analysis to accentuate the lived experience of the individuals and highlight the meaning of the participant experiences.

Interview Process

The purpose of this qualitative study is to discover, understand and describe the attitudes of South Asian immigrants toward seeking help from formal mental health services. The research was conducted in the Lower Mainland of British Columbia between December 2003 and January 2004 with five participants of South Asian descent. Participants who had emigrated from India to Canada were selected in an effort to understand the attitudes of the South Asian culture on the decision to utilize mental health services. The participants shared their views and experiences about using mental health services and how services can better meet the needs of this growing community.

Each participant was met at a time and location that was mutually convenient and allowed privacy to preserve full confidentiality. The interviews took place at the homes of participants and in one case, the researcher's home office because the participant did not feel comfortable sharing information in her own home. The interviews were collected during the day and in the evening, depending on the availability of the participant. The interviews ranged from half an hour to an hour and a half in duration. The flexible time frame allowed participants to describe their lived experiences in a comfortable and relaxed manner. The interviews started with the researcher asking the participants the following question. "Can you think of a time where you experienced a difficult time in your life and you thought about getting support?"

A great deal of information about the difficult times was not required and participants only had to provide enough information for the researcher to have an understanding of the core issues of the difficult time. The researcher used listening, paraphrasing, empathy, clarifying, and probing skills to understand their stories as completely as possible and attempted to not lead the participants in anyway. The flow of the interview and the order of the interview questions asked, was driven by the participants. However, the interview guide and interview questions were used to facilitate a similar interview process. Interview dialogue was mixed with Punjabi and English and some interviews had to be translated from Punjabi into English. Thus, a type of Indian-English was used. Additionally, sometimes the interview questions had to be repeated in English and Punjabi to allow for complete understanding of the questions and for the researcher to clarify responses.

Typically, the interviews started with the participant providing a brief description about a difficult time in his/her life. In the initial telephone conversation, participants were informed that they would not have to provide detailed information about their difficult times, as the purpose of the interviews was to discuss their experience of help-seeking and the supports used. I encouraged participants to describe their difficult times only briefly because it was clear that people were hesitant to discuss their problems and felt safer to disclose when only the essential structure of the difficult time had to be described. However, once the participants felt more comfortable at the interview, I noticed many participants started disclosing more information about their difficult time than I had requested. Thus, the flow of the interviews was contingent upon the participants' willingness to share and disclose as much or as little as they wanted.

Participants answered questions pertaining to factors of facilitation and hindrance to help-seeking behaviour, and suggestions for increasing service-utilization and rapport-building between counsellors, the counselling profession and the Indo-Canadian community. The interview questions and interview guide are provided in the appendices section (Appendices D and E). Some examples of questions include, "Where, if anywhere, did you access support?" "Was that support sufficient?" "What would have helped you to make the decision to seek formal help?" "What can counsellors/counselling profession do to encourage East Indian people to use counselling services?"

Organization of Data

Following Flanagan's recommendations as outlined in Chapter 3, I divided the critical incidents into two main divisions: factors that facilitate help-seeking and factors that hinder help-seeking. Contextual information about the participant's help-seeking was

not analyzed and simply described in the participant study to offer a better understanding of the difficult times each participant had experienced. Furthermore, suggestions for counsellors and the counselling profession were elicited from the transcription and divided into a separate category – “Suggestions for Counsellors and the Counselling Profession”. Subsequently, I took the incidents, which I called themes from within each main category and divided the incidents into clusters, or sub-categories, based on similarity of the theme. The clusters within the category are described in Table 1. The themes within the clusters of the two categories are described in Table 2 and Table 3. Additionally, I wrote a summary about each participant, followed by a collection of the themes that emerged for each participant. Finally, the themes were compared for similarity and dissimilarity.

Each participant is provided with a pseudonym to preserve confidentiality and anonymity. The next section provides a detailed summary of each participant and the emergent themes.

Information about Participants

Demographic information was collected at the beginning of the interviews from the five participants who were involved in the study (Appendix C).

Commonalities in Participants

All the participants were of Sikh religion and all had emigrated from Punjab, India to Canada. All participants were married and had been with their partners between seven and 24 years (average of 14.8 years) and had either two or three children (with ages varying from 3 to 27 years old). Participants have a minimum of some high school

education. All had resided in Canada for a minimum of ten years with an average residential period of 20 years (ranging between 10 to 27 years).

Participants, either explicitly or implicitly, identified many common concerns raised with the process of immigration. Participants expressed difficulty in adjusting to a new society, learning English, understanding unfamiliar institutions and resources, and adapting to different living standards. A sense of resiliency is common throughout the interviews. Strength and pride in adapting and shedding aspects of traditionality that was limiting to full participation in the host country were common aspects of their responses. Furthermore, every participant shared their difficult life moments and expressed a willingness to learn about ways to increase their quality of life, especially after going through the transition related to immigration, settlement, and acculturation.

In regards to knowledge about counselling services, all participant responses were similar in that they had inadequate or no knowledge of the services available in their communities, although two participants had general knowledge that services were available if one needed them.

Differences in Participants

Demographical differences existed in participants that included age, length of residence in Canada, educational background and types of current employment. Furthermore, some participants displayed an ability to rapidly absorb the new host culture, language and belief systems. The amount of education prior to coming to Canada and their upbringing appeared to be important factors in their ability to adapt and incorporate the western philosophy.

In regards to experience with counselling services, three participants had used counselling services. The participants with previous counselling experience still displayed an inadequate knowledge of counselling services. Consequently, participant knowledge of counselling varied with their previous experience, which in turn affected their ability to articulate suggestions for building effective partnerships between South Asians and the counselling profession.

Summary of Participants' Interviews and Themes

Individual summaries of each participant are provided in this section, followed by the thematic content from each interview. The summaries are organized in the following manner: (1) description of the participant, including demographical information, (2) context of the difficult time, (3) summary of themes for factors that facilitate help-seeking behaviour, (4) summary of themes for factors that hinder help-seeking behaviour, and (5) participants' suggestions for counsellors and the counselling profession. The thematic content is organized by listing the two main categories, "Facilitation Factors" and "Hindrance Factors" and the clusters within the categories (Table 1). These two categories are further divided into the clusters that occurred within each category. In the Facilitation Factors category, the following clusters emerged: Participant Qualities/Characteristics; Participant Knowledge of Counselling; Aspects of Problem; and Counsellor Qualities/Characteristics. In the Hindrance Factors category, the following clusters emerged: Participant Qualities/Characteristics; Participant Knowledge of Counselling; Aspects of Problem; Cultural Beliefs; Impact of Significant Others; and Use of Other Support Systems.

Table 1: Categories and Clusters

CATEGORIES	
FACILITATION FACTORS	HINDRANCE FACTORS
CLUSTERS WITHIN EACH CATEGORY	
Participant Qualities/Characteristics	Participant Qualities/Characteristics
Participant Knowledge of Counselling	Participant Knowledge of Counselling
Aspects of Problem	Aspects of Problem
Counsellor Qualities/Characteristics	Cultural Beliefs
	Impact of Significant Others
	Use of Other Support Systems

The collection of individual summaries and thematic content is provided next. Participant summaries provide some of the demographical information obtained through the interview process.

RAVI

Ravi who was in her mid-thirties had lived in Canada for approximately 19 years. She had been married for about 8 years and had 3 young children. Her university degree was from India and she came to Canada searching for a better future for her children. She was a full-time mom. She had never experienced counselling services and had sought support through her family. Ravi came from a family where problems were openly discussed and support needs were met through the nuclear family unit. Conversely, Ravi married into a family that did not communicate openly and problems were rarely discussed, leading Ravi to feel unsupported which contributed to family tension. Ravi

helped to resolve the conflict by pooling her inner strengths and by utilizing support from her own parents. Generally, Ravi appeared to be well adjusted in the Canadian culture and accessed the supports she was aware of, for example, school resources. However, she was unclear if she would ever utilize formal counselling services but felt that she would be willing to try. Whether she continued would depend on her initial experience with the counsellor. Ravi admitted that she was not aware of what counselling services were available in her community. She believed that efforts must be made to educate the South Asian community about resource availability.

The next section will describe the themes as identified by the participant about factors that facilitate or hinder help-seeking behaviour. The themes are categorized for understanding and clarity. Verbatim examples from the transcriptions appear throughout to highlight the lived experience of each research participant.

Context of the Difficult Time

All participants were asked to describe a difficult time when accessing support was contemplated. Ravi identified the time after her oldest child's birth when she experienced "adjusting sort of stuff" with family members (in-laws) and describes this as a "hard time". As well, she also underwent a difficult time after her daughter's birth where she experienced symptoms of postpartum depression. Ravi did not seek formal counselling services for either of these times; however, she states that she pooled her informal support systems, for example, her parent's advice, the support of her religion, and her inner strength to get through these difficult times.

Factors that Facilitate Help-Seeking Behaviour

Ravi identified many factors that would assist herself and/or other South Asian people to utilize counselling services.

Participant Qualities/Characteristics

Ravi expressed that age plays a factor in utilizing services among the South Asian community because the older generation was not likely to use services but the “younger generation is different” and would be more likely to seek assistance through formal counselling services. However, regardless of age, she believed that education was a key factor in utilizing services. She noted that even in the older generation of her parents, those South Asians that were educated would be more likely to consider utilizing services. “My parents were educated, right, so they would consider it.”

Participant Knowledge of Counselling

Ravi had not experienced counselling before and so she believed she would have to “make the effort to go to a counsellor and talk to know if it’s going to help [her] or not.”

Aspects of Problem

According to Ravi, increasing the understanding of what constitutes a problem and what issues are worthy of seeking formal support would facilitate help-seeking behaviour.

Counsellor Qualities/Characteristics

Ravi indicated several counsellor qualities that would encourage South Asian peoples’ use of counselling services. Ethnicity of the counsellor might make a difference because “an East Indian person is more in tune with the cultural differences” and “would

probably understand the situation better.” As well, she stated “a person from the same culture or similar culture, I think it makes you more comfortable.” Shared ethnic background and shared language would allow immigrant South Asians to “express themselves better” and would allow South Asians to speak in their own language. Conversely, if the counsellor is “not an East Indian person, sometimes, some people are more conscious of what to say, what not to say.” Ethnicity might affect the comfort level and the willingness to share personal information. There may be questions about whether the information is understood in the cultural context. Beyond a similar ethnic background, she noted that a counsellor still must be able to understand the context and background of the client. Additionally, she felt that a counsellor quality of being honest would serve to meet her needs better, i.e. “A person who would give me honest feedback, even if I like it or not.”

Factors that Hinder Help-Seeking Behaviour

Ravi identified several factors that hindered help-seeking behaviour for herself and the South Asian community. She noted the effects of personal qualities, cultural beliefs, and use of outside support services as important in dissuading use of formal counselling.

Participant Qualities/Characteristics

Personally, Ravi stated that when she was experiencing a difficult time, she “couldn’t think straight at that time” in order to make the decision to seek help. She either didn’t give the idea of seeking help “too much thought” or simply “put them aside”. Additionally, she found internal strength/support to resolve her problems so she didn’t seek formal help. “I tend to do personal counselling.” “I just psyched myself.” “I just told

myself, I have to look after the kids and I have to be strong.” Aside from her own thought processes and internal support, she stated that time was a factor in utilizing services because she was busy and would really have to make the time to attend sessions. Furthermore, for other South Asians, she believed that language is a quality that becomes a barrier in seeking formal services. Language barriers are especially salient for immigrants who cannot communicate effectively. They would be less likely to share personal information because they could not be certain the information would be understood.

Participant Knowledge of Counselling

Ravi admitted that she was quite unaware of the process of counselling because she had never spoken with a counsellor. In fact, she found that people often turned to her for support, leading her to believe in her own ability to solve her problems. She also indicated that the larger South Asian community does not have a clear understanding of what counselling is and how it can be helpful. As well, there appears to be a lack of understanding of how counselling could assist someone, given that the counsellor does not know the person and would not have a clear understanding of the problem. “They would say, how can you help me? You don’t know my situation.”

Aspects of Problem

Ravi stated that a hindrance of accessing support is one’s ability to define a problem, which is related to admitting that a problem exists in the home and believing that only unhappiness warrants seeking help. “Why should I tell you that, I’m happy in my house or with my family, or whatever.”

Cultural Beliefs

One of the more salient factors of hindrance that was repeatedly mentioned is the effect of cultural beliefs on help-seeking behaviour. For example, Ravi mentioned many times the belief that East Indian people have in keeping their problems to themselves and not discussing problems with other, outside people. "We cannot talk to others or strangers about our problems." "Even there [India], you don't talk about your problems with other families, people out of your families. You shouldn't do that." "That's a taboo." She clearly stated that the same belief existed in India and is maintained here, regardless of migration. Most of the people and the larger community still believe that problems should be kept in the family and not discussed with outsiders – "we take pride...in that family thing." Pride and pride in upholding the family perpetuates this belief system. Ravi described how the migration process, including moving from one country to another, and being absorbed into a new culture, still has not encouraged people to break through the old belief system.

Ravi described South Asians as being steadfast in holding onto their upbringing and traditionality and being unwilling to step forward and embrace a Western way of life. Ravi was raised in a large urban city in India and was not exposed too much to the traditional Indian belief system, which she says exists more within the rural areas of Punjab. Thus, coming to British Columbia, she was shocked at the cultural differences that existed within the South Asian community. "The mentality was so different from what I grew up with...it was like where am I now...it seemed like I was back in the village or something." The belief system in India was brought here and has not revolutionized. "They've come here with that mental attitude and it's stopped there."

“Like they didn’t grow with it.” “They didn’t change with the times...or like they’ve changed the place but their thoughts are at the point where they left their homeland.”

“They don’t want to move with the times.” According to Ravi, South Asians are steadfast in their cultural beliefs and there is an unwillingness to undergo cultural evolution. Ravi believes that this belief system is extremely difficult for the counselling profession “to break through that” even though it is a big problem. “Especially for counselling, they don’t believe in that at all.”

Use of Other Support Systems

Ravi also identified that use of lay support systems as typical problem-solving behaviour. She stated that “talking to my parents” and getting “some good advice from him [father]” was very helpful to get through the difficult time. She was raised with the belief to discuss problems. “I just think about my father and things he would do in a situation or things he told us.” Besides family, Ravi had a strong belief in religion, which she relied on to get through difficult times.

Suggestions for Counsellors and the Counselling Profession

Ravi indicated that it would be a difficult process to “break through” the circle of the older Indian population to encourage people to utilize counselling services. As well, she indicated that counsellors would have to “work hard” on establishing relationships with East Indian people, although she did know exactly how counsellors could do that.

Ravi offered one suggestion that would encourage service utilization by East Indians and that would be by “attract[ing] more and more students from our culture to the field” and “then maybe East Indian people would not hesitate to go talk to them”. For example, her father-in-law sees a doctor about his depression but does so because he’s

East Indian and she did not feel “he would have gone if it had been anyone else”.

Although personally, she does not know if having a counsellor who is East Indian would make a difference to her, she does state that having someone from a similar culture removes the language barrier and invokes feelings of comfort. The counselling community will “need to tap the community for this and make them more aware and you guys will have to find a way of doing that”.

RITA

Rita was in her mid-forties and had lived in Canada for approximately 27 years. She was been married for about 23 years and had two adult children. She completed grade 11 in India and in Canada and worked as a manager of a retail store. She came to Canada through relative sponsorship. Her large family, most who reside here in Canada, provide her with support systems which she utilizes when a need arises. Rita had utilized formal counselling services when problems arose with her children. She found the services to be very beneficial and has accessed that support again when needed. Rita is enmeshed with western values and beliefs because she has lived in Canada for a long time and has chosen to partake in a western philosophy of life. Hence, she was open to seeking formal support and did not feel the pressure to conform to an Indian value system. Rita would encourage others to access counselling services because of her excellent experience. Rita had basic understanding of what professional services are available in her community and was generally aware of the process involved in seeking help.

Context of the Difficult Time

When asked to describe a difficult time when accessing support was contemplated, Rita identified two times. The first occurred around her daughter's dating behaviour and the second around misconduct issues with her son. Rita did seek formal counselling services for the aforementioned situations and found the support process to be very useful. She would consider utilizing the same or a different resource in the future if needed.

Factors that Facilitate Help-Seeking Behaviour

Rita identified many factors that would assist herself and/or other South Asian people in utilizing counselling services. Rita's positive experience with counselling encouraged her to utilize other mental health services and provided her with awareness about the mandate and process of counselling.

Participant Knowledge of Counselling

Rita's positive experience in working with a counsellor was one of the most salient themes to emerge as a factor in facilitating help-seeking behaviour. This experience transcended to encouraging others to utilize formal services as well. Rita identified that utilizing counsellors is important because "they know more" and "they're in the school" and "know more about what the problems are there". Thus, Rita placed trust in a counsellor's knowledge and turned to that for support. Her positive experience working with a counsellor instilled trust in the counselling profession. The counsellor helped Rita and her family a great deal with overcoming issues with her daughter and taught the family more effective communication skills. Additionally, the daughter was

receptive to the counsellor, who helped them all to understand each other. Rita stated that “talking really helped” and that the counsellor “did awesome”.

Counsellor Qualities/Characteristics

Rita identified important aspects of a counsellor that would encourage her to utilize counselling services. These characteristics included the overall counselling belief in beneficence. In her words, “they’re out there to help you”. As well, Rita identified a number of therapeutic goals that encouraged help-seeking behaviour. Firstly, the counsellor facilitated the client’s growth, “They won’t tell you what to do but they will kind of help you to decide.” “She didn’t tell me to do anything. She just told me it’s your decision. She said I’m not telling you to do anything, I’m just going to give you some options.” Secondly, counsellors “help you by talking to you.” Thirdly, the counsellor displayed ethical behaviour. “She told us everything we told her would be confidential.” Finally, the counsellor’s professional style and way of being instilled confidence. “It was just the way she was.” “It was how she talked...the way she talked.” “We just trusted her.” Rita focussed on two aspects of relationship building in the therapeutic relationship that are important in facilitating help-seeking. These aspects include building rapport and normalizing problems. “It helped to know [her] so I felt comfortable talking to her.” “She told me about a similar situation that she had gone through. Maybe that was why it was easy to talk to her.”

Factors that Hinder Help-Seeking Behaviour

Rita identified factors that hindered her from utilizing counselling services: knowledge about counselling and reliance on self and other family members to get through difficult moments.

Participant Qualities/Characteristics

Reliance on oneself and one's ability to deal with problems were identified as a factor of hindrance. "[I] just didn't tell anyone" and "[I] just dealt with it." Later when she did learn about counsellors and the work they did, she noted that although she wanted to see a counsellor, she "never had the time".

Participant Knowledge of Counselling

When Rita first came to Canada as a new immigrant, she wasn't aware of counselling or what it was. "I never knew about these things." However, she states she might have been willing to see a counsellor then, if she had been aware of services.

Use of Other Support Systems

Rita identified use of two support systems that inhibit use of formal mental health services. First, she indicated that she would utilize her family, primarily her sister when support was needed. Secondly, she would speak to her family doctor. She found that he spoke to her in confidence and provided support.

Suggestions for Counsellors and the Counselling Profession

Rita believed that counsellors could provide more education to the East Indian community specifically about the mandate and protocol of counselling services. There is a real lack of knowledge and understanding about the field. Furthermore, South Asian families need more awareness of and support for dealing with parent-teen issues. Finally, Rita stated she would encourage South Asians to use counselling because she had a positive experience and feels counselling is an important and viable resource outlet for people.

JAS

Jas was in his mid-forties and had lived in Canada for approximately 20 years. He emigrated from India to come to Canada for marriage. Married for 12 years, Jas had three young children. Currently, his occupation was that of a truck driver and he had a high school diploma from India. He had not received formal counselling and had accessed support only through his network of family and friends. Jas presented as quite enmeshed with the Indian community but was not steadfast in traditional Indian beliefs. Jas seemed to have support through his circle of family and friends and would refer to them for assistance first. He was open to talking about counselling but admitted he did not have a clear understanding of what counselling was or the services available in his community. Jas had not accessed any mental health institutions and would require a great deal of education about the counselling profession.

Context of the Difficult Time

When asked to describe a difficult time when accessing support was contemplated, Jas identified the time when he and his wife faced marital issues. He needed assistance at that time and accessed his family and friends for support. He did not seek out professional support services because he received lay support from his family and lacked the knowledge to access counselling services then.

Factors That Facilitate Help-Seeking Behaviour

Participant Qualities/Characteristics

At the time of the interview, he was willing to consider using counselling services if the need were to arise.

Participant Knowledge of Counselling

Jas lacked knowledge of or experience with the counselling process. Thus he relied on information and support from family, friends and the East Indian radio. Interactions with and information from others encouraged him to learn about unknown institutions and to develop an acceptance and willingness to utilize these institutions.

Aspects of Problem

According to Jas, the perceived severity of the problem would increase his use of formal support services. He believed that the greater the problem, the greater the need to access outside support, although this would lead to problems or issues “being aired in public.” He stated, “But the problems will be aired in public when your problems get severe anyway, like you get a divorce or something. So people end up finding everything out anyway. So you might as well get counselling first.”

Counsellor Qualities/Characteristics

Jas did not view counsellor race/ethnicity as an important factor in facilitating help-seeking because second-generation/Canadian born South Asians are typically enmeshed with the Canadian way of life. Thus, he believed that ethnicity was not a significant factor in utilizing counselling services. “Because Canadian born East Indian kids, like yourself [referring to the researcher], you are the same as the mainstream community anyway. So talking to you or a counsellor of another race doesn’t make a difference.” Jas believed that counsellors of South Asian background have a lot of knowledge and thus should be familiar with their ethnic roots enough to interact with Indian born South Asians. However, he believed that older Indian immigrants might prefer East Indian counsellors.

Factors That Hinder Help-Seeking Behaviour

Jas identified several factors that hinder help-seeking behaviour for himself and the South Asian community. Jas believed the perception of problem severity, use of lay support systems, and lack of knowledge about the counselling profession contribute to underutilization of mental health services by South Asians.

Participant Knowledge of Counselling Services

Jas was lacking in knowledge about counselling as a profession and about local services available in the community. "When we don't know, how do we know where to go for help?" When he was going through a difficult time, he didn't know how counselling could help or what counsellors did then and thus couldn't even consider accessing services.

Aspects of Problem

Jas perceived minor problems as not worthy of seeking formal support services. Additionally, he indicated that South Asian people often will not ask for help until the problem becomes completely unmanageable, often with consequences being irrevocable.

Cultural Beliefs

According to Jas, South Asians with traditional Indian thinking are concerned about "airing their problems" and thus prefer to deal with issues themselves. He indicated an Indian belief in keeping family secrets.

Use of Other Support Systems

Jas has utilized lay support systems of family and friends and has not utilized formal support systems. Lay support was sufficient for his needs at the time of the critical

event. Even today, he would likely turn to his family first with any issues and would consider counselling as a secondary step based on problem severity.

Suggestions for Counsellors and the Counselling Profession

Jas suggested that counsellors and counselling organizations share information via the East Indian radio. One idea presented was for counsellors to form a panel and offer education to East Indian people about the mandate of counselling and how to access support. He believed preventative education is necessary because East Indians tend to voice concerns once the problems have become unmanageable, which is a difficult time for intervention. People really need to know that counsellors are there to help and need the contact information made quite explicit and clear to the South Asian community.

PARMINDER

Parm, who is in her mid-forties, has lived in Canada for approximately 25 years. She came to Canada as a visitor and stayed due to marriage. She married about 24 years ago and now has two adult children. She is semi-skilled and has a college diploma. She received support through a school counsellor and, although she did not find the support particularly useful, she maintained a positive view about counselling services. Parm received additional support through her network of family and friends but found that these support systems were sometimes not equipped to deal with issues. Therefore, she considered school counsellors as a valuable resource in combating issues surrounding parenting, disobedience, and truancy. Furthermore, Parm resided in a family that maintained the Indian status quo so there seemed to be issues around integration and acculturation. She indicated a willingness to break through traditional Indian norms and to seek formal help yet was not able to portray this to her other family members,

especially her husband. Her husband was not aware of her participation in this research study and I had the sense he would not approve of her participation or support her decision.

Context of the Difficult Time

Like all participants she was asked to describe a difficult time when accessing support was contemplated. Parm identified the time when she immigrated to Canada and had to deal with issues of settlement, learning English, finding work, and becoming accustomed to a very different lifestyle in Canada from India. For example, she came from a nice home with a farm in India and then came to Canada to live in an underground basement suite. Moreover, she had to work cleaning and found the smell of garbage particularly cigarette butts really bothersome. She indicated that this time in her life was extremely difficult to get through but that they “can survive.” Additionally, she described a second difficult time when issues of truancy and disobedience arose with her son.

Factors that Facilitate Help-Seeking Behaviour

Parm identified many factors that would assist herself and/or other South Asian people to utilize counselling services. For the most part, Parm’s faith in the skill set of counsellors and her willingness to learn were significant factors in facilitating help-seeking.

Participant Qualities/Characteristics

Parm believed that seeking change is an important variable in utilizing counselling. Her experience taught her that counselling involves change that occurs within oneself through the helper who listens and responds. “I think you change a little bit yourself when you talk to a counselor.” Parm identified a willingness to seek help that

motivated her help-seeking behaviour. "I can do anything, as long as my son gets better."

"I am willing to do anything as long as he turns out good."

Participant Knowledge of Counselling

Although Parm's experience with a school counsellor did not elicit the results she was hoping for, the experience still gave her confidence in the counselling profession. "After talking to him, I got the feeling that counselling is good." She believed that the advanced knowledge and training of counsellors provided an opportunity for skill development in communication and growth beyond those found in lay support systems. Speaking to a counsellor about dealing with her teenager encouraged her to seek help. Furthermore, she believed counsellors could help people in other areas of their life, such as a partner's drinking. Parm's experience and knowledge about counsellors was a key factor in facilitating help-seeking behaviour.

Counsellor Qualities/Characteristics

Parm identified counsellor characteristics that would encourage her to utilize services for her son. The ability of the counsellor to give good advice and the youthful age of counsellor were seen as two positive characteristics. According to Parm, an older counsellors' mannerisms are different and perhaps not conducive to facilitate parent-teen communication. Parm recognized that "every counsellor has their own approach or way." She was unsure if counsellor race/ethnicity made a difference in seeking help.

Factors that Hinder Help-Seeking Behaviour

Participant Qualities/Characteristics

Parm believed that a willingness to survive one's problem was a hindrance to help-seeking as she noted "you have to survive those problems on your own." As well,

she stated that a language barrier, being unable to speak English, was a huge problem for her and for the larger community. “When English is a problem, you cannot talk to anybody. That’s a big deal for us, when we come from India, we come here and don’t know how to talk and we don’t know what services are here.”

Participant Knowledge of Counselling

Parm stated that her previous experience with a counsellor was both positive and negative. He provided her with some guidance but did not give her enough consultation or advice for her to conclude that the support was effective or sufficient. She believed that a counsellor should know how to assist her in dealing with her son, which did not happen. Furthermore, she believed that the South Asian community lacks knowledge about what counselling is and how it can benefit someone. Additionally, when she experienced settlement issues, she was also not aware of counselling services then and so never thought about using them.

Aspects of Problem

Problems that are considered minor or everyday problems were not deemed worthy of formal support and were often solved by oneself or within the family. This perception of the severity of the problem leads to underutilization of services because only unmanageable and larger problems are deemed worthy of seeking professional support.

Cultural Beliefs

Parm stated that South Asians do not believe in discussing their problems with outsiders and thus feel shame and embarrassment when they have to take issues out of the family. This set of beliefs in traditionality means that many South Asians are unwilling to

seek services because they do not recognize the need for increased knowledge and support. She stated that the majority of South Asians would not be willing to admit they needed help.

Impact of Significant Others

Parm stated that she would like to seek help through counselling; however, the resistance of her family members hinders her response.

Use of Other Support Systems

Parm identified that turning to family and friends for support was, and still is, typical behaviour for her and the larger South Asian community. She stated that the community “always get support from the family” and saw this as common practice.

Suggestions for Counsellors and the Counselling Profession

Parm suggested that counsellors and the counselling profession increase counsellor involvement in the schools. She saw a great need in the East Indian community for parent-teen education and awareness and felt that ethnic counsellors in the school systems would be a good resource. For example, she believed that teenagers would listen to counsellors more at school and that holding peer groups monthly would provide counsellors with an opportunity to provide outreach efforts to youth in the community. Furthermore, she suggested that counsellors be a part of school parent meetings and provide ethnic parents with some insight on how to deal with their youth. She believed that encouraging South Asians to utilize counselling services would be a difficult process because they do not form relationships easily with others. Parm also suggested continued research such as this study, calling people and informing them about services, talking on the radio, and presenting forums on television. She stated that

different outreach efforts would work for different people and suggested that the profession try different means. In all of her suggestions, there was a strong message to educate the community about counselling services, with recognition that this is a long process that will take time.

MEENA

Meena, a Canadian resident for approximately 10 years, was in her early thirties. She emigrated from India through relative sponsorship, married in Canada and has been with her partner for about 7 years and now has two young children. Meena and her husband share a residence with his parents. Meena worked as a hair stylist and had a college diploma from India. According to Meena, her husband and in-laws possess an Indian belief and value system that is atypical of her own. She recognized that issues with her husband stem from this Indian belief and value system (e.g., patriarchal hierarchy and closed communication patterns). Meena had a vested interest in the counselling profession because she would like to enter this profession one day and was committed to personal growth and development. She utilized court-mandated counselling services but did not find the process beneficial. In regards to knowledge about services in her community, Meena stated, "I know there are a lot of counsellors and you can call them if you need help".

Context of the Difficult Time

All participants were asked to describe a difficult time when accessing support was contemplated. Meena identified a time when her husband became physically abusive and they had to separate. At that time, they participated in court-mandated family counselling. Meena did not find the process useful because her husband did not believe in

therapy. Thus, Meena found personal ways to overcome her husband's behaviour and now relied on her inner strength and resources to deal with any problems. However, while she would consider utilizing counselling services, she felt her husband would not willingly participate.

Factors that Facilitate Help-Seeking Behaviour

Meena identified that a desire to seek change and recognition of the problem are facilitating factors in utilization of mental health services.

Participant Qualities/Characteristics

One must have the internal desire to seek change in order to pursue counselling. Meena noted that she was willing to seek help when she felt that change was needed, particularly in pursuit of personal and familial success. "I try for me, for my best interest of my family." In Meena's case, her vested interest in personal growth was because of her interest in the field of psychology. However, she stated that other's intrinsic motivation; that is, "if somebody want to get it from their heart", is also a strong factor. Furthermore, she believed that one's trust in counselling is a strong factor in facilitating use.

Aspects of Problem

Meena felt that South Asians would seek help once there was an acknowledgement that a problem truly existed and that change was needed. Therefore, she considered problem definition and recognition and the severity of the problem as key in accessing support. "It's possible then...acknowledge this is the problem in the family, then he will go for it."

Factors that Hinder Help-Seeking Behaviour

Participant Qualities/Characteristics

Meena displayed a strong belief in solving her own problems, thus, she kept her problems hidden from anyone and only told people when the problems became unmanageable. Her belief in resolving issues within the family hindered her from utilizing any support services at all. Furthermore, Meena knew her husband would be unwilling to ever seek counselling (“he really isn’t interested”) because he did not trust or believe in the process, so she tried to counsel him herself and strengthen herself so she could deal with her problems better. Meena casually provided information to her husband when she felt he was receptive and she changed how she responded to her husband, so that he slowly built respect for her. For example, she refused to cry when they argued because she knew her husband did not know how to deal with her outward emotions and so he would become more upset. She found that staying calm and collected helped him to respect her more and their arguments decreased over time. She found that strengthening herself led her to the point where she felt she didn’t need counselling anymore and could deal with her husband on her own. Meena believed that families have the responsibility for resolving their own problems. An outsider cannot solve the family’s issues for them. “You have to find out your solution your own way.” Meena also noted that her husband and in-laws believed “they are mature enough to solve their own problems” and so even the suggestion of counselling was not accepted.

Participant Knowledge of Counselling

Another theme in this cluster was the lack of knowledge surround counselling in general. Meena stated that East Indians lack knowledge about counselling and therefore

are unaware of how counselling can benefit them. The knowledge that South Asians do have about counselling leads them to believe that counsellors intend to dissolve families by advising women to leave their marriages. According to Meena, counsellors are not focused on uniting families and therefore do not understand that East Indian marriages are forever. The apprehension of seeking help was clearly exemplified in Meena's comments:

The counsellors, they're just telling the wife to always break up instead of getting together. That is the belief about those who don't want it [counselling]. They don't think you're [counsellor] for their [client] supportive, they think telling this wife that you don't have to go through this with your husband. That's what the husband think. And then instead of getting closer together, you're actually separating....they have to make their own decision on their life, and it's always for forever and stay together, not changing partners and divorcing.

Meena believed the counselling philosophy of encouraging an abused wife to leave her situation is not practical because the professional is telling her to make a decision. Instead Meena held the belief that professionals should help the woman to uncover her internal strengths and to develop the skills to make appropriate choices for herself. South Asian women must be given the opportunity to make the decision themselves to remain with the husband or not. She believed that the goal of counselling should always be focused on keeping the family united, unless the abuse is extreme. In regards to her experience with counselling, when Meena and her husband had court-ordered counselling, she did not find it useful because, although he went to the counsellor, he never believed in the process and didn't change appreciably. In addition,

she was left with the impression that counselling is about dissolving marriages and this did not fit with her beliefs at all. Accordingly, she came to the conclusion that an outside person, whether a family member or a counsellor cannot resolve problems within a marriage. One must learn ways to overcome issues on one's own.

Aspects of Problem

As stated previously, Meena believed that South Asians' feel that most problems should be solved within the family, unless the problems are very severe and extreme. She remarked that most people consider problems, such as the one she experienced with abuse from her husband, as commonplace and reconcilable within the family. Thus, issues of concern to counsellors are not necessarily defined as problems by South Asians and therefore support is not sought. In regards to South Asian men, they do not consider marital issues as serious or worthy of action. Furthermore, because problems are not recognized, "they don't care what counselling is because it doesn't matter to them because they feel like they don't need it at all... They don't know that they need it". In summary, definition of and severity of a problem are elements that are instrumental in whether one seeks support or not.

Cultural Beliefs

Meena emphasized throughout the interview that East Indian people, especially the men, feel that it is very insulting to take one's family issues into a public arena. "They think it's very insulting, very insulting, like the wife talking that you know, you have to take [the problem] somewhere outside the family matter." "[T]hey are going to be like, solve the problem in the family." Essentially, there is a pride issue for East Indian men in admitting they need to turn from their family to outside support, indicating they cannot

resolve their problems on their own. Meena believed that the effect of culture and Indian patriarchal system on upbringing is a hindrance to seeking formal support. She recognized this factor within her husband and her in-laws. Meena stated that there was a clash of viewpoints between herself and her husband, mainly because of his upbringing and Indian belief system. Although Meena grew up in India, she felt that she was more open-minded and willing to seek whatever support would help. Meena also indicated that as a cultural group, South Asians tend to be shy and often retreat from seeking help. If they do decide to seek assistance, someone in the family will discourage them from carrying out their decision.

Impact of Significant Others

One of the central factors in underutilization of counselling resources is the lack of support from one's partner or family members. For instance, Meena identified that her husband didn't "agree with it at all;" in fact, he thought taking counselling was "stupid". He did not take the process seriously because he did not believe in counselling. Thus both of them were prevented from attending. Additionally, she stated that family or marriage counselling was only possible if both were willing partners. Since her husband was unwilling and did not agree with counselling, she knew she could not force him. Meena stated that her in-laws and her husband would never agree to seek counselling.

Use of Other Support Systems

During her difficult times, Meena confided in cousins and sisters to access support for herself and her husband. Consulting with family members was the typical method of support and that somebody from her family would talk to both of them, offering advice and encouraging them to "get better." She did not find this support

sufficient and turned to a television show where a religious leader offered self-help suggestions that were very practical and useful for her. She believed that shows on the television could be a great source of support for people.

Suggestions for Counsellors and the Counselling Profession

Meena offered suggestions that would encourage South Asians to utilize counselling services. Primarily, she proposed that the approach and process of counselling be revised when working with East Indian people, especially East Indian men. Her experience with court-ordered counselling showed her that the process did not work. The current counselling process failed to get to the root of the problem. She believed that the counsellor needed to become involved with the family, to offer homework assignments, and to initiate changes in the relationship. Counsellors need to approach the process of therapy in a different manner with Indian-born men/husbands, with the first integral steps being to build trust with the counsellor and the counselling profession. She stated that trust is a huge issue for East Indian people and especially, East Indian men, because they do not understand the process of counselling, its aims, and its purposes. East Indian men tend to feel insulted when their wife asks them to see a counsellor, which adds to the resistance of utilizing services. Not only do the men feel insulted, but they also feel humiliated. Furthermore, she felt that the counselling profession must show success or "show how it is useful" first and foremost and describe how it has worked for other East Indian people. East Indian people need to know that counsellors are there to help and they need to be made aware of counselling services, because often East Indian ladies are home-bound and do not know how to seek help. Coupled with trust issues, is the lack of knowledge about counselling, thereby creating a

complex, multi-layered issue surrounding utilizing counselling services. Meena stated that East Indian people are unaware of how confidentiality is maintained in the counselling or helping relationship.

A further recommendation by Meena included having counsellors work with both partners, who must share a willingness to participate. The process goals need to be defined with participants, recognizing that change takes time. Her experience with counselling showed her that counselling is solution-focussed; that is, the focus is on the problem and providing instant solutions. Counselling should get to the roots of the issue and not offer quick-fix temporary suggestions. Meena advised that Indian people believe that counselling interferes with, rather than supports, the family. For example, if the counsellor told the wife that she doesn't have to put up with her abusive partner and should leave him; this advice is incongruent with their belief system. Instead, Meena suggested that counsellors need to work on strengthening the wife and allowing her to make her own decisions on whether or not to leave. She believed that the counselling philosophy should be revised to accommodate an Indian value system where the intention is to stay together and work out the issues, rather than separating and divorcing. In addition, many East Indians hold the belief that if one is seeking counselling, the problems must be really severe. Therefore, she suggested that counsellors take indirect methods when working with East Indian people and to slowly initiate change with the intention to preserve the family unit. Finally, Meena suggested that counsellors focus on strength building with East Indian clients because East Indian people, although strong in many ways, tend to be passive in their families and to continue to live with problems.

According to Meena, East Indian people are different from English people and will not take daring steps as easily. They need to be slowly encouraged to make change.

In summary, Meena suggested that counsellors and the counselling profession focus on revising the counselling process to include cultural specific goals, trust building with East Indian people, information about the counselling process, a focus on building strengths, and utilization of indirect counselling techniques.

As Meena indicated East Indians basically do not know anything about counselling, do not trust the process, and do not define issues as problems worthy of outside support. Thus, her suggestions to the profession included stepping back and starting with the basics; that is, assist in defining the problem, discuss the change process, and allow time for clients to gain trust in the process. Her statement "It's not an easy task what you are saying because they don't trust it at all" is quite poignant in explicating the core of underutilization.

My Sense of the Participants

RAVI

Ravi grew up in a large, urban city in India and indicated her upbringing was more liberal and her belief system more Westernized than what she found in British Columbia. Her parents were educated and immigrated to Eastern Canada so the children would have a better future. Ravi was in her mid-teens when they emigrated from India. Ravi has the highest education out of all the participants. She has received a degree from a Canadian university. She has been more enmeshed with the Western world than the other participants.

Ravi is the only participant who grew up in urban India. The pattern of immigration for her family (her dad was an independent skilled worker) differentiates her from the other participants who mostly arrived through relative sponsorship. Thus, Ravi does not represent the “usual” Sikh immigrant. Furthermore, she is a stay at home mom by choice and her husband is also well-educated. Ravi’s socioeconomic status is congruent with the studies of the Canadian and U.S.A. skilled workers (educated and middle to upper class). Ravi’s family-of-origin lives in Eastern Canada, also known for hosting higher educated South Asian immigrants. “Families who have lived and received an education outside of India tend to adapt more readily to this culture than those who have not” (Almeida, 1996, p. 400). Finally, Ravi was very open to being a participant in the study and providing information about herself.

To me, Ravi presents more as a first-generation Canadian-born South Asian than a first-generation immigrant. In essence, her beliefs, experiences and values are more congruent with a Canadian value system and she appears to have a higher level of acculturation, because she has local education and comes from an educated family. Ravi stands apart from the other participants because of these differences.

RITA

Rita immigrated to Canada in her mid-teens as well. Rita came to Canada through relative sponsorship and attended high school in Canada. In India, Rita grew up in rural Punjab with her family as farm owners. Rita comes from a large family, mostly consisting of unskilled labourers. Rita has been employed in the retail industry most of her life. Her employment has allowed her to integrate better with Canadians and absorb a Western value system. Rita’s husband is semi-skilled and the focus with the children is on acquiring education and prestige. Rita presents as having a higher level of

acculturation but in an incongruent manner. For example, in some ways she seems to believe in the Western philosophy but in other ways presents in a traditional Indian manner. I believe Rita is more accepting of counselling services and more open to receiving services because of Rita's young age at emigration and her participation in local education. She was open to being a participant in the study and providing information about herself.

JAS

Jas is the only male in the study. He grew up in rural India with his family as farm owners. He was in his mid-twenties upon coming to Canada, the eldest out of all the participants. Jas has high school education and works as an unskilled labourer. Jas' wife is a student and works in an unskilled position as well. His responses indicate retention of Indian traditionality, however, with some willingness to utilize Western institutional help and to adapt to a Western value system. However, I sensed a hesitation to incorporate Western values yet, at the same time, a conscious decision to do so because of a need to adapt and survive in Canada. I believe this incorporation is true for many South Asians, especially the men, because by incorporating a Western value system, they are losing their hierarchical power and taking on roles that are traditionally those of women.

PARM

Parm is the eldest of the female participants. She grew up in rural India with her family as farm owners. She emigrated in her early 20's through visitor status. She had some college education in India. Parm presents as someone with a higher level of acculturation but similar to Meena, lives a polarized value system that is neither congruent nor complementary. Parm possesses values that are embedded in traditionality

and incongruent with how she presents herself. I would say Parm is representative of the South Asian immigrants who have resided in Canada for over 20 years, which possess an understanding of Western values and the need to integrate East-West values but find the process difficult and unsupported. I believe her story to be similar to that of other South Asian women immigrants. Parm was hesitant about the information-sharing aspect of the study and participated without her husband's knowledge.

MEENA

Meena had the shortest residential stay in Canada. Meena grew up in rural India with her family as farm owners. She emigrated in her early 20's through relative sponsorship and is considered a semi-skilled worker (she has college education in India and Canada). Meena described herself and presented as someone with a higher level of acculturation. However, her beliefs and behaviour still showed that she was very much embedded in the Indian value system. Her husband was an unskilled labourer and was described by her as very enmeshed with the Indian value system, holding quite different perspectives and beliefs than she did. Meena presented a polarized value system of both Indian and Western beliefs, yet, this system was not integrated in a complementary fashion and her beliefs seemed to oscillate to the two extremes. Meena was open to being a participant in the study but her husband was not supportive.

Thematic Content Distribution

In the following tables, themes and categories that emerged from the data are displayed. The themes within the clusters are listed in order of how they emerged in order of frequency of mention. In Table 2, the four clusters within the category of "Facilitation Factors" are listed: Participant Qualities/Characteristics, Participant Knowledge of

Counselling, Aspects of Problem, and Counsellor Qualities/Characteristics. In the second section of the table the themes within the clusters are listed vertically in order of frequency of mention.

Table 2: Facilitating Factors

FACILITATION FACTORS			
CLUSTERS WITHIN THE CATEGORY			
Participant Qualities/ Characteristics	Participant Knowledge of Counselling	Aspects of Problem	Counsellor Qualities/ Characteristics
THEMES WITHIN THE CLUSTERS			
Willingness	Participants' Knowledge	Definition	Empathy
Seek Change	Previous Experience	Severity	Ethnicity
Trust	Counsellor Expertise		Growth Perspective
Professional Interest			Personal Openness
Education			Honesty
			Age
			Confidentiality

Category 1 – Facilitation Factors

In this category, I grouped incidents based on similarity. The following clusters emerged: Participant qualities/characteristics; Participant knowledge of counselling; Aspects of problem; and Counsellor qualities/characteristics.

Theme Cluster 1: Participant qualities/characteristics. Participants identified personal themes that were important variables in seeking help. Thus, a participant's willingness to seek help, to acquire change, to trust in the process, and to have the goal of becoming interest a counsellor, and their level of education were important characteristics in facilitating help-seeking behaviour.

Theme Cluster 2: Participant knowledge of counselling. Participants identified knowledge of counselling as an important factor in seeking help. Themes include: participants' knowledge of counselling, previous positive experience and belief in counsellor expertise as important factors in help-seeking.

Theme Cluster 3: Aspects of problem. Participants identified aspects of a problem that facilitated help-seeking. Primarily, recognition and definition of a problem (this is a problem) and the severity of the problem with increased severity fostering the need to seek support determined when one was likely to seek help.

Theme Cluster 4: Counsellor qualities/characteristics. Participants identified key characteristics that would encourage help-seeking. These characteristics included empathy or the counsellor's ability to understand the issues, shared ethnicity, having a growth perspective, normalizing or sharing personal experiences, honesty, younger age, and advising that issues would be kept confidential.

Table 3 provides a summary of the clusters within the category of "Hindrances Factors." Once again, the themes within clusters are listed vertically in order of frequency of mention.

Table 3: Hindrance Factors

HINDRANCE FACTORS					
CLUSTERS WITHIN THE CATEGORY					
Participant Qualities/Characteristics	Participant Knowledge of Counselling	Aspects of Problem	Cultural Beliefs	Use of Other Support Systems	Impact of Significant Others
THEMES WITHIN THE CLUSTERS					
Internal Strength	Participants' Knowledge	Severity	Family Secrets	Family	Immediate Family Members
Language Ability	Previous Experience	Definition	Pride	Friends	Extended Family Members
Trust			Traditionality	Religion	
Maturity			Upbringing	Doctor	
Thought Process					
Time					
Age					

Category 2 – Hindrance Factors

In this category, incidents were grouped based on similarity. The following clusters emerged: Participant qualities/characteristics; Participant knowledge of counselling; Aspects of problem; Cultural beliefs; Impact of significant others; and Use of other support systems.

Theme Cluster 1: Participant qualities/characteristics. Participants identified personal themes that were deterrents to one seeking help: a participant's reliance on one's own internal strength, language barriers, lack of trust in the process, belief in one's maturity to solve problems, thought process, lack of time, and older age were important characteristics in preventing or discouraging help-seeking behaviour.

Theme Cluster 2: Participant knowledge of counselling. Participants identified two knowledge themes as important factors in discouraging seeking help: participants' lack of knowledge about counselling and previous negative experience.

Theme Cluster 3: Aspects of problem. Participants identified two aspects in relation to help-seeking behaviour. Two factors, severity of the problem and definition of a problem were identified as influential factors in hindering help-seeking behaviour.

Theme Cluster 4: Cultural beliefs. Participants pointed out key cultural beliefs that discourage help-seeking. Thus, South Asian culture encourages maintaining family secrets, having a sense of cultural pride in oneself and resolving own issues, holding onto cultural traditions, and cultural influences on one's upbringing.

Theme Cluster 5: Use of other support systems. Participants discussed other lay support systems that were typically used during difficult times, which hindered the use of formal support systems. Other support systems included family, friends, religion and family doctor.

Theme Cluster 6: Impact of significant others. Participants noted how the responses of others around them discouraged help-seeking: one's family and one's extended family members.

Issues in Data Collection

This research study was a valuable experience to me in many ways. I had the opportunity to conduct research in two languages – English and Punjabi. Firstly, I did not realize the difficulties I would face in engaging with people in Punjabi when the interaction is about research, given that I regularly and fluently speak Punjabi. Interestingly, I learned that I am more comfortable gathering information in English, even though I am very fluent in Punjabi and it is the first language I learned. Secondly, conducting research in two languages created problems in translation of Punjabi into English for transcriptions of the interviews. When Punjabi was translated into the most straightforward and direct account of the statement in English, there was a loss in the meaning and essence of the experience. While I can understand the essence and experience, I feel there was a loss of the nuances and essences in this translation to the audience of the study. However, the researcher's ability to conduct research in two languages provided an opportunity to speak to a sector of the population that is otherwise not possible.

Additionally, I faced difficulty in how to recruit participants for my study. I had three methods of recruiting participants: poster distribution, word-of-mouth referral, and snowball effect. I found the latter two methods to be effective in eliciting participants. Poster distribution was not effective with South Asians because of its anonymous nature, i.e. there is no face to the name, no opportunity for further explanation and no opportunity for rapport building or establishing a relationship. Thus, poster recruitment is "faceless". When I consulted with South Asian peers, friends, and family, I found that other people agreed and indicated that they would not typically respond to a poster,

unless they knew the person or had a clear understanding of what the study was about. Consequently, participant recruitment had to occur through word-of-mouth instead. Furthermore, participants of this study and other South Asians that I collaborated with asked me many questions. What is research? Why I was doing it? What would I do with the information? How does confidentiality work? It became clear that even people in my network of friends and family, who were aware of my thesis and had a reasonable understanding of counselling and research, still really lacked an understanding of what I meant when I said I would be conducting research. Additionally, I found that people lacked an understanding of the research process (i.e. tape-recording of interviews, confidentiality of our interviews, and storage of personal information) and as researchers, we have the responsibility to entrust this knowledge to participants. They also questioned how their input would assist counsellors, researchers and other South Asians. I realized that people did not understand that they have the “power” to teach others and are the “experts” in telling their stories and providing feedback to counsellors and researchers.

In essence, the barriers I faced in conducting research with South Asians are similar to the factors that affect utilization of counselling services. Moreover, the need for this study – to establish why South Asians underutilize counselling services – can be translated into why South Asians underutilize other institutions, such as educational institutions. I faced similar barriers in conducting research, for example, some key barriers I faced included a general lack of knowledge about research and a lack of trust in the process. After talking to people, it quickly became clear that people lack knowledge about institutions such as counselling and education. I found similarities in the questions they asked about research and about counselling: What is counselling/research? How is

it confidential? Why would I/we discuss these things with you? By answering their questions about research, I was also answering their questions about counselling. This process solidified for me that counselling and research are unknown concepts to much of the South Asian population and that as researchers/counsellors, we have the responsibility to educate South Asians, starting at a grassroots level and work bottom-up in the community. In fact, this process was more of an eye-opener than I realized it ever would be.

Summary

In Chapter Four I described the categories, clusters, and themes of participants' experience, the method of data organization and presented a detailed analysis of the data collected in this study. This chapter focused on presenting the data in a manner that is easily understood by the audience and offered further explanation of the categories, theme clusters, and themes. Quotations from the interviews were integrated into the summaries of each participant in order to highlight their lived experiences.

Chapter Five presents a review of the research findings in relationship to the literature, limitations of the study, implications for counsellors and the counselling profession and recommendations for future research.

CHAPTER FIVE

Discussion

Chapter Five is organized into the following parts: (1) Summary and Discussion of Findings; (2) Results Related to Personal Assumptions and Expectations; (3) Results Related to Previous Research; (4) Facilitation and Hindrance Factors; (5) Limitations of the Findings; (6) Implications of the Findings; and (7) Future Directions for Research.

Summary and Discussion of Findings

The purpose of this qualitative research study was to discover, understand and describe, using a qualitative approach, the attitudes of South Asian immigrants toward utilizing counselling services. The principal purpose was to understand and highlight the themes that emerged from their lived experience. Furthermore, the participants in the study provided suggestions for counsellors and the counselling profession, in order to build bridges with this community, and to provide more effective counselling service. The qualitative methodology of data collection and analysis procedures used in this study combined the works of Flanagan (1954) and Creswell (1998). Data was gathered from five participants through semi-structured interviews that were later transcribed verbatim and translated into English, when needed. Incidents were extracted to formulate categories, clusters, and themes that describe the factors that facilitate or hinder help-seeking behaviour for South Asian immigrants.

Results Related to Personal Assumptions and Expectations

In Chapter Three, I outlined seven assumptions and beliefs about help-seeking and South Asians. In this section I will compare the cluster of categories and themes that emerged to the assumptions I held as a South Asian woman engaging in this research.

The assumption that East Indians rarely use counselling services for any reason was not met. Three out of the five participants had utilized counselling services for parent-teen issues and court-mandated marital counselling. As well, all participants displayed a willingness to seek further counselling support, if they felt it was required. I did not witness the hesitation to seek services that I had assumed.

The assumption that South Asians would consider utilizing counselling services as a reactive measure to problems and not in a proactive manner was met. None of the participants expressed a desire to seek formal support for personal counselling around non-critical issues. Nor did participants seek out formal help for proactive coaching or skill-development. The responses from the participants showed a willingness to seek help as a reactionary response to critical times of stress. My research showed that three of the participants had sought out counselling services after the difficult times became momentous and expert, professional support was needed.

The assumption that South Asians typically use religious/spiritual beliefs and/or family support to deal with stress was confirmed through the participant responses. As I suspected, the participants identified use of lay support networks but indicated these supports were not sufficient for all critical times. All participants expressed a belief in utilizing personal support systems, i.e. family, friends or religious beliefs, before they would consider utilizing formal mental health services. However, some participants identified that they would need to turn to counsellors because counsellors have knowledge and expertise that they or their circle of friends do not have.

The assumption that immigrant South Asians would display a strong aberrance to utilizing counselling services was not met. In fact, I found that all participants in this

study displayed a sense of willingness to seek formal help, should the need arise. I was surprised by the openness and willingness this sample presented to seeking formal support services. However, this is a current attitude; perhaps peoples' views changed after acculturation and enmeshment with the Canadian culture, and may not be applicable when the participants were new immigrants to Canada. This assumption cannot truly be realized in this study because it focusses on immigrants who have resided in Canada for a minimum of ten years. Perhaps that is enough time to change attitudes and thinking.

The assumption that South Asians are not aware of the meaning of counselling services and availability in the community was met. All participants expressed a general lack or inadequate amount of knowledge about what counselling is and how to access formal support. This signifies the need for future outreach efforts to aid this community in understanding and utilizing counselling services.

The assumption that South Asian women are more likely to seek help than South Asian men can not be commented on as four women and one man participated in this study. As well the aim of this study was not to generalize to the larger population but to capture emerging themes from a small group of South Asian participants. However, one participant identified her perception that South Asian men would not use counselling services and that South Asian women would more likely to be the ones to seek support. Additionally, I am aware the spouse of one participant did not want her to participate; the spouse of another participant was unaware of her participation; and one of the potential participants did not pursue participation partly in fear of repercussions from her spouse. Future research considering gender as a factor in utilizing support would provide more comprehensive results.

The assumption that participants would share stories that would likely be similar in thoughts, feelings, and beliefs about utilizing mental health services was met. I noted similarities across the interviews and responses that may have application to the larger South Asian population, for example, lack of knowledge about counselling services.

Results Related to Previous Research

Five purposes of this study were outlined in Chapter One. These purposes include: (1) To contribute to existing research literature on help-seeking behaviour; (2) To examine the attitudes of South Asian immigrants toward help-seeking; (3) To give voice to five members of the South Asian community to express their needs and experiences; (4) To provide a contextual understanding of the influences on the decision to seek or not seek counselling services; and (5) To provide mental health practitioners with increased knowledge and understanding about this group and ways to promote utilization of counselling services, to build strong counsellor-client relationships and to create positive bridges with the South Asian community. In this section each purpose will be discussed in relation to the literature base.

To Contribute to Existing Research Literature on Help-Seeking Behavior

This study contributes to the current research literature available about help-seeking behaviour by uncovering the influences, processes and attitudes of five Punjabi speaking South Asian immigrants toward seeking and utilizing mental health services. The study provides information about a small, select group of the South Asian community that is not available in the research literature. The study focusses on research in British Columbia, Canada, which is also lacking in the research literature.

Since most of the research still uses the term Asian to include Chinese, Japanese, Hindu, Vietnamese, etc. I will use the available literature in explanation of the findings from this current study. However, there are notable similarities and dissimilarities across these different Asian cultures and only with more research that is specific to each ethnic, Asian and religious group, will we have the in-depth information necessary to truly understand each individual group. I will use this literature and relate it to the South Asians in this study in the absence of available related research. Although there are notable similarities within these groups there are notable differences that are often overlooked when such large-scale generalizations are made.

The research literature indicates that Asians underutilize mental health services. Often times, the research literature uses the term "Asian" and applies it broadly to Indians, Chinese, Korean, Japanese and Vietnamese. The research literature also identifies the misuse of the large-scale term "Asian" in conducting research, given the many differences that exist within the "Asian" group. Thus, this study focusses on a specific sector of the "Asian" population, which is South Asian immigrants who are born and raised in India but currently reside in Canada. This population is growing in Canada and more specifically in British Columbia, necessitating why more comprehensive research must be conducted. Counsellors who work with South Asians need to understand the specific needs of this community, along with the special needs of an immigrant population in general. Each immigrant population's needs are unique and must be understood in their own context. Finally, the South Asian immigrant population faces different barriers than a second or third-generation South Asian living in North America.

Thus, the needs of the immigrant population must be identified, along with their views of utilizing mental health services.

Much of the literature uses the term “Asian” to incorporate many ethnically similar groups. Sue and Sue (2002), for example continue to combine “Asian Americans” in one chapter to include Chinese, Filipinos, Koreans, Asian Indians, and Japanese to name a few. Assanand et al. (1990) use “the term ‘South Asian’ to refer to people with cultural origins in the Indian subcontinent, which includes Pakistan, India, Sri Lanka, Bangladesh, and Nepal” (p. 141). They also highlight that South Asians in Canada are a heterogeneous group with great social and cultural diversity and range in educational levels, and variations between urban and rural backgrounds. McGoldrick, Giordano, and Pearce (1996) separate different ethnic groups into individual chapters, for example, a chapter dedicated to Jamaican families, Haitian families, and Chinese families, however Indians from India are lumped into one chapter for “Hindu, Christian, and Muslim Families”. Most of the beliefs, values, and culture of these groups differ from Indian Sikhs. Asian Indians continue to be classified under one umbrella even though Hindu and Sikh have different religious practices, beliefs, values, and migration patterns. Sue and Sue (2002) describe the difficult process in making generalizations about the Asian American population, given the compounded effect of between-group and within-group differences. Yet, terms such as Asian American are still being used to describe the very different cultural groups. Efforts must be made to separate these “Asians” and understand them as distinct and individual cultural groups, especially noting the differences that occur within groups, compared to between groups. “In describing any culture or cultural

practice, within-group differences are as great as across-group differences” (Lynch, 1997, p. 27).

To Examine the Attitudes of South Asian Immigrants Toward Help-Seeking

The results of this study show favorable attitudes by this group of South Asian immigrants toward utilizing mental health services. All participants would consider utilizing counselling services themselves or would support their family members in this process. However, limitations were placed around what would merit utilization. The definition of the problem, severity of the problem, and exhaustion of available lay support systems would warrant the need to seek formal help. Clearly, participants indicated a process that involved a hierarchical approach to problem solving that situated counselling as one of the final methods of problem resolution. Panganamala and Plummer (1998) found South Asians to have neutral to fairly positive attitudes toward seeking help but also noted strong negative attitudes as well. They believe it is premature to make assumptions about Asian Indian attitudes towards counselling as a cultural group because many with-in group variables exist.

To Give Voice to Members of the South Asian Community to Express their Needs and Experiences

Qualitative research involves understanding the meaning of a person’s lived experience or story. Most of the research conducted with Asians and South Asians has been through quantitative methodology. Therefore, qualitative research is necessary to allow this sample to give voice to their world views, needs, and beliefs about help-seeking. Furthermore, qualitative research provides an opportunity for the participants to

voice their stories in an environment that is safe, informal and allows for rapport-building.

In this study, participants had an opportunity to describe their experience of help-seeking and inform the audience of better ways to meet the needs of this unique community. The participants were able to have a voice in two languages, English and Punjabi, to ensure the better understanding by the researcher and the audience. Lynch and Hanson (1997) note the importance of conducting research with members of other cultural groups to provide increased awareness and competence building in professionals and the larger society.

To Provide a Contextual Understanding of the Influences on the Decision to Seek or Not Seek Counselling Services

Contextual influences on help-seeking include the definition of a problem, the magnitude of the problem and the amount of support or encouragement from family members was found in the present study.

To Build Strong Counsellor-Client Relationships and Create Positive Bridges with the South Asian Community

Mental health practitioners need to develop a better understanding of this ethnic group, in order to appreciate their unique needs and to be sensitive to their beliefs about mental health services. "Cross-cultural competence is important in professional and interpersonal interactions and an area in which every interventionist should be educated" (Lynch, 1997, p. 49). The present study clearly identified a further need for more research around this topic, for increased outreach educational services for South Asians and for the construction of better relationships with the South Asian community.

Facilitation and Hindrance Factors

Factors of Facilitation for the Participants in this Study

The participants in this study noted many factors that facilitated help-seeking, including a willingness to seek help, knowledge of counselling, aspects of a problem, and counsellor qualities.

A willingness to seek help, coupled with a desire to seek change, was identified as a facilitating factor in help-seeking behaviour. Solberg, Ritsma, Davis, Tara & Jolly's (1994) study measured the relationship between the severity of problem and willingness to seek help and the roles of previous counselling experience, gender, and ethnicity. Although, they did not find that ethnicity was related to a willingness to seek help, they did identify that further replication of their study was needed "to determine whether the differences in the results of the study are an artifact due to differences in design and analysis" (p. 278). They compared their results to another study that did find ethnicity was related to willingness to seek help (Gim, Atkinson & Whiteley as cited in Solberg et al., 1994), similar to the results of the current study.

Furthermore, previous counselling experience arose as a facilitation factor because it provided the participants with a knowledge base of counselling and benefits of participation. Solberg et al. (1994) also found that previous counselling experience was related to higher severity of problem concerns ratings and higher willingness-to-seek-help ratings for academic, interpersonal, and substance abuse concerns. They discuss that previous counselling experience leads to an increase in the definition of a problem, thus increasing the likelihood of seeking help.

On the other hand, Kok and Liow's (1993) study assessed help-seeking and the type of support sought. In terms of practical support, Indian (female) single parents sought support from family and professionals. In terms of financial support, Indian single parents sought support from friends/neighbours and professionals. In terms of emotional support, Indian single parents sought support from professionals and religion. In terms of information, Indian single parents relied more on professionals for information than they did their family. Their study indicates higher use of professionals for support but relies on a population sample of service-users. Their study did note that older female relatives become helpers during crisis, related to the use of family as a primary support system in this study. Furthermore, overall help-seeking patterns in Kok and Liow's study found that severity of crises was one of the situation factors that influenced help-seeking. This factor can influence how one perceives and understands the problem. Comparably, Sue & Sue (2002) note that "assessing the ethnic identity of clients is important because it can impact problem definition and the choice of techniques used in therapy" (p. 337).

Participants identified several counselor qualities/characteristics as important facilitators of help-seeking. The counsellor's ability to portray understanding, build rapport, express honesty, and shared ethnic background, if possible, were identified as important facilitating factors. Results of the current study are congruent with Johnson & Nadirshaw's (1993) recommendations for therapist variables to enable successful practice with South Asian clients: (1) the therapist's ability to let the client dictate the goals and purpose of the therapy; (2) the therapist's ability to convince the client that he/she is understood; (3) the therapist's ability to communicate effectively with the client; (4) the therapist's awareness of how his/her own cultural values can be imposed, perhaps

unconsciously, on the client and can affect the interpretation of the client's experiences; for example, a white female therapist's prejudice towards an Asian female client's problems relating to her arranged marriage; and (5) the therapist's ability to become acquainted with the strengths of the client and to treat that client as an individual. Meena noted in the study that indirect help is more effective and less insulting to South Asian men specifically, Assanand et al. (1990) believed this to be true for most South Asians, noting that "help that is provided in an informal and egalitarian way is generally more effective" (p.167). Participants in the current study agreed with Sue and Sue's (2002) recommendation, that the counselor should be directive in structuring the session but seek "full participation from the clients in developing goals and intervention strategies" (p. 340).

Factors of Hindrance for the Participants in this Study

The participants in this study noted many factors of hindrance in help-seeking, including the impact of language ability (not being able to speak English), lack of knowledge about counselling, the definition and severity of the problem, use of internal supports and lay support systems, influence of cultural beliefs, and impact of significant others. These hindrance factors inhibited participants from utilizing counselling services.

Two participants noted how the inability to communicate effectively in English with a professional leads to a deterrent in help-seeking. This problem is very salient when the participants first immigrated to Canada and had little or no English skills. Moreover, Sue & Sue (2002) note that the symbols of an ethnic group are manifested primarily in language. "Language structures meaning, determines how we see things, is the carrier of our culture, and affects our worldviews" (Sue & Sue, 2002, p. 164). Thus, if language is

the medium in communication of not just words but thoughts, meaning, and culture, it is understandable how limited English language skills are restrictive to effective and comprehensive communication. Consequently, Sue & Sue (2002), note that “many minority clients do not possess vocabulary equivalents to standard English and when forced to communicate in English may appear ‘flat’, ‘nonverbal’, ‘uncommunicative’, and ‘lacking in insight’” (Romero as cited in Sue & Sue, 2002, p. 164). Even in this study, the translation process from Punjabi to English in written words loses the meaning or essence of the dialogue and provides a “flat” English translation. This is indicative of the language barrier in communicating with limited English and the difficulty in achieving successful results in the counselling process. Sue & Sue (2002) further describe the difficulty in providing family therapy to Asian Americans because “most models are based on Euro-American perspectives of egalitarian relationships and require verbal and emotional expressiveness” (p. 341).

All participants identified a lack of knowledge about counselling as a key hindrance factor. A significant finding of this study includes the critical times participants experienced as new immigrants, when they did not know about counselling and how to access professional support, which led to hindered or delayed help-seeking. Additionally, one participant identified the impact of seclusion on perpetuating ignorance of counselling services.

An underlying influence on all of the factors of hindrance is the impact of culture. It was found in this study that culture affected how the participants defined and resolved a problem. Three participants noted that problem severity influences when one would seek help. A problem that is considered minor (such as marital discord) and seemingly

commonplace, does not warrant seeking professional help and should be resolved within the family or through a lay support network. Therefore, when professional services are sought, the problem is typically considered to be unmanageable and beyond the scope of resolution by family and friends. These results are similar to the findings of Wright et al. (1983) that Asian clients delay seeking support by using traditional or cultural remedies, and when they finally do seek formal support, they are more disturbed than the average non-Asian client (Sue & Sue as cited in Sue & Sue, 1995) and problem presentation is already in a critical state (Sue & Sue, 1995).

Additionally, three participants described how culture influences individual pride and how upholding family pride is a significant hindrance factor. Cultural pride led the participants to resolve problems on their own or to utilize lay support systems, rather than seeking professional support. For these participants, family is seen as a culturally appropriate resource in help-seeking. Ibrahim and Ohnishi (1997) describe some basic beliefs and values generally consistent across all South Asian Americans, which derive from their sociohistorical culture. They note the importance for and respect for family/filial piety and for age as part of the worldview development of South Asian Americans. Related to the results of this research, Ibrahim and Ohnishi note that the family extends horizontally and laterally and these various relationships are valued and respected appropriately. As well, they note how with the respect for age comes the acceptance of knowledge and maturity from the family elders. For example, families will turn to elders to resolve familial conflicts, and to seek advice and support during crisis or when social or work relationships are disrupted. All participants noted utilization of

family as the primary source of support during critical times, congruent with the findings of Assanand et al. (1990), Ibrahim and Ohnishi (1997), and Sandhu (1997).

Finally, the participants noted the attitudes of nuclear or extended family members as hindering factors on accessing support. Pillay (1996) found that significant others were important in helping the individual understand his or her symptoms and in seeking medical help. Akutsu, Snowden, & Organista's (1996) showed that Asian Americans' entry in the public mental health system is based on involvement in lay referral networks and community-based programs (family, community), which will be the source of referral for Asian Americans' entry into the mental health services. Their results are consistent with the findings from this study that the influence of significant others affects utilization of counselling services.

Limitations of the Study

1. This study adds to our understanding of how Punjabi speaking South Asian immigrants view help seeking and accessing counselling services. These findings support the need for examining with-in group differences as well as across-group differences (Lynch, 1997).
2. The sample in this study was comprised of five Punjabi-speaking South Asians who live in British Columbia and therefore offers information about a small sector of the larger South Asian population.
3. Benefits for choosing a qualitative methodology, and a therefore small sample, include the quality of information accessible through this form of inquiry and the breadth of information available through the interview process. Detailed information

was provided which is not possible to obtain through quantitative, large sample studies.

4. Furthermore, this study focused on a very homogenous group of Asians in order to obtain detailed and concrete information about a specific sector of the larger Asian population. The study is limited geographically because the South Asians in the Lower Mainland were solicited. The time frame of data collection only occurred between December 2003 and January 2004. Notwithstanding the limitations, the study provides valuable insight into a small sample of the South Asian community, their views, their needs and their suggestions.

Implications of the Findings

This study offers valuable information to individual practitioners, organizations, and the human service fields about the views and beliefs of South Asian immigrants toward utilizing mental health services. Findings can be tentatively applied to help practitioners find ways to build bridges with the South Asian community and to increase their use of counselling services. In addition, the investigation provides a contextual understanding of the influences on the process of seeking help for this specific population. The study gives voice to the actual participants through interviews, which is a missing piece in the largely quantitative-based literature. This study speaks to a group of people who have been understudied in the literature; that is, British Columbian South Asian immigrants. The results also raise awareness of counsellors about the needs of this community and add information about practice to the counsellors' repertoire to enhance the working relationship with South Asian clients.

The impact of acculturation, cultural beliefs, reliance on personal ability to resolve problems, the definition of a problem, and impact of significant others are all identified as factors that influence one's decision to seek help.

Implications for Counsellors

The findings of this study offer suggestions for counsellors in order to create better understanding of South Asians and their issues. First, several important implications are discussed, followed by steps to assist counsellors in building positive relationships with South Asian clients and the community.

Impact of Acculturation

Almeida (1996) describes acculturation as the process of adapting to the host culture, while maintaining identity with one's own culture of origin. It is difficult to describe one's level of acculturation, especially regarding the women in this study, because level of acculturation is contingent upon many socioeconomic factors, extended family influence, and pattern of migration. Almeida's (1996) information on U.S. Asian Indians illustrates that education, class, caste, family size, economic support, connection with traditional culture, degree of religiosity, migration history and how one dealt with the loss of one's country of origin are all factors that affect acculturation. Mehta's (1998) study with higher educated U.S. immigrants, correlated that increased acculturation related to better mental health. Ibrahim & Ohnishi's (1997) note the importance of understanding the client's level of acculturation as part of rapport building and intervention planning.

Furthermore, this study noted different "levels" of acculturation that exist with South Asian immigrants, especially the women. There are different responses to

acculturation conflict: assimilation, separation, integration/biculturalism, and marginalization (Huang as cited in Sue & Sue, 2002). However, these do not seem to be sufficient for characterization of many South Asians. Terms such as integration/biculturalism denote a positive adaptation to both cultures. However, from my personal experience in this community and from observing the participants, I have noticed a “dual existence” of values or a polarized dichotomy of inclusion/exclusion of Indian and Western value systems that is tumultuous. I sensed that the first generation immigrants, especially those who have resided in Canada for a long period of time, are influenced by both east-west value systems. This group of immigrants appear to find it difficult to adopt one value system over another or to successfully integrate both value systems in a healthy manner. Notably, this generation presents as in the process of sorting out a complementary blending of East-West value systems. Thus, we see attitudes of help-seeking varying with contexts, i.e. it’s okay to seek help or openly discuss issues about children (socially acceptable) but not okay to openly discuss one’s dissatisfaction in marriage (socially unacceptable), a reverberation between the value systems. However, in all cases, when the situation becomes completely unmanageable, it is acceptable to seek help in order to preserve the family. This stance is congruent with the Indian value system of keeping families together and in preserving “face” and pride. Sandhu (1997) also discusses the importance and impact of shame and respect in Asian Americans, noting that in Western cultures such issues are ill defined and seldom the focus of concern. Sue and Sue (2002) describe an “acculturation conflict” that occurs between parents and children, especially regarding children who are raised with two conflicting viewpoints (p. 336). I would also argue that this acculturation conflict occurs within some

immigrants leading to a cognitive dissonance. For example, immigrant parents are trying to raise their children with two conflicting viewpoints and also trying to juggle the two viewpoints within themselves. They might experience thoughts such as I want to let my children do this, but what will others say? I want to seek marriage counselling because I am not happy with my marriage, but what will I tell my mother-in-law who lives with me? Finally, I would argue that many South Asians present as bicultural; that is, living both cultures and presenting as if there is complementary value integration. In fact, there seems to be a struggle with the two cultures and difficulty in assimilating or successfully incorporating either value system. Most notably though, the participants present a strength and pride in themselves and their Indian heritage, a resiliency to survive the transition and turbulence of immigration and adjustment, with a gentle belief that the issues will be resolved over time and across the generations.

Counselling the Invisible Family

This study found that individual or family counselling must consider the needs of the “invisible family” in therapy. The impact of counselling on the individual or on the family is considered a prominent concern of South Asian immigrants seeking support. Counselling sessions should focus on family issues, even when individuals present alone (Almeida, 1996). The consequences for action should be considered, not just for the individual but also for the impact on family and community (Sue & Sue, 2002).

Intervention Versus Interference

Another significant implication for counsellors is that intervention can be seen as interference. One participant in this study, for example, noted that Indian people do not seek help because they believe that counselling is about dissolving families. Therapeutic

intervention should be more accommodating of an Indian value system, where the focus is on family preservation instead of separation and divorce. This dichotomy of interference versus intervention is an important factor to consider when understanding South Asian views toward utilizing counselling services. Since some members of the community hold the view that counselling is about breaking up marriages, it would be pertinent to follow Sue & Sue's (2002) suggestion that counselors "obtain their [client] perspectives on the goals for better functioning" (p. 342), allowing clients to dictate what the therapeutic goals will be so that the outcomes will be considered successful.

Another aspect of 'intervention versus interference' is the cultural myth that if one seeks counselling and allows the counsellor to "interfere" then the problem must be completely unmanageable. Sandhu (1997) and Ibrahim and Ohnishi (1997) note the early stages of counselling are very important. A counsellor must use patience because the process of self-knowledge gained in the early stage of counselling will be critical to the success of the counselling process. Findings from this study indicate that nurturing is required when working with South Asian clients. Steps for building positive counsellor-client relationships include:

1. Understand the existence of the intervention versus interference dichotomy.
2. Focus on the whole family, even if only the individual is present (Almeida, 1996; Johnson & Nadirshaw, 1993; Sue & Sue, 2002).
3. Accommodate an Indian value system, such as, focus on family preservation, use of alternative support systems (Gurdwara, family, friends), and traditional healing methods (Johnson & Nadirshaw, 1993).

4. Utilize a growth and strength perspective by recognizing how change occurs.
Build on the client's inner and community strengths, and utilize natural support systems.
5. Share a common ethnic background and language, if possible, especially for immigrants where English language may be a barrier.
6. Portray understanding of the client (Johnson & Nadirshaw, 1993).
7. Work with the client to establish therapeutic goals, to assist clients in defining the problem and to outline "successful outcomes". Sue & Sue (2002) discuss how counselling should be about "coconstruction" with Asian clients (p. 339). "[T]he problem and solutions are developed with the help of the client and the counselor" (p. 339) and that some "Asian American clients expect concrete goals and strategies focused on solutions" (p. 340)

Implications for Organizations

1. Indo-Canadian families can be supported by having counsellors participate in parent-teacher meetings where parents are offered insight on how to better work with their youth. South Asians would be more willing to participate in "indirect" counselling by attending parent-teacher meetings where the focus would be on helping the child through an academic lens and would probably provide a level of safety for the family. Sandhu (1997) discusses the deterioration of the parent-child relationship and arise of conflict in immigrant families as a key problem in immigrant families.
2. Counsellors can hold monthly groups for ethnic teens to discuss issues.

3. Outreach efforts aimed at targeting “whole” South Asian families and not just individual South Asians are needed.
4. Public education and outreach can occur through popular communication mediums, for example, East Indian radio talk shows and television talk shows, which include public forums or seminars. Counselling protocol, that is, how counselling can be useful, issues of confidentiality, etc. can be introduced via the media.
5. Efforts need to continue to further educational research in the community
6. More East Indian students need to be recruited into the counselling field. There needs to be an increase of ethnic counsellors in the school system.

Future Directions in Research

This investigation attempted to bridge in a small way the gaps in the research literature on help-seeking behaviour and ethnic groups. It is clear there is a plethora of issues and variables that must be researched, recognized, and examined to truly understand the underutilization of counselling services by South Asians.

Future research needs to include group comparisons of first and second generation immigrants to assess the impact and level of acculturation and integration with mainstream values and belief systems on help-seeking behaviour. Secondly, future research that focuses on the residency variable by comparing new immigrants (those residing in Canada under 3 years is needed) and older immigrants (those residing in Canada for more than 3 years) to assess the impact of traditional religiosity and spiritual beliefs on help-seeking behaviour. Thirdly, studies are needed that compare groups of South Asians living across Canada (e.g., Toronto, Montreal and Vancouver) in their

willingness and ability to assess service delivery options and to ascertain organizational interventions for working with South Asian clients. Fourthly, research comparing the help-seeking behaviour of South Asians in India and in the United States can be applied to Canadian South Asians to elicit any differences. Fifthly, assessment of South Asian immigrants' uptake of mental health services versus other institutions would provide useful information on overall help-seeking behaviour, especially noting any difficulty in conducting educational research in the South Asian community. Sixthly, further assessment needs to be undertaken of South Asians' process of problem definition and cultural influence in relationship to seeking help. It would be interesting to conduct a multimodal research project to further assess South Asian's views toward counselling. A longitudinal study comparing help-seeking behaviour to actual help action would be useful. Finally, replication research should be conducted to widen the scope of this study and include a larger sample of participants so that results can be applicable to a larger base of South Asian people.

Final Summary

Semi-structured interviews with five Punjabi speaking South Asian immigrants, residing in the Lower Mainland of British Columbia were conducted. The aim of the study was to look at the factors influencing the participants' decision to utilize mental health services. The factors of facilitation and hindrance were analyzed to promote better understanding of the relationship between South Asians and help-seeking and to provide practitioners with suggestions on how to better serve this population and meet their mental health needs.

The factors that facilitate or hinder utilization of mental health services has been studied in the help-seeking literature. Different ethnic groups have been studied and research repeatedly shows that ethnic groups, specifically South Asians in this study, underutilize mental health services. The counselling community has made attempts to offer support to different ethnic groups through different means, including providing counselling in different languages, providing ethnic based organizations, and through outreach efforts. Yet, ethnic groups continue to underutilize services based on comparisons with their counterparts. Clearly, this study is a start in bridging the gap in the literature. However, more research still needs to be conducted with different ethnic groups to find out the influences on underutilization.

This study provides guidelines for counsellors and the counselling profession about the help-seeking behaviour of the South Asian community and how to better meet the needs of this community. The study outlines possible guidelines for building bridges with the South Asian community. The guidelines however are not comprehensive or applicable to all South Asians since the South Asian culture is diverse and heterogeneous. However, this study provides a starting point to understand the needs of this community through selection of a small, rather homogenous sample. Future replication studies may help to extend these results and further uncover, define, and revise the current findings. The limits of this study notwithstanding, the data provides very valuable information to practitioners and the mental health community.

REFERENCES

- Akutsu, P., Snowden, L., & Organista, K. (1996). Referral patterns in ethnic-specific and mainstream programs for ethnic minorities and whites. *Journal of Counseling Psychology*, 43 (1), 56-64.
- Almeida, R. (1996). Hindu, Christian, and Muslim families. In M. McGoldrick, J. Giordano, & J. Pearce (Eds.), *Ethnicity & Family therapy* (pp. 395-423). New York: The Guildford Press.
- Andersson, B., & Nilsson, S. (1964). Studies in the reliability and validity of the critical incident technique. *Journal of Applied Psychology*, 48 (6), 398-403.
- Assanand, S., Dias, M., Richardson, E., & Waxler-Morrison, N. (1990). The South Asians. In N. Waxler-Morrison, J. Anderson, & E. Richardson (Eds.), *Cross-cultural caring: A handbook for health professionals in Western Canada* (pp. 141-180). Vancouver, Canada: University of British Columbia Press.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Das, A. & Kemp, S. (1997). Between two worlds: Counseling South Asian Americans. *Journal of Multicultural Counseling & Development*, 25 (1), 23-34. Retrieved October 9, 2003, from the EBSCOhost database.
- Dhruvarajan, V. (1993). Ethnic cultural retention and transmission among first generation Asian Indians in a Canadian prairie city. *Journal of Comparative Family Studies*, 14 (1), 63-79.
- Flanagan, J. (1954). The critical incident technique. *Psychological Bulletin*, 51 (4), 327-355.

- Ho, M. K. (1987). *Family therapy with ethnic minorities*. London: Sage Publications.
- Ibrahim, F. & Ohnishi, H. (1997). Asian American identity development: A culture specific model for South Asian Americans. *Journal of Multicultural Counseling & Development*, 25 (1), 34-41. Retrieved October 9, 2003, from the EBSCOhost database.
- Johnson, A. & Nadirshaw, Z. (1993). Good practice in transcultural counselling: An Asian perspective. *British Journal of Guidance & Counselling*, 21 (1), 20-30. Retrieved October 9, 2003, from the EBSCOhost database.
- Keller, J. & McDade, K. (2000). Attitudes of low-income parents toward seeking help with parenting: Implications for practice. *Child Welfare*, 79 (3), 285-313. Retrieved November 4, 2001, from the EBSCOhost database.
- Kok, A. & Liow, S. (1993). Case studies of help seeking behaviour among Asian single parents in Singapore. *Counselling Psychology Quarterly*, 6 (4), 303-317. Retrieved November 12, 2001, from the EBSCOhost database.
- Kwak, K. & Berry, J. (2001). Generational differences in acculturation among Asian families in Canada: A comparison of Vietnamese, Korean, and East Indian groups [Electronic version]. *International Journal of Psychology*, 36 (3), 152-162.
- Lynch, E. (1997). Conceptual framework: From culture shock to cultural learning. In E. Lynch & M. Hanson (Eds.), *Developing cross-cultural competence* (2nd ed., pp. 23-46). Toronto: Paul H. Brookes Publishing Co.
- Lynch, E. & Hanson, M. (1997). Developing cross-cultural competence. In E. Lynch & M. Hanson (Eds.), *Developing cross-cultural competence* (2nd ed., pp. 47-90). Toronto: Paul H Brookes Publishing Co.

- Mehta, S. (1998). Relationship between acculturation and mental health for Asian Indian immigrants in the United States. *Genetic, Social & General Psychology Monographs*, 124 (1), 61-79. Retrieved November 28, 2001, from the EBSCOhost database.
- Panganamala, N. & Plummer, D. (1998). Attitudes toward counseling among Asian Indians in the United States. *Cultural Diversity and Mental Health*, 4 (1), 55-63.
- Pillay, B.J. (1996). A model of help-seeking behaviour for urban blacks. *South African Journal of Psychology*, 26 (1), p. 4. Retrieved September 27, 2002, from the EBSCOhost database.
- Ramisetty-Mikler, S. (1993). Asian Indian immigrants in American and sociocultural issues in counseling. *Journal of Multicultural Counseling & Development*, 21 (1), 36-50. Retrieved December 5, 2001, from the EBSCOhost database.
- Sandhu, D. (1997). Psychocultural profiles of Asian and Pacific Islander Americans: Implications for counseling and psychotherapy. *Journal of Multicultural Counseling & Development*, 25 (1), 7-22.
- Shebib, B. (2003). *Choices Interviewing and counselling skills for Canadians*. Toronto: Prentice-Hall.
- Sheikh, S. & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help [Electronic version]. *Social Psychiatry & Psychiatric Epidemiology*, 35, 326-334.
- Statistics Canada (2001). *Canada's ethnocultural portrait: The changing mosaic*.

Retrieved October 6, 2003, from

<http://www12.statcan.ca/english/census01/Products/Analytic/companion/etoimm/canada.cfm>.

Solberg, V., Ritsma, S., Davis, B., Tata, S., & Jolly, A. (1994). Asian-American students' severity of problems and willingness to seek help from university counseling centers: Role of previous counseling experience, gender and ethnicity. *Journal of Counseling Psychology*, 41 (3), 275-279.

Sue, D. & Sue, D. M. (1995). *Asian Americans in experiencing and counseling multicultural and diverse populations*. USA: Accelerated Development.

Sue, D. W. & Sue, D. (2002). *Counseling the culturally diverse theory and practice* (4th ed.). USA: John Wiley & Sons, Inc.

Wright, R., Saleebey, D., Watts, T. D., & Lecca, P. J. (1983). *Transcultural perspectives in the human services*. USA: Thomas Books.

Woolsey, L. (1986). The critical incident technique: An innovative qualitative method of research. *Canadian Journal of Counselling*, 20 (4), 242-253.

Yamashiro, G. & Matsuoka, J. (1997). Help-seeking among Asian and Pacific Americans: A multiperspective analysis. *Social Work*, 42 (2), 176-187. Retrieved November 11, 2001, from the EBSCOhost database.

APPENDIX A

Participant Recruitment Poster

**RESEARCH PARTICIPANTS****Attitudes of South Asian Immigrants Toward Utilizing Counselling Services**

- WHAT:** Participants are needed to conduct personal and confidential interviews examining the attitudes of South Asian immigrants toward utilizing counselling services
- WHO:** If you are an adult South Asian immigrant from India and have resided in Canada for a minimum of 10 years. If you have faced a difficult time in your life where you thought about getting help. You will not be asked to provide details about the difficult time, **ONLY**, asked about the reasons why you did or did not choose counselling services
- WHEN:** Interviews to be arranged with the researcher between December 2003 and January 2004
- WHERE:** Lower Mainland
- WHY:** The purpose of this study is to further our knowledge about South Asians' use of counselling services and to give voice to the participants to describe why services are being underutilized and what counsellors and the counselling profession can do to better meet the needs of this growing population.

This graduate research project is being undertaken by Daljit Gill-Badesha, B.A. and will be supervised by Dr. Honore France, Department of Educational Psychology and Leadership Studies of the University of Victoria. If you would like to participate in this study or have any questions, please contact Daljit at (604) 880-6014 or dbadesha@shaw.ca.

APPENDIX B

Participant Recruitment Poster [Punjabi Poster]

ਰੀਸਰਚ ਪ੍ਰੋਗਰਾਮ ਵਿਚ ਭਾਗ ਲੈਣ ਵਾਲੇ ਵਲੰਟੀਅਰ ਦੀ ਲੋੜ ਹੈ!
ਆਪਣੇ ਭਾਈਚਾਰੇ ਦਾ ਕੋਸ਼ਿਲਰਾਂ ਸੇਵਾਵਾ ਲੈਣ ਪ੍ਰਤੀ ਯੋਗਦਾਨ:

- ਵਿਸ਼ਾ:** ਤੁਹਾਡੇ ਨਾਲ ਵਿਅਕਤੀਗਤ ਅਤੇ ਗੁਪਤ ਤੌਰ ਤੇ ਮੁਲਾਕਾਤ ਕੀਤੀ ਜਾਵੀਗੀ ਕਿ ਤੁਸੀਂ ਕੋਸ਼ਿਲਰਾਂ ਸੇਵਾਵਾ ਬਾਰੇ ਕੀ ਸੋਚਦੇ ਹਨ। ਜੇਕਰ ਤੁਸੀਂ ਸਾਉਥ ਏਸ਼ੀਅਨ ਇਮਿਗਰਾਂਟ ਹੋ ਅਤੇ ਘੱਟੋ-ਘੱਟ 10 ਸਾਲ ਤੋਂ ਕਨੇਡਾ ਵਿਚ ਰਹਿ ਰਹੇ ਹੋ ਅਤੇ ਜੇਕਰ ਤੁਸੀਂ ਮੁਸ਼ਕਿਲ ਦੀ ਘੜੀ ਵਿਚੋਂ ਲੰਗੇ ਹੋ ਅਤੇ ਜਦੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਮੱਦਦ ਦੀ ਲੋੜ ਸੀ (ਅਸੀਂ ਤੁਹਾਨੂੰ ਤਹਾਡੀ ਮੁਸ਼ਕਿਲ ਦਾ ਕਾਰਣ ਨਹੀਂ ਪੁਛਾਂਗੇ) ਤਾਂ ਤੁਸੀਂ ਕੋਸ਼ਿਲਰਾਂ ਸਰਵਿਸ ਦੀ ਸੇਵਾਵਾ ਲੈਣ ਬਾਰੇ ਸੋਚਿਆ ਹੈ, ਜਾ ਨਹੀਂ?
- ਕੁਦੋ:** ਇਟਰਵਿਊ ਨਵੰਬਰ 2003 ਤੋਂ ਜਨਵਰੀ 2004 ਵਿਚ ਲਈਆ ਜਾਣਗੀਆ।
- ਕਿਥੇ:** ਟਾਈਮ ਅਤੇ ਥਾਂ ਤੁਹਾਡੀ ਸਹੂਲਤ ਨੂੰ ਮੁਖ ਰਖ ਦੈ ਤਹਿ ਕੀਤਾ ਜਾਵੈਗਾ।
- ਉਦੇਸ਼:** ਸਡਾ ਮਕਸਦ ਆਪਣੇ ਭਾਈਚਾਰੇ ਨੂੰ ਕੋਸ਼ਿਲਰਾ ਸਰਵਿਸ ਲੈਣ ਲਈ ਉਤਸਾਹਿਤ ਕਰਨਾ ਹੈ। ਅਤੇ ਘੋਖਣਾ ਹੈ ਕਿ ਕਾਉਂਸਿਲਰ ਪ੍ਰੋਫੇਸ਼ਨ ਆਪਣੇ ਭਾਈਚਾਰੇ ਦੀ ਹੋਰ ਮੱਦਦ ਕਿਵੇਂ ਕਰ ਸਕਦੇ ਹਨ। ਇਹ ਖੋਜ ਦੁਲਜੀਤ ਕੌਰ ਵਲੋਂ ਚਲਾਇਆ ਜਾ ਰਿਹਾ ਹੈ। ਜਿਸਨੂੰ Dr. Honore France ਦੀ ਲਿਗਰਾਨੀ ਹੇਠ ਕੀਤਾ ਜਾਏਗਾ। ਜਾਣਕਾਰੀ ਲਈ ਤੁਸੀਂ ਦੁਲਜੀਤ ਕੌਰ ਨੂੰ ਫੋਨ ਕਰਨਾ (604-880-6014) ਜਾ ਈਮੇਲ ਕਰਨਾ (dbadesha@shaw.ca)

Daljit Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Gill-Badesha 604-880-6014 dbadesha@shaw.ca	Daljit Badesha 604-880-6014 dbadesha@shaw.ca
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APPENDIX C

Demographical Characteristics of Participants

Characteristic	Participant Responses
Gender	
Male	1
Female	4
Reason for Immigration	
Relative Sponsorship	2
Visitor	1
Better future for children	1
Marriage	1
Religion: Sikh	5
Number of Years in Canada	
0-10	1
11-15	0
16-20	2
21-25	1
26-30	1
Education	
Grade 11	1
High School Diploma	1
College Diploma	2
University Degree	1
Occupation	
Semi-skilled	3
Labourer	1
Not working	1
Age	Range from 34-45 years
Median	39.4 years old
Marital Status	Married
Median - Years together	14.8 years
Number of Children	
2	3
3	2

APPENDIX D

Interview Questions

This study will ask the following interview questions:

1. What was the difficult time in your life (briefly describe)?
2. Did you think about accessing counselling services? Did you access counselling services?

IF YES:

- Please describe the type of service you received
- What factors helped you to make the decision to use counselling services?
- What did you think about using counselling services?
- How did it feel for you to seek counselling services?
- Did you feel supported?
- Was this support sufficient?
- Would you access this support again?
- What would have made the support more useful?
- Would you recommend this service to other people?
- Is there anything that would have improved your experience?
- What would you say to someone who is hesitant about counselling in order to encourage them to use?
- How would you describe your experience to others?
- What things can counsellors do to establish a strong relationship with South Asian clients?

-What things can counsellors do to encourage South Asians to utilize mental health services?

Is there anything organizations can do?

IF NO:

-What factors led you to decide not to use counselling services?

-What did you think about not using counselling services?

-Where, if anywhere, did you find support or assistance to get through the difficult time?

-Please describe the support received

-Was this support sufficient?

-Would you access this support again?

-Would you consider using counselling services next time?

-What would have helped you to decide to use counselling services?

-What can counsellors do?

-What can the counselling profession do?

-What do you know about counselling services?

-What does counselling mean to you?

-Do you know what services are available in your community?

-What things can counsellors do to establish strong relationships with South Asian clients?

-What things can counsellors do to encourage South Asians to utilize mental health services? Is there anything organizations can do?

APPENDIX E

Interview Guide

Before beginning the interview:

1. Ensure consent form is signed and understood
2. Verbally inform: "Your participation in this study is completely voluntary and you have the right to refuse to participate, to withdraw from it, or to refuse to answer certain questions, without any consequences.
3. Explain general aim of study: "The purpose of this interview is for me to gain a description of help-seeking behaviour in the South Asian community. Specifically, I want to understand your experience of deciding whether or not to use counseling services during a difficult time in your life. Do you have any questions?"

Starting the interview:

1. Tell me about a difficult time in your life where you thought about getting help.
2. Follow with the interview questions.

This interview guide will be the used for all participants. The researcher may ask additional questions throughout the interview to get a deeper understanding of the interviewee's experience. Some of these questions may include:

What do you know about counselling services? What does counselling mean to you?

Do you know about what services are available in your community?

How did it feel for you to seek counseling services? Did you feel supported? Would you recommend this service to other people? Is there anything that would have improved your experience?

How would you describe your experience to others?

What recommendations can you make that would assist others in accessing support?

What things can counsellors do to encourage South Asians to utilize mental health services? Is there anything organizations can do?

APPENDIX F

Participant Consent Form

Attitudes of South Asian Immigrants Toward Utilizing Counselling Services

You are being asked to participate in a study entitled "Attitudes of South Asian immigrants toward utilizing counselling services". A graduate student, Daljit Gill-Badesha, is conducting this study as part of the requirements for the Masters of Arts in Counselling Psychology degree at the University of Victoria. If you have any questions about the project, you may either contact Daljit at (604) 880-6014 (dbadesha@shaw.ca) or her graduate supervisor, Dr. Honore France at (250) 721-7858 (hfrance@uvic.ca). You may also contact the Associate Vice President of research (Howard Brunt) at the University of Victoria at (250) 472-4362 if you have any concerns about the study, that the student or supervisor cannot help you with.

The primary purpose of this qualitative enquiry is to help discover, understand and describe the attitudes of South Asian immigrants towards utilizing counselling services. The study will explore the factors that facilitated or hindered the participants' use of counselling services during difficult times in their lives and the role ethnicity played in this process. This phenomenological approach will give voice to the participants to express their needs and experiences.

The second purpose of this study is to provide counsellors and other mental health practitioners with a better understanding of why this ethnic group is underutilizing counselling services and how practitioners can find better ways to meet the needs of this growing population. The participants will be able to describe their experience of counselling services or describe what prevented them from utilizing counselling services. As well, the participants can describe other available alternative sources of support.

Research of this type is important because there is a gap in the literature on help-seeking behaviour and Canadian South Asians and this study will address specific reasons why this population underutilizes counselling services.

To qualify for this study, you must be a South Asian immigrant to Canada and have been born and raised in India. You must have resided in Canada for a minimum of 10 years. As well, you must be an adult and have experienced a difficult time in your life where you made the decision to seek or not seek counselling services. Participants must not currently be receiving counselling services. My focus will be on examining the factors that facilitated or hindered your use of counselling services. This is NOT therapy, but a research project to investigate the phenomenon of help-seeking and the underutilization of counselling services by South Asian immigrants. This study looks at historical times of difficulty and is not suited for those who are currently receiving mental health services. If more than three qualifying people are interested in participating, the principal

investigator will first ensure that there is one male and one female participant, and then randomly select from the remaining participants.

If you agree to voluntarily participate in this research, your participation will include a one hour audio-taped initial interview and one hour follow up interview. The follow up interview is an opportunity for you to reflect on the initial summary of the analysis provided by the researcher. The total time required will be two hours. The principal investigator will conduct the interviews.

Your participation in the project is completely voluntary, and you are free to refuse to participate, to withdraw from it, or to refuse to answer certain questions, without any consequences.

Participation in this study may cause some inconvenience to you, as you will have to provide sufficient time to partake in the research (two hours) as well as time and transportation to travel to the interview location. Participation will occur in the community, at a place designated and mutually agreed upon by the researcher and participant. The place will be considered safe, neutral and convenient by the researcher and participant.

To prevent or deal with any potential concerns, I will not include any participants who are currently receiving counselling services. As well, I will only focus on historical times of difficulty and this will be made very clear to the participants before they partake in the study. For those participants who are being included in the project, I will debrief with them at the end of each session, and provide a resource list of counselling services that includes names and telephone numbers of support resources available in the community.

The benefits of participating in this project include an opportunity for you to gain a deeper understanding of the type of support you sought during times of difficulty. It will enhance your understanding of your mental health needs and your ability to verbalize your needs to future professionals or organizations. Notably, you will have a voice and be able to share your experiences and allow others to learn and benefit from your experience. It may also enhance your ability to dialogue with others about this topic in the future. If requested, a summary of the analysis will be provided to you. Also, your participation will contribute to society because mental health practitioners and other service providers will better understand the needs of this specific group and they will be able to offer mental health services in a manner that is culturally appropriate.

Prior to each interview period and the pilot study, I will provide you with consent forms, and ensure that you fully understand all aspects related to your participation in this project. I will verbally remind you that as a research participant, you have the right to refuse to answer or withdraw at any time without any negative consequences, and that your data will be destroyed immediately.

In terms of protecting your anonymity, all data collected in this study will remain confidential; all audio-tapes will be erased immediately after transcription, and your name or any other identifying information will not be recorded on the transcribed data. You will be assigned a code name, which is not obviously linked to you, and is identifiable only by the researcher. This code name will replace all references to your name in the transcripts. Code names and consent forms will be kept in a locked file cabinet in the office of the supervisor of the researcher, at the University of Victoria. The transcripts will be kept in a locked file cabinet in the researcher's home office, in the sole possession of the researcher. Only the researcher will have access to the data.

The results of this study will be prepared for presentation at a special meeting with the researchers' supervisor and committee members. In addition, an abstract will be made available to you and the results may be published in a scholarly journal. The thesis will be placed in the University of Victoria library. At the conclusion of the study, all of the raw data will be destroyed after two years, during which it will remain locked and secured separately from the code names as described above.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX G

Participant Demographical Information

This part of the study is designed to gather general information about you in order to provide descriptive information about personal variables about participants and help-seeking behaviour. Please respond in the space provided with the answer that best fits you. Please answer the questions as honestly as you can. Your responses will be completely confidential and anonymous.

1. Gender: M _____ F _____
2. Age: _____
3. Marital Status: Single _____
 Common Law _____ Years together: _____
 Married _____ Years together: _____
 Separated _____ How long: _____
 Widowed _____ How long: _____
 Divorced _____ How long: _____
4. Number of children: Male _____ Ages: _____
 Female _____ Ages: _____
5. What is your religious identification? _____
6. Occupation: _____
7. Highest level of education attained:
 _____ Elementary school
 _____ High school diploma
 _____ College diploma
 _____ University degree
 _____ Master's degree
 _____ Doctorate degree
 _____ Other (please specify)
7. What year did you immigrate from India? _____
8. Reason for immigration to Canada: (please describe reason – i.e. Financial reasons, marriage, educational opportunities, employment opportunities, relative sponsorship, other (please specify)

APPENDIX H

Resource List

Emergency: 911

South Fraser Regional 24 Hour Crisis Line: 604-951-8855

Options: Services to Communities Society: 604-596-4321
Multilingual Crisis Line: 604-596-4357 (HELP)

Surrey Community Services: 604-584-5811

Deltassist: 604-594-3455

Surrey Delta Immigrant Services: 604-597-0205

Progressive Intercultural Community Services Society: 604-596-7722

Family Services of Greater Vancouver: 604-731-4951

Nisha Family and Children's Services Society: 604-951-4821

Vancouver and Lower Mainland Multicultural Family Support Services: 604-436-1025

For other resources not listed on this list, please look in the phone book or yellow pages under "Emergency Numbers" or listings for professional counsellors.