

**REFLECTIONS ON WOMEN CENTRED COUNSELLING:
A MEET OF
WOMEN RIGHTS' ACTIVISTS AND MENTAL HEALTH PROFESSIONALS**

30TH September 2009, Vishwa Yuva Kendra, New Delhi

Organised by

JAGORI and MANAS Foundation, New Delhi

REPORT

Women's Training,
Documentation and
Communication Centre



Introduction

Women's mental health is internationally being recognised as a priority issue in the health sector. The status and well-being of countless women in India and worldwide remain tragically low. Women's condition in the mental health sector is no exception to this reality either. An overwhelming majority of the population with neuropsychological and psychological disorders constitutes women. Databases generated by many sources, including the WHO, comprise appalling statistics on women's mental health. In India, reports of violence against women are on rise; sexual abuse of the girl child, rape, dowry murders, rampant domestic violence against women - all causing psychological trauma - constitute women's woes.

The inevitable and a key issue confronting the community of mental health professionals, the state and non-government agencies is a holistic understanding of the conditions contributing to the conditions of psychological misery of women, amongst myriad of their other plight.

Manas Foundation and JAGORI, New Delhi, organised a day long meet of women's rights' activists and mental health professionals from across the country. The group would jointly reflect and deliberate on women-centred counselling practices and map the steps leading to the drawing up of gender sensitive guidelines and standards of counselling women and girls that are rooted in the socio-cultural, economic and politico-legal realities of the Indian society. The long-term objectives of the meet entailed the circulation of the guidelines thus collectively evolved to a larger arena for further reflection and eventually, advocating for them to be taken up at the policy level. Guidelines have to emanate from and be rooted in the socio-cultural, economic and politico-legal realities of the Indian society.

The meet was attended by 23 participants.

Opening Remarks

The facilitators Nandini Rao, JAGORI and Monica Kumar, MANAS stressed on the crucial need for the women right's activists and the mental health professionals to work in collaboration to meet the challenges in improving the mental health of women, which in our country and worldwide remains in an abject state. Monica, speaking from her personal experiences as a Clinical Psychologist shed light on the shortcomings of the '*medical model*' followed by psychologists and psychiatrists. Terming it as 'problematic' she explained how it fails to take cognizance of the socio-economic and cultural factors to diagnose and treat mental health disorders in women. An exchange of experiences and learnings and collaborative efforts between mental health professionals could contribute to fill this 'the gap'.

In the design for the day, were two panels: one of mental health professionals (researchers and practitioners) and the second, of practitioners of feminist counselling.

The presentations would lead into the discussions in the afternoon about mapping the way forward.



PANEL DISCUSSION # 1

Subject: Counselling practices among the mental health professionals

Participants: Dr. Renu Adlakha, Dr. Achal Bhagat and Aparna Joshi

Moderator: Monica Kumar

1. Dr. RENU ADLAKHA, Centre for Women's Development Studies, New Delhi

As a person involved both in field of social science and mental health, Renu articulated her views on feminist counselling and while she highlighted its strengths, she simultaneously raised for the participants some unsolved questions on the subject:

- Similarities between the mental health professionals and women rights activists include well-being and awarding respect to dignity and self-respect to individuals as integral ingredients of their programmes.
- Need for a better understanding of 'the construction of masculinity' for gender-based counselling.

- Critical of the feminist bashing of the medical model, Renu posed a question to the feminist counsellors on as to how they would treat a serious disorder like schizophrenia without medication.
- Renu placed her belief in the *biological-individual-societal* model for aetiology purposes, while raising the question whether biology as cause of mental disorders, which is discounted in feminist counselling can be ignored for any good.
- Questioning the belief of the feminist counsellors in egalitarian relationships between the client and the counselor and client's '*autonomy*', Renu asked how could a person when not fully capable of taking charge for her/ his life be allowed to work on the premise, "I'm the best person to take the decisions for my life".
- Feminist Counsellors, in pursuit of their ideological beliefs and agenda, might push a woman to take a decision she might regret later. For e.g. a woman may leave her home when in distress and regret this move later on when she is in a better frame of mind.
- How could feminist ideology combine with other ideologies for purposes of practicality?

Dr. ACHAL BHAGAT, Saarthak, New Delhi

Dr. Bhagat spoke from a personal note on the various strands of his psychiatric and socio-psychiatric work. Amongst the various experiences he shared with the participants, he spoke candidly on how his practice is informed (or not informed) by ideology, problems in teaching feminism and the difficulties and challenges in transferring one's feminist beliefs in personal spaces. The following were issues brought up in his talk:

- An interface between various ideologies - is that possible?
- Dr Bhagat characterised his Counselling as one in which his ideology does not interfere with the personal space (of the client), as he works with a wide spectrum of people holding various ideological beliefs.
- He finds it problematic when a Counsellor works with a given ideology since doing so makes it difficult to draw the line between a mental health professional and an activist.
- Talking about his work with feminist ideas, Dr Achal shared his experiences in the field, where the biggest challenge is the patriarchal nature of institutions. The mental health hospitals, including Ranchi Mental Hospital, where Dr Bhagat had worked, remain in the shackles of patriarchal norms.

- An important challenge in implementing the *guidelines* would be the constitution of an enforcing body, which is free of patriarchal biases.
- Dr. Bhagat also highlighted the problem areas in teaching feminism, which requires a rigorous deconstruction of experiences and belief system. In this context he was critical of the “automatic feminist”, a crop of individuals who become feminists influenced by the strong ideology of feminists, and not out of conviction. More than bare intellectual convictions, it is the *courage to keep one’s stand*, which defines the true spirit of a feminist.
- He also critiqued what he saw as some survivors becoming “branded NGO activists”. This is problematic when such individuals work as counsellors. What identity do they work with - *a woman, a victim or a person*? One has to deal with these challenges and factor in capacity- building before framing the *guidelines*. It is important to understand that internalising the language without internalising the perspective could be problematic.
- Counsellors should resist from acquiring the position of superiority in the counselling process; hierarchy is in-built in the counsellor-client relationship, but it should be minimised.

APARNA JOSHI, BAPU TRUST, Mumbai

Aparna Joshi spoke of her journey of transition from a Clinical Psychologist trying to “fit into the medical model” to one practising feminist counselling to addressing the mental health needs of the women population on issues such as domestic violence, sexual violence etc. Other highlighted issues included:

- Need for new ways of understanding psychopathology among women by exploring their “subjective distress” in the context of their “subjective realities”. The *feminist-cognitive therapy* addresses these needs quite successfully. There is a further need to develop *micro-counselling skills* for successful women-centred counselling.
- Aparna also challenged the notion that a therapist cannot be an activist. She combines both roles.
- On the issue of medication, “... after medication what” the therapist has to explore the connections between ‘being’ and ‘doing’.
- ***Suggested Guidelines***
 - ✓ Mental Health should be developed into a separate unit of service.

- ✓ Self-awareness should be emphasized as vital to recovery. She felt that the ‘Personal is not always political...*personal is personal*’. The woman in distress cannot find her recovery on the streets; her personal space is ‘unique’ and has to be adequately and separately explored.
- ✓ Understanding women from their given socioeconomic and cultural backgrounds.
- ✓ The *bio-psycho-social* model as the appropriate model for Counsellors to work with, to cover both the internal and external domains where in the biological, psychological (thoughts, behaviours and emotions) and social factors of the woman should be taken into account.
- ✓ Providing a wide range of choices to women, and also respecting their choices.
- ✓ Focus on smaller goals such as *flexibility*.
- ✓ Hierarchy is in-built, but the counsellor should devise ways of reducing it. For e.g. by taking care of language.
- ✓ Look into the problematic interface between law and ‘labelling and diagnosis’, especially in the context of women’s psychological disorders.
- ✓ Probing into appropriate ways of suggesting referrals to the clients
- ✓ The necessity of developing non-institutionalized shelters, based on the *bio-psycho-social care model*.



- ✓ Involvement of the mental health professionals in developmental discourses.
- ✓ Introducing gender sensitive changes in the Mental Health Policy

DISCUSSION

This was an exceptionally energetic round, which witnessed a splutter of questions, clarifications, views and observations from all directions of the hall.

- Dr. Bhagat, Aparna Joshi and Anuradha (from Swayam) spoke in defense of *diagnosis* for reasons of functionality, a disorder left undiagnosed and therefore untreated would be worsened at later stages and above all one cannot so easily ‘debunk’ an entire science so easily.
- Renu Adlakha pondered on how micro-level skills for gender-based counselling could be evolved, maybe a-priori capacity building exercise is needed in this regard.
- A great deal of interest was generated on Aparna’s earlier assertion that “personal should remain personal”. After reactions and inputs from many it was concluded that a woman’s mental health issue is certainly a political issue, but while getting into this thinking one should not lose focus of the fact that each victims’ problem is unique too which has to be understood at the personal level.
- There was a complete agreement on the issue that mental health definition needs to become *more inclusive* in order to acquire a gender dimension. Besides counselling needs to be guided by a set of values.
- Dr Bhagat and Nandini responded to the casual usage of the word ‘counsellor’. Nandini cited the example of JAGORI, where the counselor is called a ‘caseworker’, who studies and works on the various aspects of the case such as personal, socio-political and legal. Additionally it was noted that in order to free the term ‘barefoot counsellors’ from a class bias it be replaced with the term ‘*community counsellors*’.
- It was strongly felt that a ‘normalization’ of mental illnesses should be created as an antidote to stigmatization.
- Mahima raised a question on how to counter the blocking of the mental health programmes in the community by the religious elite.
- Issues of *transference* and *counter-transference* were also discussed
- In response to a question by Suneeta Dhar (JAGORI), Dr Bhagat made some very valid and insightful observations on the issue of *survivors becoming counsellors*. Going through the experience alone isn’t a sufficient criterion for becoming a counsellor. To become a counselor the individual should undergo a self-healing process, acquire the necessary training and very importantly should be in multiple roles to work with different realities.

- Some participants made their observations on



counsellors not giving enough time to their clients and on the tricky task of giving referrals.

- As a response to a question raising doubts on the yields of the Women's Movement, Celine asserted that it was mainly the movement that has brought the otherwise obscure and neglected issue of women's mental health to public platform and therefore, it must continue bringing up issues concerning women in the public glare.
- The need for *working with men* was deemed necessary for problem solving and purposes of social change.

PANEL DISCUSSION #2

Subject: Feminist Counselling

Moderator : Dr Achal Bhagat

Participants: Celine, Prabha Nagaraj and Nandini Rao

THE PRESENTATIONS

Each participant spoke for about fifteen minutes each; their talks being rooted in their vast and rich experiences of working as *feminist counsellors* for several years in the field. There were some very valuable lessons for the mental health professionals to partake.

CELINE, VIMOCHANA, Bangalore

At the outset of her talk, Celine spoke about the beginnings and the later evolution of her organization in Bangalore; its work on various issues including violence against women.

Vimochana Counselling Programme

- Focus on providing a congenial environment as one of the prerequisites for a victim in distress in order to facilitate her recovery / healing.
- '*Angala*' has been devised as a *free* woman's space where she can freely articulate her sufferings, dilemmas and concerns.
- '*Courts of Woman*' where not any professionals, but women preside over cases.
- Meeting various challenges involved in a case due to the sheer complexities. Vimochana does a thorough investigation while taking up a victim's case,

including, contacting the male perpetrators. It hears to the versions of both the parties involved.

- The Counsellors do not interfere with the decisions made by women, but stand by every situation they are in. A woman in most instances decides to go back to the perpetrator because of various reasons, including the sexual intimacy involved in the relationship and this becomes harmful for her. However, the counsellors feel hand tied on such matters.



- The Counsellors do not believe in medication, rather trust counselling (though not based on any psychotherapy techniques) for healing through empowerment.
- Approaching the police is seen as the last resort.
- ‘Kutiras’ are the shelter homes provided to women in need.
- The organization is also involved with community work.

PRABHA NAGARAJ, TARSHI, New Delhi

Prabha Nagaraj spoke of her organizational work, challenges and learnings in its rights-based, feminist and sex affirming Counselling and illuminated the participants on the key beliefs and principles of feminist counselling. Beliefs and working with certain *core values* constitutes the chief characteristic of TARSHI’s services.

Discussion on Feminist Counselling

- *Basics of Feminist Counselling and how it differs from ‘Traditional Counselling’.*
 - ✓ In feminist counselling, the counsellor-client relationship is more egalitarian. Feminist counselling recognizes the inherent power differential between client and counsellor and attempts to reduce this as far as possible.
 - ✓ The ‘personal IS political’ in feminist counselling

- ✓ Counsellor should have a sound understanding of feminist principles as well as with the local context and understand how different axes of oppression/ privilege intersect with gender.
- *Essential attributes of a Counsellor*
 - ✓ Counsellors for a feminist counselling service need to subscribe to a feminist ideology and share the same feminist values.
 - ✓ Simply because an individual has experienced a particular event in their own life, does not necessarily mean they are the best person to support others in a similar situation. .
 - ✓ However, there are many women from the Women’s Movement who do not have qualifications but with years of ground level experience; they might make good feminist counsellors with adequate training on requisite skills.
- *Basic Ethical Principles*
 - ✓ Confidentiality
 - ✓ Maintaining boundaries
 - ✓ Being non-judgmental
 - ✓ Informing clients of their rights
 - ✓ Being aware of specific cultural and social environment
- *Support and Supervision*
 - ✓ All counsellors benefit from support and supervision.
 - ✓ Feminist counsellors also need to feel validated and supported in their work.
 - ✓ They need supervision so they know they are on the right track, and guidance to change direction when they are not.
 - ✓ These mechanisms are essential in improving and maintaining the quality of the feminist counselling service.
- *Burnout Management*

Burnout may be compounded by working in a larger social context where one’s feminist ideas are seen as alien.
- *Role of the Organization & Individual*
 - ✓ Supportive environment
 - ✓ Training on skills development
 - ✓ Support
 - ✓ Ongoing training
 - ✓ Social interaction
 - ✓ Self awareness
 - ✓ Clarifying own values

- ✓ Finding personal meaning
- ✓ Engaging in other activities of the organization

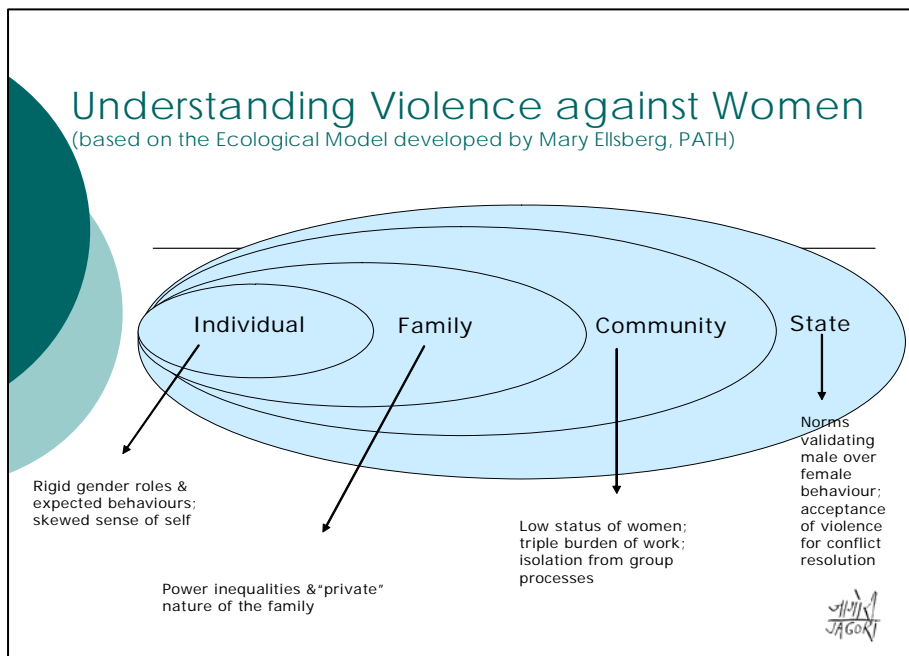
NANDINI RAO, JAGORI

Nandini presented an insightful talk on the feminist understanding of violence against women and how feminist counselling through its structured, broad-based and comprehensive model works with women victims of violence. Though, the feminists through *deconstructing* have assigned the cause of violence to patriarchy, Nandini spelled a word of caution that ‘not all men are perpetrators’.

JAGORI’S WORK IN FEMINIST COUNSELLING

JAGORI deals with cases of violence against women, which includes domestic violence, rape, dowry murders, single women issues, sexual harassment at the workplace etc. JAGORI’s vision entails conscientisation & politicization of violence.

Understanding Violence against Women



The above model was cited to explain the *systemic nature* of violence against women.

Principles of Feminist Counselling: JAGORI’s Counselling activities and programmes are based on the principles of Feminist Counselling, most of them alike to what was discussed above by Prabha Nagaraj.

Experiences of the woman seeking support

- **FROM VICTIM TO SURVIVOR TO CHANGE AGENT!** Though this change process is not looked at as linear, JAGORI has recorded some journeys of victims to follow this path during and subsequent to the process of counselling.

Challenges in Counselling

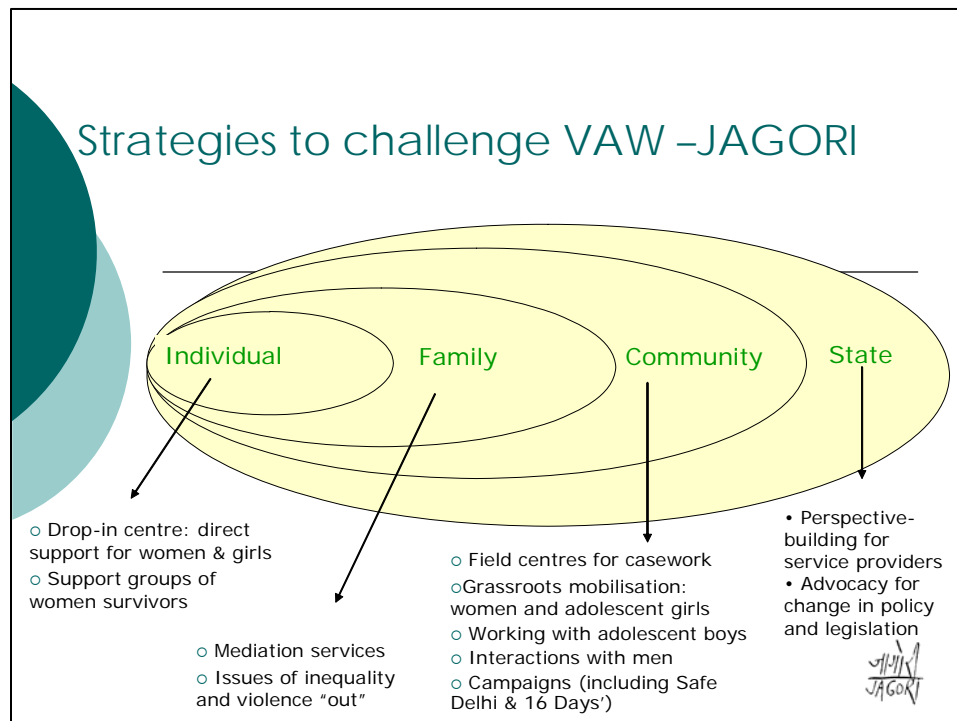
The challenges faced by JAGORI in their counselling fall into 3 categories :Individual, Organizational and Structural

Individual Level: Re-building self-confidence and self-respect, economic independence, pressure from family (natal and matrimonial) and community, expectations from the supporting organization (for example, livelihood options)

Organizational Level: Rights-based approach may conflict with the woman's own value systems. Feminist perspective may clash with network partners; may go against the woman's interests. The organization also needs to recognize the caseworkers' limitations (information, knowledge, respect for woman's decisions)

Structural Level: Few challenges at the structural level- insensitive justice system - woman as "cause" of own violence; "compromise" as the best solution, institutional delays, pressure from within community related to woman's caste, class or religion, sensationalisation by the media of women's issues, lack of support from the State etc.

Strategies to challenge Violence against Women



TOWARDS MAKING THE GUIDELINES: WHERE NEXT, WHAT NEXT

This was the concluding session of the day; moderated by Suneeta Dhar, JAGORI, Nandini Rao, JAGORI and Monica Kumar, Manas. Various suggestions emerged from the participants on as to how *guidelines for counselling women and girls* be formulated. As the discussion veered towards attaining the intended goal, it was realized that the job was certainly not going to be a simple and direct one.

A precursor stage to framing the *guidelines* has to be met with which itself would be an arduous task, involving a body of work with various assignments such as systematic approach of capacity –building, mapping relevant resources i.e. bodies in which they can find a location, building a rationale to the guidelines, finding approvals from the right quarters, having a just regulatory and enforcing body etc.

STRATEGIES AND FOLLOW UP ACTION



Through a grind of serious contemplation, discussion and debate, strategies to achieve the above-mentioned need were evolved. A multi-faceted body of strategic steps came into view with a unanimous consensus and an assurance of support from the participants. Some significant suggestions made as a precursor to framing the *guidelines* included:

- Evolving a *cohesive model of learning* on women-centred counselling.
- Working towards forming a *national alliance* of the woman rights activists and the mental health professionals giving quality-assured services.
- Documenting of *best practices* within one's own organisation and inviting *peer audits*.
- Adaptation of existing *guidelines* (such as those of American Psychological Association¹ and Canadian Psychological Association²) in the context of India's realities. Questions on drawing standards to measure up the guidelines devising a *regulatory body*, its constitution, nature and functioning have to be addressed.

¹ <http://www.apa.org/about/division/girls>

²

<http://www.cpa.ca/cpasite/userfiles/Documents/publications/guidelines%20for%20psychological%20practice%20women.pdf>

- Including modules on women's mental health studies, along with *guidelines* on counselling women and girls in the training programmes of mental health professionals.
- Making *gender and mental health* an integral part of various government programmes, like the Gender Resource Centres of the Delhi Government³. Bapu Trust, Pune, for example, has developed modules for government programmes. Bapu Trust has done a gender analysis of the Family Courts in Pune.
- Working out a detailed rationale for the framing and implementation of the *guidelines*.
- Seeking cooperation from organisations working on advocacy with the Protection of Women against Domestic Violence Act (PWDVA) 2005, to explore spaces to incorporate mental health issues in training workshops with Service Providers and Protection Officers.
- Urging bodies such as the GRCs, DCW, Ministry of Women & Child Development, national level psychiatrists associations for the approval and implementation of the *guidelines*. Also, a petition for the purpose could be placed in the High Court or the Supreme Court.
- A working group was formed consisting of JAGORI, MANAS, TARSHI, SWAYAM, VIMUCHANA, BAPU TRUST and SAARTHAK. JAGORI would form an *e-group* to facilitate discussions about timelines and future strategising.
- TARSHI would work at the listing of the relevant organizations working on women's rights. SAARTHAK made three propositions: (1) set up a *National Alliance* for Mental Health professionals, (2) add the gender component to the Mental Health portal they are in the process of setting up to promote the agenda and (3) design *gender* courses for counselling.

³ Please refer http://www.delhi.gov.in/DoIT/DoIT_AR/ConceptGRC.pdf

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