

COUNSELLING NEEDS OF MAURITIANS
IN
THE UNITED KINGDOM

A FIRST EXPLORATIVE SURVEY

by

DAVID B.LINGIAH, PhD, ABMPP

ACKNOWLEDGMENTS & DEDICATION

This first exploratory study is dedicated to all first generation Mauritians and all who responded to the questionnaire to make this work possible.

I am also indebted to Prof. Sam Lingayah's sociological writings that form the main source of materials for this current preliminary study and his valuable comments on reading the first draft.

Once again I am grateful to Dr. A.C. Raman, an elder statesman in the field of psychiatry in Mauritius and abroad, for his valued and respected opinion on this current work.

FOREWORD

David Lingiah's study that investigates Mauritians' willingness to seek counselling for bereavement and other psychological problems has a wider appeal. Examining fifty replies of respondents, chosen at random, he found that 40% declined to seek professional counselling, although some of them had experienced real coping difficulties. Most respondents stated that their closeness within the migrant Mauritian community allowed them to deal with their problems sufficiently.

David Lingiah feels, however, that the time is approaching when Mauritians will need neutral counsellors because, with the gradual disappearance of the older generation and the deculturation and acculturation process that have occurred within the new generation, the structure of families and communities are changing.

The reluctance to seek counselling now is no different from the mid fifties when people did not consider they were having treatment unless they were given a prescription for medication. People failed to understand how they could get better just by talking. However, during the last ten years people in the UK have begun to put their faith in counselling/therapy, because there is a growing distrust in traditional medicine. Ideally, a proper balance needs to be struck whereby one form of therapy complements the other.

Counselling is as old as man's life on this planet as it was the most natural and effective way for men and women to help each other in soothing away and stress and distress. Even in this advanced society, when we see people talking to each other about recent happenings in their life, work and family, we know that this type of interaction brings them relief. However in this modern age, life has turned into a rat race within a more complicated environment. People face such problems that they cannot always cope with just this natural friendly, family and community support. They need the help of more professional counsellors. Those professional counsellors are highly trained and have their own professional body to monitor them.

For the Mauritian immigrants this natural counselling has been the main force in preventing problems from developing into more serious ones. However, time is changing and so is society. Therefore, although the traditional approach will continue to have a significant role in supporting members of the Mauritian community, there will be time when the help of professional counsellors would be most appropriate and more effective. I feel positive that David Lingiah's study will lead to changes in attitudes of Mauritians living in the United Kingdom. I hope they will get rid of their reluctance and shyness and have recourse to professional helpers when required.

A C. Raman, OBE FRCPsy DPM
June 2004

CONTENTS

Title page

Acknowledgements/dedication

Foreword

Abstract

Introduction

Methodology

Literature review

--counselling issues

--Experience of emigration

--issues requiring counselling

Findings and Discussion

--Learning from Arjuna

Conclusion

References

Appendix 1

Abstracts

This was a first preliminary survey in an area of counselling within the UK Mauritian community. From existing literature there was no available evidence specific to counselling and the Mauritian Community in the UK. Questionnaires were sent to fifty first generation of Mauritian immigrants. The findings of the study revealed that Mauritians were reluctant to take up counselling, believing that the Mauritian community was sufficient to support them in meeting their emotional and psychological needs. However, with the gradual disintegration of the once strong bonds that exist among this community, they were beginning to seek counselling from the mainstream agencies to cope with their personal issues.

Introduction

Lingayah's (2004) study revealed that the first generation UK Mauritians are slowly opening up against the fear of death and pointed out that many of them are not aware of bereavement counselling. He suggested that a study should be undertaken with a view to developing "a counselling service relevant to the needs of UK Mauritians confronting emotional and psychological problems in different areas of their day-to-day life."

As a British citizen of Mauritian origin and a counsellor living in this country for well over 35 years, decided to take up this challenge and conducted this preliminary survey. During my practice as a counsellor I must admit that I have not had a Mauritian client. The few Mauritian counsellor colleagues I know of have not had a Mauritian client referred to them either. Our clients are mostly Europeans with the exception of some Black Africans. However, my British colleagues elsewhere mentioned they do have Mauritians among their clients.

My literature search revealed that there has not been any study of Mauritians receiving counselling. However, based on the comments received from questionnaires in this study, 40% of the respondents admitted to have experienced problems and had sought counselling with good effects. "*Counselling has improved the quality of my life,*" said one 55-year old Hindu gentleman. A Catholic electrician aged 58 said: "*I had many work and family problems. I got counselling; there is no shame in it. I felt better.*" A 56-year old Mauritian lady of Tamil origin wrote: "*I'm still grieving the death of my parents died a few years back. I could not attend the rituals for the dead. I'm ready to talk to someone about this pain.*" However, a 60-year old Muslim retired nurse teacher, wrote: "*I've not experienced any problem/difficulties for which I've to contemplate counselling.*"

I believe by conducting this piece of research among my compatriots I am contributing possibly the first study of its kind in the area of counselling of this particular group of people. I found that although many of the first generation of Mauritians are still convinced that their community is helpful in meeting their needs; others are already reaching out for outside assistance and being brave and independent enough to work out their issues through counselling/therapy. As one respondent noted: "The community spirit among the Mauritians has disintegrated; one cannot rely on this any more; we must look outside."

I agree with this statement. Therefore, I can say with some reservations that the Mauritians, unlike the Asians, or Blacks in many cases, do not necessarily need a separate counselling service of their own to attend to their emotional or psychological problems. The mainstream agencies: private, state or voluntary bodies are already responding to their needs in a culturally effective way. Mauritians will have no qualms in approaching ethnically and culturally aware counselling practitioners. If it is not already happening on a big scale now, it will happen gradually as is revealed in this study. At some future time a more comprehensive study, using a much bigger sample of Mauritians, is advisable and recommended.

Methodology

A recent exploratory sociological survey of the gradual exit of Mauritian immigrant pioneers in UK (Lingayah, 2004) explored the taboo subject of death among Mauritians. The author suggested “that a study aimed at finding out whether bereaved Mauritians are aware of counselling needs to be conducted urgently in view of the growing number of deaths among the first generation of Mauritian immigrants” who have “gradually, though, hesitatingly, lately begun to open up against the fear of death.” Therefore, such a study, he hoped, “will help develop a counselling service relevant to the needs of UK Mauritians confronting emotional and psychological problems in different areas of their day-to-day life.” He further observed, “There is a growing awareness among the new generation to seek help of a psychological nature.”

In the light of the above suggestion I decided to examine the experiences of Mauritians with regard to counselling in general. Tentatively I sent out 50 questionnaires with self-addressed stamped envelopes to random addresses of UK Mauritians, mainly of the first generation, living in Scotland and England, seeking their responses to four questions:

1. Problems/areas of difficulties/concerns for which counselling was/is sought/received: Please expand to the extent you feel comfortable:
2. For the issues you might have identified, did you feel you needed or still need some form of counselling/therapy for their resolution? Please comment:
3. What introductory information/explanation (written/verbal) was given on first meeting: Please describe in as many words as possible.
4. Outcome: Did you leave feeling Better (); Worse (); neither better nor worse()?

Please make any comments you feel relevant to you to your treatment. Feel free also to add any additional information using the back of this page.

Counselling is not a form of help everybody feels comfortable with. I chose not to approach my target population for an interview to gather the data, knowing that this might in many cases re-stimulate their painful memories and feelings of traumatic experiences. As Coyle (1998;p.59) points out: “It is the interviewer’s responsibility to try to ensure that respondents are not left distressed by their involvement in the research.” I preferred to allow them to use the opportunity to reveal as much as they wished or not. That would be sufficient for this study as a first attempt to bring the issue of counselling to their attention. For this reason, I did not contact any respondent to talk to about their returned questionnaire, although, any of them had included their telephone number or email address. However, I wanted to do this work as professionally as possible, keeping some distance in keeping with the tenets of research. Indeed, Hammersley and Atkinson (1983) have argued that social and intellectual distance must be maintained between researchers and participants to allow proper analytic work to take place.

Twenty-five returned questionnaires (50%) revealed that the respondents had no issues that could have been or can still be helped through any form of counselling. The Mauritian community is very strong and they received all the support and assistance from within the circle of friends and family. They don’t have problems; they do not need therapeutic counselling. Five questionnaires (10%) came back blank, the respondents wishing me good luck with this survey. The rest of the questionnaires, twenty (40%) stated they had problems

but did not seek counselling; they wished they had. Others said they had various problems, such as work related, family relationship, marital breakdown but were not willing to seek counselling for fear of stigma and gossips; while others were quite open with their many issues for which they had received support and counselling as they could not rely on family support as this was practically non-existent.

Most respondents were men; even if the questionnaires were sent to Mr and Mrs it was the man who completed it in his own name and returned it stating "NO problem for which I required counselling from experts; or I might seek it in the future should the need arise; however, the Mauritian community is so helpful I can always depend on it." The first generation Mauritians could be right about the extent of emotional support they receive from their community. This is in keeping with Petruska Clarkson's (1998) observation that some ethnic minorities have a collective society as a cultural background. This may be associated with the notion that it is experienced as a stigma to benefit from therapy services; and that many people rely on symbolic healing or culturally traditional approaches to personal development than on western models. Referring to the research by Elefthriadou (1994) Clarkson also mentioned that clients who are unsure about the effectiveness of the talking cure may benefit from the work of somebody from their own ethnic/cultural background whose role is equivalent to that of a counsellor, such as a psychiatrist or spiritual leader (p.97).

Literature Review

A literature search in the area of uptake of counselling by Mauritians proved to be disappointing. I then turned to the counselling literature in general to examine other available evidence. McLeod (2001) observed “research in the client’s experience of counselling and psychotherapy has been an important and growing area of inquiry over the past 20 years.” However, the literature search revealed very limited amount of work on the experiences of immigrants in the UK. The uptake and experiences of Asians, let alone Mauritians, is very poor. There must be many reasons for this situation, which could range from stigma to cultural factors and a mixture of other complicated factors. These factors should make this a fertile area for investigation. He also remarked that there has not been a review of research into client experiences of therapy since 1989 and that “It may be time for an up-dated review.” One would hope the next review would include the real reasons why Mauritians do not use counselling services to meet their needs. It is also a worthwhile aim to investigate if it is really true that they are able to find their emotional and psychological concerns met by the presumably strong community feelings and spirit that exist among them in the UK. In *An Introduction to Counselling* Mcleod (1993: p.118) stated “The field of cross-cultural counselling has received relatively little attention in the research literature.” This current exploratory study will serve as a listening device to understand what Mauritians have to say about their experiences or lack of it with regard to counselling in general, “as a kind of test of the theory”.

A few women who were either separated or divorced did return their questionnaire saying “I wished I had got counselling during my hard time” or I was well supported by my friends; I did not need counselling but this is something I need to think about”. For example, one Hindu housewife, aged between 40 and 50 who came to the UK in 1970 admitted to having marital problem, mental and physical abuse from her husband. “*Yes, I do feel that I need a bit of counselling to get over my problem. I cannot seem to move forward with my life at the moment. I cannot decide what to do for the future.*” This woman was living separately with her three daughters from her husband who had also received and completed a questionnaire. Apart from his age and year of emigration to UK he wrote “no problems existed and no counselling required.” Admitting to the existence of any family/relationship issues by him or any other Mauritian for that matter signifies failure.

The only writings, which address the problems of Mauritians in UK, are those sociological works of Drs S. Lingayah and A. Mannick, and of Tony Lingiah, a UK training officer. Writing in the context of Mauritianism, Tony Lingiah (1995: p.10) referred to the “mutual help and support of ordinary people during traumatic experiences of cyclone Carol in 1960. The physical devastation that was inflicted on Mauritius and the psychological sufferings that followed could only be healed by the collective support of each other.” It is such belief in the availability and access of mutual support in times of difficulties that appear to have made the Mauritians in UK feel the “thing” called counselling/therapy is not one that they needed. It makes one think and believe that Mauritians are expert yet unrecognised as counsellors. For the problems that the first generation of Mauritians faced, possibly these unrecognised counsellors would have been all that was required in view of the great solidarity that existed among them. Community can be a great source of emotional and psychological support. Lingayah (1987) commented that the combination of material and moral support is vital but this support is not enough to germinate in the often very frustrated new arrival a sense of growing self-sufficiency and self-confidence in the face of massive problems confronting him.

Dr Mannick (1987) who carried out the very first study of Mauritian immigrants in UK wrote: "The Mauritian family experience has been carefully considered to see how far problems of marital breakdown, of children caught in the crossfire between two cultures, have affected the stability of the Mauritian family." His study revealed the many problems they faced; counselling was not mentioned, not even once except to say that they would seek help and advice from solicitors and/ or Citizen Advice Bureau. However, he noted "Personal matters are sometimes discussed at family level before approaching the centres. Some would try to keep any outside body out of any conflict or problem, especially those concerned with personal and family matters. In the case of family disputes, both parties would approach the family social workers" (p.74). counselling in the terms of AA for their alcohol problems or relate with regard to marital issues was not even mentioned; counselling was not therefore something they would seek for personal or family matters despite the fact that "the most common problem was that of loneliness for single parents" (p.135); and added that wife-beating was a major problem among the unskilled and semi-literate...the wife having been beaten severely, the marriage terminated and the children sent to homes.

More problematic is the question of alcoholism. Heavy drinking by the husband has meant a diminution in his role in the family, throwing all the responsibilities on the wife and when she complains, she gets beaten. No mention of the presence or involvement of Victim Support for such cases. The divorce rate was quite high, he noted, but did not say how these people were supported in facing their problem. However, the author of the first Mauritian survey concluded: "Whether they can cope with the emerging problems and keep their cultural and religious commitments going is the biggest question mark against their future." To Mannick, the Mauritians were more concerned with keeping their cultural and religious commitments despite their many concerns of how to survive and succeed in the UK of the 1960s onwards.

Counselling Issues

Times have changed; "self-interest and materialism are the ills of modern society; many feel confused and isolated in the midst of industrialisation," observed Tony Lingiah (op.cit). There are now new ways we should adopt to seek resolution. Tony Lingiah 1997:p.11 mentioned a common situation faced by a young Mauritian girl who had obtained good As and B passes in her HSC examinations; she was made to feel very bad by her father who never even bothered to congratulate her. Would this lady or her father or both have benefited from counselling? No doubt she would; many young girls of her age and in similar situation tend to attempt suicide as a cry for help:

"I feel that I have done my best and feel very happy, but my father never even congratulated me because I did not get selected for scholarship. I am confused and mentally exhausted after all these studies...I feel ill-equipped to face the wide world outside and I wish the earth would open and swallow me for up for good. All I want is a bit of affection and understanding from my father and the opportunity to have some distractions and hobbies like European children of my age."

A different situation is described by Sam Lingayah (1989: p.6/7) from his work with Mauritian immigrants; Sam Lingayah informed the girl's parents that she could benefit from counselling. Actually the whole family needed counselling from an expert. But would they

have sought counselling in those days? Did they have the means? Nadir Shaw (1992) hit the nail on the head when she noted that “There is an increasing concern amongst (ethnic groups) about the lack of available, accessible, adequate, appropriate and relevant services to Black people. The concern is ever greater for minority communities as they remain at the receiving end of little or no services. That includes psychotherapy and counselling”(p.257). Besides, according to Littlewood (1992:p.6) ethnic minorities are predominantly working class and their “relative poverty as well as discrimination (makes) access to time-consuming and costly therapy...less available.” We are informed that the strong bonds that existed at that time from the 1960s were enough to provide the support in times of trouble; and, as already pointed out by Eleftheriadou (1994) that clients who were unsure about the effectiveness of the talking cure may benefit from the work of somebody from their own ethnic/cultural background whose role is equivalent to that of a counsellor. Therefore it could be inferred that many senior and experienced Mauritians did fulfil that role very well. So, Sam Lingayah did the best he could with regard to the case of the 14-year old school girl and her parents, offering mediation with a view to resolving the issues. In the end he achieved the desired result for the girl; while the parents themselves never learn anything from the experience. They split and went their separate ways.

Counselling for the fourteen years old Mauritian school girl

“One of the most difficult cases...a fourteen years old Mauritian girl who was involved with a twenty-two years old unemployed Pakistani immigrant. The girl’s parents, as expected, were very much hurt by their eldest daughter’s behaviour and angry with the man concerned. The father, who had a long history of violence, preferred to deal with the problem, to use his words, the Mauritian way. Armed with a knife, he had more than once chased his daughter’s boyfriend on the High road, but the latter was too fast for him and he could never catch him... I suggested that his daughter needed counselling, instead of being subjected to beating and prevented from going out. I also told the girl’s parents that they had to re-adjust their values and should try to become more flexible in their attitudes, something which we never gave any thought to prior to emigration. I tried to explain to them that our young girls are vulnerable in this society where their native peers enjoy complete sexual freedom and not manifesting sexual desires is regarded as abnormal. The counselling sessions with the parents and their daughter proved effective: while the former realised, perhaps for the first time since they emigrated, they must re-evaluate their child-practices and demonstrate greater understanding towards their children; the latter felt that she could not go on hurting her parents and exposing the family to dishonour and shame. She discontinued her relationship with the Pakistani man and married a Mauritian, one of her cousins. She is now a happily married mother of two beautiful children. She now looks at her early teenage period of unconventional behaviour with horror and deep embarrassment. He confesses that it has stuck like a cancerous spot on her conscience for life. Her parents have recently split up. This is inevitable, in view of their unstable relationship aggravated by violence and infidelity practised by both parents.”

Experiences of Emigration

In “*Mauritian Immigrants in Britain*” Lingayah (1987: p.2) described his experience of emigrating to UK (he left Mauritius on October, 1961), an experience that is shared by a lot of first generation immigrant Mauritians here. He noted in his Introduction:

“...my emigration to Britain was...the most significant factor in my life. It will remain so not only because leaving one’s country, uprooting oneself from a psychologically

safe and secure environment, is not an insignificant movement for anyone, but, perhaps more importantly, because of the extraordinarily high expectations and hopes expected of this unique venture...we embraced our friends and relatives on the wharf and the boat glided towards the wide open sea of the blue Indian ocean, while we, stunned with grief on the deck, saw our homeland disappearing on the crimson-colour...emigration to Britain has been to all of us, the overwhelming majority of Mauritian immigrants here, a difficult and unique experience.”

“The first five years in Britain were a period of great trauma, disappointment and frustration to many of us. It was painful and difficult because first five years’ struggles and sacrifices had neither brought success to us nor measured up to the high expectations of the community and those emotionally involved in the migration enterprise. I put it simply, the success or failure of the migrant was not only the personal concern of the migrant in our community-orientated society, but it was also that of the relatives, friends, neighbours and well-wishers for one reason or another. Some parents and other immediate relatives had made relatively substantial financial contribution towards the migration project with a view to seeing the returnees as Doctors, lawyers, accountants and British University-educated graduates. Therefore, lack of progress in the first five years was very disappointing and embarrassing to us, particularly because of the increasing doubt it would inevitably arouse towards us in the family and community at home” (p.3),(Italics mine).

Lingayah(1987) observed that “a growing number of Mauritian immigrants, after the first five years, had begun to lose courage and abandon the migration programme. Continued lack of progress was too much for some of us not to feel motivationally eroded and powerless. What is, however, most distressing was that many of those who drifted from the original reasons of emigrating were talented and ambitious Mauritians with great potential to be relatively successful immigrants.” One gentleman who could not complete his training in journalism became an alcoholic; a hard-working father turned malingerer and became a scrounger on the State; his children turned to prostitution; a bright middle-class ex-teacher gave up his accountancy training and became entangled in various problems and took to living in a hostel for vagrants and alcoholics; while his Scottish wife left him the moment his daughter was born. The daughter was taken into care and on her discharge at the time of the research she was earning her living by prostitution.

Both Mannick (1989,op.cit) and Lingayah (1987,opcit) revealed a whole host of problems among the first generation of Mauritians for which many people would seek counselling from the professionals today. Yet, while many of my respondents are denying that ant such problems exist and consequently they don’t need to seek counselling, others in similar situations have begun to consider the idea as worth trying.

Table 1. Issues requiring Counselling.
Lingayah,S.1987, Mauritian Immigrants)

- ❖ Signs of increasing matrimonial disputes
- ❖ Soaring rates of separation and divorce
- ❖ Parent-child cultural conflict
- ❖ Violence in the home, delinquency
- ❖ Children coming into care from broken homes

- ❖ Escapism in drinks and drugs
- ❖ A growing sense of alienation
- ❖ Adverse effects on mental health.

“This was a worrying phenomenon,” Lingaya noted. He took a positive step in setting up the Mauritians’ Welfare Association: “We organised a programme of services particularly aimed at coping with matrimonial disputes, separation and divorce in the family, cultural conflict between parents and children, welfare rights, housing difficulty, language problems. The emphasis of our work was on counselling and equipping the clients with social and psychological skills sufficient to function in a complex society such as Britain” (p.5, italics mine).

Although the main focus of their work was on counselling, it was in fact mainly advice-giving and friendly support and assistance that were being offered within a confidential environment; these were given to individuals or groups as is evident from the research. Counselling itself is a completely different matter. “Mauritian immigrants were fully exposed to the optimum intensity of loneliness and alienation when they arrived in this country for a number of reasons. One of the main reasons is that we are traditionally and culturally a family-orientated group and, therefore, a good deal of our emotional and psychological needs can only be met by being together with the family. This is why our uprootedness resulting from migration was very painful and difficult to bear in an environment where we felt ourselves, and were regarded as, total and unwanted strangers” (1987: p.87). “Immigration is accompanied by the experience of two cultures coming together, that of the immigrant’s homeland and that of the country to which he or she emigrates,” had declared Gushue and Sciarra (1995), concurring with Lingayah(1991) who made this telling point “...emigration in itself is a major upheaval in one’s life. It is not so only from the stand-point of one’s cultural roots, but also from the point of view of moving from a familiar environment to an unfamiliar and hostile.” The shock of migration has been particularly painful and traumatic for the Mauritian migrants...Migration involves considerable losses to the emigrants; triseliotis et al (1992:p.3) compares it to death; to marris91974:p.147) migration “disrupts our ability to find meaning in experience.” Lingayah (1991:p.ix) describes it as being “stunned with grief.” The separation involved in migration is emotionally and psychologically extremely disruptive and even very damaging to both the one who left and those who were left, he noted.

I believe that the support they did receive from the MWA was possibly all they could appreciate and accept; they felt so low and vulnerable that western-based model of counselling per se would quite possibly have resulted in more harm than good. Black-led voluntary counselling agencies were not in much evidence at that time. The question is: even if there was black-led counselling agencies would they have voluntarily sought out counselling as a mode of resolving their issues? Not so, from what Lingayah has described: “The feeling of powerlessness was epitomized most forcefully when, at the sudden death of a relative, a Mauritian asked me to help him make a funeral arrangements. His instruction was to make enquiries for a private grave for two persons. Surprised, I asked him why he wanted a grave for two persons. He replied that he would like to be buried in the same grave when he died. He meant that there was nothing left for him in life in this country and, therefore, he was ready to die”(p.11). Instead of seeking bereavement counselling to work out his loss and grief he was already preparing to be buried as well. Colin Murray Parkes et al (1997:p.207) remarked that:

“At times of death and bereavement people are faced with turning points in their lives...families exist to give support to their members at times of danger and loss. Immigrants may be separated from their families and have no substitute within their new communities; their families may themselves be too traumatised or too alienated to be able to cope. Just when the family is most needed it may become dysfunctional. It is at such times that the help of someone from outside the family is most needed.”

Despite the many friends, family or community support at times of death and bereavement “the help of someone from outside the family is most needed”. Assistance and physical support is one thing; but perhaps the more effective healing method in such circumstances is through counselling. Both Parkes (1997) and Lingayah(2004) are in agreement on this issue. However, the Mauritians, with the exception of a few, in this present study are denying the need for independent counselling, stating vehemently that their family and or community support was all that was needed and was sufficient. Parkes’ observation in these words is crucial: “their families may themselves be too traumatised or too alienated to be able to cope. Just when the family is most needed it may become dysfunctional.” That situation was very true in my own particular case that had been fully described in *The Oppressed Speaks* (2002: p.35-37).

The recent survey by Lingayah (2004) made this key observation:

“My knowledge of the Mauritian community in Britain reveals that probably no Mauritian grieving for a lost member in the family does anything about it beyond keeping the different dates of the ceremonies for the dead, going to the temple or placing some flowers in his or her name at the cemetery where he or she was cremated or buried. I suggest that there is another perhaps more effective healing method, which does not appear to be used among Mauritians in bereavement: it is through counselling.”

Thankfully many of my respondents are now admitting that in future they would seek counselling given the fact that in certain situations they have “felt broken and frightened.” Although friends and family were supportive they still felt “*a neural third party would be useful to express feelings of anger.*” This was the view of a retired nurse tutor who came to UK in 1960. However, “he felt the therapist would need to be someone from the same community, aware of the Mauritian feelings”; although other respondents have stated that “there is no shame in getting help from any professionals”. There is a slow shift in the Mauritian psyche as far as the need to seek counselling to resolve issues is concerned.

Findings and Discussion

This study deals with a very small sample that still reveals that at least 40% would contemplate counselling; some of whom had already sought it and felt better as a result. However, a significant number had opposite views. Below are some extracts from the questionnaires.

Samples of Negative / Positive Comments Twenty-five respondents (50%) had made

comments similar to this male Hindu respondent aged 55 in UK from 1960 who wrote:

“Never received any counselling; tried to cope alone. I wish I’d got some counselling; Upbringing was to face all ups and downs. People never need to know your private business. Did not seek counselling. Afraid of what people will think and gossip.”

On the other hand the other twenty (40%) made comments similar to those below:

A 50-year old Hindu electrical engineer who migrated to UK wrote:

Problem at work especially dealing with a member of staff who was quite intrusive in my social life. I felt I had to speak to somebody to offload my feelings and my anger towards this gentleman. On three occasions he saw a psychologist who used a person-centred approach and was made to feel comfortable to explore his issues, looking at several avenues before he could feel better. “He gave plenty of time to air my problems; after the third session I felt stronger in myself; my work and my relationship with colleagues at work improve,” he noted.

An experienced social worker, Hindu, aged 50-60, here from the 1970s talk of an immigration issue for which he sought counselling. He was assisted appropriately.

A male Muslim, aged 50-60, in UK from 1970, who had retired from a top post as director of nursing spoke of conflict at work:

“people who seek counselling are independent-minded; they have insight and are sensible enough to seek help and that there is no stigma in using professional counselling. Friends are helpful; families are not that helpful as other issues creep in and get more complex”.

Similarly, a 55-year old female respondent said she would not hesitate to seek counselling. “Whoever decides to use counselling are strong and determined people. At least they realise that they need help.”

A Hindu retired social worker in UK from 1960 wrote:

“I have never used counselling. The culture in which I came from does not seem to encourage counselling... there were occasions in my life when counselling would have been useful...if I have a problem now I would consider counselling from an accredited practitioner who understands where I come from.”

Lingayah (2004) suggested that “a study aimed at finding out whether bereaved Mauritians are aware of counselling needs to be conducted urgently, in view of the growing number of death among the first generation of Mauritian immigrants” in whose consciousness death is so suppressed that they are hardly heard airing their views of this most feared topic until recently”. The time is ripe to explore this area of study, according to him, as “there is a growing

awareness among the new generation to seek help of a psychological nature. A recent Report, A suitable space: Improving counselling services for Asian people for the Joseph Rowntree Foundation (2001) commented thus:

“Black communities too have a role in promoting awareness and acceptability of counselling services by examining their own attitudes to mental health and encouraging people from their communities to seek appropriate support with psychological difficulties and distress”.

This statement is in line with Lingayah's (2004) recommendation that attempts should be made to raise similar level of awareness among Mauritians in UK to use counselling services to cope better during or following critical periods. Life events such as divorce or bereavement has a huge impact on the client. Healing through counselling is a very important aspect of life to enable one to face reality and continue one's journey. The community support network of the Mauritian groups is not enough anymore in the present-day Britain. The belief that Mauritians do not need counselling for resolving issues in times of need is a myth.

According to the Joseph Rowntree Foundation report (2001) despite increasing recognition of the value of counselling in supporting mental well being and the rapid expansion of such services, the uptake by Black people remain low. Counselling is only beneficial to white, middle-class people as it is derived from a Western tradition; this is not true. The study found that the majority of clients in fact benefited enormously from counselling: increased confidence and self-esteem, a greater sense of control over feelings and the ability to consider problems from a fresh perspectives were among the reported benefits: “Most people who had used a counselling service had done so after major life events such as bereavement, marital breakdown and redundancy. Most found that counselling had a very positive impact; it provided time and a safe place to explore their circumstances and feelings, to build self-esteem and develop coping strategies”.

Many UK Mauritians experience all manner of problems; according to them they have managed well and still do so with family support and the common bonds that exist within the community of Mauritians. Either this is a tribute to the special qualities of this ethnic group or my respondents are not being open and truthful. The common specific issue some of them admitted to receiving brief contact with counselling support is grief in loss and bereavement, or minor work issues; otherwise, they simply returned the questionnaire declaring that they did not experience any issues/ emotional/psychological for which counselling was received or advised. However, a close analysis of the returns show many areas where the respondents admitted that they had received personal counselling, for short times and many would consider counselling support in the future should the need arise; the reason being, as in the words of a 65-year old respondent who has been in UK from 1960: “I wish I had sought counselling for my many problems in this country; Counselling is an important source of help. I

will advise anyone of my children to use it without hesitation. The community spirit among the Mauritians has disintegrated, and the first generation of Mauritians are disappearing; one cannot always rely on family or community for support in times of needs." A 70-year old retired social worker who migrated here in the 1960s also voiced the same thought: "With older Mauritians dying and the new generation becoming individualistic there will be progressively little support in the community." A Hindu lady aged 50-60 in a top accounting firm here from the 1960s also wrote: "I will not hesitate to use counselling services if needed because you cannot always rely on close-knit community which might not always be there." These seem to be an honest evaluation of the current situation; these respondents are admitting a crucial point here while many others are simply ignoring or denying the real fact. As a matter of fact his statement is backed up by research.

In "Comparative Study of Mauritian Immigrants in Two European Cities: London and Paris" Lingayah (1991: p.105) made the following observation:

"It is strongly believed that an immigrant community is essential because it has an important role to play in the best interest of its members. In addition to providing succour and support to the disorientated newly arrived member, it also has a major role to play in transmitting cultural values to the young and in ensuring that there is a sense of solidarity and mutual support in the community".

Yet his study revealed that 78% of his study population in Britain had lost faith in the community; it was a matter of great concern he admitted as many "social problems, like marital breakdown, growing conflicting values between parents and children, violence in the family, alcoholic problem, increasing incidence of mental illness, and reports of increasing number of sexually abused children by their parents" (listed in table 1 earlier) were coming to the attention of the Mauritius Welfare Association; only 12% fully supported a community and the 10% were indifferent to it. He said that in the 1960s "*there was a small but dynamic and highly mutually supportive Mauritian community particularly in London*" (my italics). He wondered: "What is happening now for the community spirit to dissipate?" His own answer: "The Mauritian immigrants are today more affluent, with houses (75%), cars, personal means of entertainment (radio, television, music centre, video recorder, games, etc), and the savings to use for holidays mainly in Mauritius. In addition, the children, who have reached adulthood, have replaced the companionship of former friends. As a consequence, there is no time or there is no need for socializing in the larger community of Mauritian compatriots" (p.106).

The first generation Mauritians are still holding on to the dream of a dynamic and highly mutually supportive community that meets their counselling needs when in fact it is disintegrating. As a result of this change Lingayah (2004) suggested "there is a growing awareness among the new generation to seek help of a psychological nature." They begin to open up; they begin to make

use of the mainstream counselling services to come to terms with their issues. This is a healthy sign.

Learning from Arjuna

Having a neutral person to listen to one's personal issues and assist one to work out a solution together is an entirely different thing. In the Indian epic, the Bhagavad-Gita, Arjuna was facing a scenario of difficulties right on the field of battle. He had explored every avenue to resolve his quandary; still he was facing the worst conflict of interest. He did not hesitate to seek counselling from Krishna, who was his charioteer, a highly advanced spiritual counsellor/therapist for a resolution. The counselling session is described in 18 chapters or 18 long sessions in the form of a dialogue. There was no shame, no stigma, no weakness but a simple readiness to work together a plan of action and a decision to make the necessary change despite the consequences. Therein lies growth and personal development. As a Mauritian and a counsellor who has also experienced loss and bereavement I am trying in this exploratory work to raise awareness among the community, encouraging them not to hesitate to seek counselling from independent sources whenever the need arises. As has been shown thus far my compatriots and respondents will benefit from the existing mainstream or Black-led counselling agencies, The needs of UK Mauritians confronting emotional and psychological problems in different areas of their day-to-day life can be fully met by these increasingly progressive bodies. In times of conflicts follow Arjuna's example!

Conclusion

Most probably for these and many other reasons UK Mauritians do not admit to have problems, or if they do have problems, they would not willingly seek counselling except as a last resort. This study deals with a very small sample that still reveals that at least 40% would contemplate counselling; some of whom had already sought it and felt better as a result. They realise they can no longer depend on the community or the family to resolve major issues of a private nature. The Mauritian community is no longer serving its purpose as it no doubt did in the beginning. Those who had sought counselling described themselves as strong, independent and did not feel any stigma was attached to the fact that they sought counselling to make changes in their lives. Mauritians generally are a completely separate group of people; they may belong to whatever religious persuasion, Hinduism, Islam or Christianity; but having been influenced by the French and British from the colonial days, they have a more progressive ethnic group identity and as such they seem to have the capacity to work on their emotional and psychological issues through counselling/therapy if the situation arises. They are more progressive in their outlook and economically better off now. Many of them have settled down with British wives as partners. Their children are better educated and have become more Europeanised in their way of life. This is why now in the words of Lingayah (2004) "there is a growing awareness among the new generation to seek help of a psychological nature."

References

- Coyle, A (1998). "Qualitative research in counselling psychology: Using the interview as a research instrument" in *Counselling psychology: Integrating Theory, Research and Supervised Practice*, (ed) Petruska Clarkson (1998) London: Routledge.
- Eleftherioudou, Z. (1994). *Transcultural Counselling*, London: Central Books.
- Gushue, G.V. and Sciarra, D.T. (1995). "Culture and Families: A Multidimensional Approach" in *Handbook of Multicultural Counselling* (eds) J.G. Ponterotto et al. London: Sage Publications.
- Hammersley, M. and Atkinson, P. (1983). *Ethnography: Principles in Practice*. London: Routledge.
- Lingayah, S. (1995). *The Origins and development of Social service provisions in Mauritius*, PhD Thesis. Middlesex University; adapted for publication under the title of: *Social Welfare in Mauritius: A critical Analysis of Social service provisions*. Kent. Sankris Publishing, 1996.
- Lingayah, S. (1987). *Mauritian Immigrants in Britain: A study of their Hopes and Frustrations*. London: Mauritians' Welfare Association.
- Lingayah, S. (1991). *A Comparative Study of Mauritian Immigrants in Two European Cities: London and Paris*. London: Mauritian Welfare Association.
- Lingiah, T. (1995). "Between two cultures." *Mauritian Abroad*, Vol 1, Issue 2. p.8. Sankris Publishing Ltd.
- Lingiah, T. (1995). "Mauritianism-Myth or Reality". *Mauritian Abroad*, Vol 1, Issue 1. p.10/11. Sankris Publishing Ltd.
- Lingiah, T. (1997). "Reminiscing...the old days". *Mauritian Abroad*, Vol 2, Issue 3. p.13. Sankris Publishing Ltd.
- Lingiah, D.B. (2000). *The Oppressed Speaks*. Kent: Sankris Publishing.
- Littlewood, R. (1992). *Towards an inter-cultural therapy*, in J. Kareem and R. Littlewood (eds) *Intercultural Therapy-Themes, Interpretations and practice*, pp. 3-13, Oxford: Blackwell Scientific Publications.
- Mannick, A.R. (1987). *Mauritians in London*. Sussex: Dodo Books.
- Marris, P. (1974). *Loss and Change*. London: Routledge and Kegan Paul.
- McLeod, J. (1993). *An Introduction to Counselling*, Buckingham: Open

University Press.

McLeod, J (2001). Introduction: research into the client's experience of therapy, Vol. 1, N0: 1.p.41, Counselling and Psychotherapy Research, April 2001. British Association for Counselling. UK.

Nadirshaw, Z. (1992). Theory and practice: brief report - therapeutic practice in multi-racial Britain, Counselling Psychology Research Review 5 (3): pp 257-261.

Parkes, C. M. (1997). "Help for the dying and the bereaved" in Death and Bereavement Across Cultures (eds). Parkes, C. Laungani, P and Young, B .(1997). London and New York: Routledge.

Triseliotis, J et al (ed) (1972). Social Work with Coloured Immigrants and their Families. London: Institute of Race Relations.

Further Reading

Fernando, S. (1988). Race and Culture in Psychiatry. London: Croom Helm.

Grant, P. (1999). "Issues of cultural differences in staff teams and client work" in Clinical Counselling in Context (ed) Lees, J (1999) London: Routledge.

Grant, S. (2000). From Chapter 11 "Black Men in Broadmoor" in, Kaye, C and Lingiah, T. (2000) Race, Culture and Ethnicity in Secure Psychiatric Practice. London: Jessica Kingsley Publishers.

Green, B. (1985). 'Consideration in the treatment of black patients by white therapists', Psychotherapy 22(2) pp.389-393.

Raman, A.C. (1995). " The Rudiments of Mauritian Nationhood". Mauritian Abroad, Vol 1,1,Issue2. p.16-18. Sankris Publishing Ltd.

Rowntree Foundation. (2001). A suitable space; Improving counselling services for Asian people by Gina Netto, Sabine Gaag and Mridu Thanki with Liz Bondi and Moira Munro is published for the Joseph Rowntree Foundation by the Policy Press, ISBN 1861343175. Oxon.

Sue, D., Arrendondo, P. and McDavis, R (1995). 'Multicultural counselling competencies and standard: A call to the profession', in Ponterotto, J., Casas, M., Suzuki, L. and Sue, D.W and Sue, D. (1990). Counselling the Culturally Different: Theory & Practice. NY: John Wiley and Sons, Inc.

Appendix 1

MAURITIANS EXPERINCING THERAPY (UK)

Personal Details

Gender: M () F () Religion: Profession/occupation:

AGE: 40 () 50 () 60 () 70 Please Tick one.

Status: Married (); Single (); Divorced/Separated ();Widow/Widower ().

Year of leaving Mauritius: 1950 () 1960 () 1970 () 1980 ()

Problems/areas of difficulties/concerns for which counselling was/is sought/
received: Please expand to the extent you feel comfortable:

For the issues you might have identified, did you feel you needed or still
need some form of counselling/therapy for their resolution? Please comment:
Referral: by GP () Social worker () Other professionals () Friend ()self ()
State: eg NHS hospitals, Educational Institutions, Voluntary agencies:
Cruse, Victim Support, Alcoholic Anonymous.

Private:

Counsellor/therapist: Accredited () unaccredited ().Tick one.

Race /culture of counselor/therapist: White() Black()Asian ()Tick as
appropriate.

Approach/orientation: Person-centred () Psycho-dynamic ()Humanistic()
Other ().

What introductory information/ explanation (written/verbal) was given on
first meeting: Please describe in as many words as possible.

Length of time: weeks () ; months () ; etc

Fees, if relevant:

Outcome: Did you leave feeling Better () ; Worse () ; neither better nor
worse()? Please make any comments you feel relevant to your treatment.

Feel free also to add any additional information using the back of this page.

Do you feel you have so much support from family or your closely-knit
community that you do not need to use counselling agencies for any problems at any
time now or in the future? Please expand:

How would you describe people who use counselling services to come to terms
with personal issues? Weak () ; Independent () ; Stigmatized (). Please tick one. Comment:

Please return the questionnaire, using the enclosed self-addressed stamped
envelope. You may either call /write or email me for any clarification. Thank
you for your assistance/cooperation.

David Lingiah,
7 Glenwood Gardens
Lenzie
Glasgow G66 4JP;

Tel: 0141-578-4168

E-mail: David.lingiah@ntlworld.com