FAMILY COUNSELING IN INDIA: A CRITICAL STUDY

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Introduction
The term family is derived from the Latin word 'familia' denoting a household establishment and refers to a "group of individuals living together during important phases of their lifetime and bound to each other by biological and/or social and psychological relationship".

The group also includes persons engaged in an ongoing socially sanctioned apparently sexual relationship, sufficiently precise and enduring to provide for the procreation and upbringing of children. Unlike the western society, which puts impetus on "individualism", the Indian society is "collectivistic" in that it promotes interdependence and co-operation, with the family forming the focal point of this social structure. The Indian and Asian families are therefore, far more involved in caring of its members, and also suffer greater illness burden than their western counterparts. Indian families are more intimate with the patient, and are capable of taking greater therapeutic participation than in the west.

The family is a group of people who care about each other or depend on each other and consider themselves as such. It may be a nuclear family of parents, step-parents and children but may also include grandparents, step-children and half-siblings.

Family life can be a place of refuge and security but for some it is a source of pain and disappointment. Our families absorb many of the stresses and strains from the outside world – and the pressures can boil over. Sometimes a personal problem, particularly in an adolescent, can overwhelm a family and there seems to be no clear way forward. At other times changes within the family leave other members confused and angry or hurt. When a crisis or disappointment happens for one member the family group absorbs the impact, sometimes helping and sometimes hindering. Sometimes the help comes at a high price to one or more members.

A family is a 'system' or an organisation, such as a social club or a workplace, but the rules and expectations of each one are unique and complex and often seen differently by each member. It is through examining what the explicit and hidden 'rules' might be in each family and how they are seen and interpreted by each member that the work might begin. One of the dilemmas of modern family life is the conflict of being an individual and remaining within the group, too.

Family Counseling
For many people family therapy conjures up interventions by government agencies when a family group has become dysfunctional. But increasingly help is now sought to help to with the extreme behaviour of one member or to adapt to a shift or change.

Reasons for Family Counselling
- Disruption after separation or divorce or a new partner moving in
- Problems with step-family life
- Debt
- Problems with adolescents or older children
- Children leaving home
- Unwanted pregnancy.

The family's complex and unspoken rules can cause confusion and misunderstanding, particularly when there are changes. When someone joins a family or when someone leaves or changes their position in it the structure is altered for other members. Changes within the group members, from child to adult or from wage-earner to unemployed, are felt by the others in different ways.

The interconnected set of relationships and how difference and change might be managed is central to family counselling. The logistics of getting all members along to participate in counselling poses difficulties, but it can be a satisfying and rewarding means to establish new and healthier way of relating. Not all members attend every session; couples counselling, youth work or individual counselling may follow and the family may meet later to discuss changes.

Treatment & Support for Families

Family counseling is used to encourage conversation between members of the family. Who is going to speak? What is blocking that? What do they want to talk about? It might clarify a new pattern of being together after a marital breakdown or remarriage. It can also help to process feelings of being excluded or rejected which might be otherwise acted out in disruptive behaviour; misunderstood by the other family members. Communication might be repaired or established for the first time. Members may feel supported and encouraged to manage changes with the help of impartial trained family counsellor.

Private family therapists are increasing in number and some charitable and voluntary agencies now offer family counselling. They usually work with Systemic theories or in a cognitive way (looking at thoughts) to clarify what the problems are and then focus on solutions rather than delving into the origins of the problems. This can help with self-reflection for the individuals and increase self-awareness of their family's stage in its life cycle.

Issues which might be explored may relate to one incident or a repeated pattern. They can include exploration and understanding of,
- The current problem
- How it is seen differently by different members
- Successful ways of dealing with past problems
- Parenting issues
- Characters of each member
- Communication
- Alliances and hostilities within the group
- How the group functions emotionally - who is close and who is distant
- Who expresses anger or sadness and who comforts.

A family counsellor maintains neutrality at all times to establish a platform free from blame and prejudice to allow members to explore the problem and then express their concerns for the family's ability to change. Each family is unique, even within its own culture, and a non-judgemental view about the family's beliefs and values; ethnicity, sexuality, religion, ability, age and class is essential to allow a new, better 'system' or set of rules to be formed.

This is done by collecting the views and thoughts through questions, mainly about the differences that exist among the individuals. Family members are then invited to be observers, too, of the questions answered by other members and of their own behaviours and assumptions. The trained family counsellor offers the group an opportunity to think and reflect on the present situation with a view to moving towards a better way of being together.

An assessment can be difficult due to the number of clients – defining where the problem is can mean something different to each member of the family. One person might be blamed and they in turn may blame someone else. If this issue gets stuck these two members might work together for a couple of sessions. Counselling can help establish the events that have led to the family needing help. These might include life events, transitions or repeating patterns. Family problems might be mapped out to show their history and development and allow members to feel clearer about the problems and how they might have arisen, reducing blame. There should also be an opportunity to define the relationships, as people see them themselves and as others do. This can lead to greater awareness and insight to allow any necessary changes. It can also offer the opportunity to see the abilities and difficulties that are available within the family group for dealing with problems and change and how they be might be used.

Family Therapy deals with more deep-seated problems within the family group. Problems might include:
- Separation and divorce Issues affecting children
- Eating disorders
- Mental health problems
- Self-harm
- Drug or alcohol dependency in young people
- Inappropriate sexual behaviour in young people.

Family counselling and therapy usually work with cognitive behavioural therapy, systemic and solution-focused therapy and will work with group and with individual members on specific issues.

The Indian Family System

Any generalizations about the Indian family suffer from oversimplification, given the pluralistic nature of the Indian culture. However, in most sociological studies, Asian and Indian families are considered classically as large, patriarchal, collectivistic, joint families, harboring three or more generations vertically and kith and kin horizontally. Such traditional families form the oldest social institution that has survived through ages and functions as a dominant influence in the life of its individual members. Indian joint families are considered to be strong, stable, close, resilient and enduring with focus on family integrity, family loyalty, and family unity at expense of individuality, freedom of choice, privacy and personal space. Structurally, the Indian joint family includes three to four living generations, including grandparents, parents, uncles, aunts, nieces and nephews, all living together in the same household, utilizing a common kitchen and often spending from a common purse, contributed by all. Change in such family structure is slow, and loss of family units after the demise of elderly parents is counterbalanced by new members entering the family as children, and new members (wives) entering by matrimonial alliances, and their off springs. The daughters of the family would leave following marriage. Functionally, majority of joint families adhere to a patriarchal ideology, follow the patrilineal rule of descent, and are patrilocal; although matrilocal and matriarchal families are quite prevalent in some southern parts of the country. The lines of hierarchy and authority are clearly drawn, with each hierarchical strata functioning within the principal of "collective responsibility". Rules of conduct are aimed at creating and maintaining family harmony and for greater readiness to cooperate with family members on decisions affecting almost all aspects of life, including career choice, mate selection, and marriage. While women are expected to accept a position subservient to males, and to subordinate their personal preferences to the needs of other, males are expected to accept responsibility for meeting the needs of others. The earning males are expected to support the old; take care of widows, never-married adults and the disabled; assist members during periods of unemployment and illness; and provide security to women and children. Psychologically, family members feel an intense emotional interdependence, empathy, closeness, and loyalty to each other.

Social and cultural changes have altered entire lifestyles, interpersonal relationship patterns, power structures and familial relationship arrangements in current times. These changes, which include a shift from joint/extended to nuclear family, along with problems of urbanization, changes of role, status and power with increased employment of women, migratory movements among the younger generation, and loss of the experience advantage of elderly members in the family, have increased the stress and pressure on such families, leading to an increased vulnerability to emotional problems and disorders. The families are frequently subject to these pressures.

The Changing Indian Family

The socio-cultural milieu of India is undergoing change at a tremendous pace, leaving fundamental alterations in family structure in its wake. The last decade has not only witnessed rapid and chaotic changes in social, economic, political, religious and occupational spheres; but also saw familial changes in power distribution, marital norms and role of women. A review of the national census data and the National Family Health Survey (NFHS) data suggests that, gradually, nuclear families are becoming the predominant form of Indian family institution, at least in urban areas.

Although a bulk of Indian studies indicates that the traditional family is a better source for psychological support and is more resilient to stress, one should not, however, universalize. The "unchanging, nurturant and benevolent" family core is often a sentimentalization of an altruistic society. In reality, arrangements in large traditional families are frequently unjust in its distribution of income and allocation of resources to different members. Exploitation of family resources by a coterie of members close to the "*Karta*" (the head of family) and subjugation of women are the common malaise of traditional Indian family. Indian ethos of maintaining "family harmony" and absolute "obedience to elderly" are often used to suppress the younger members.

Counseling

Healthy couple relationships are fundamental to a healthy society, whereas relationship breakdown and discord are linked to a wide range of negative health and wellbeing outcomes. Two types of relationship services (couple counselling and relationship education) have demonstrated efficacy in many controlled studies but evidence of the effectiveness of community-based relationship services has lagged behind. This study protocol describes an effectiveness evaluation of the two types of community-based relationship services. The aims of the Evaluation of Couple Counselling study are to: map the profiles of clients seeking agency-based couple counselling and relationship enhancement programs in terms of socio-demographic, relationship, health, and health service use indicators; to determine 3 and 12-month outcomes for relationship satisfaction, commitment, and depression; and determine relative contributions of client and therapy factors to outcomes.

The resentment, however, passive and silent it may be, simmers, and in the absence of harmonious resolution often manifests as psychiatric disorders. Somatoform and dissociative disorders, which show a definite increased prevalence in our society compared to the west, may be viewed as manifestations of such unexpressed stress.

Such cultural differences mean that people in different cultures have fundamentally different constructs of the self and others. For more collectivistic societies like ours, the self is defined relative to others, is concerned with belongingness, dependency, empathy, and reciprocity, and is focused on small, selective in-groups at the expense of out-groups. Relationships with others are emphasized, while personal autonomy, space and privacy are considered secondary. Application of western psychotherapy, primarily focused on dynamic models, ego structure and individuals, therefore, becomes difficult in the Indian collectivistic context. The point has been well discussed by Indian psychiatrists in the past. As early as in 1982, Varma expressed limitations to the applicability of the Western type of psychotherapy in India, and cited dependence/interdependence (a marker of collectivism) in Indian patients with other family members as foremost of the seven difficulties in carrying out dynamic and individual oriented psychotherapy. Surya and Jayaram have also pointed out that the Indian patients are more dependent than their western counterparts. Neki, while discussing the concepts of confidentiality and privacy in the Indian context opined that these terms do not even exist in Indian socio-cultural setting, as the privacy can isolate people in interdependent society. Neki recommended a middle ground with family therapy or at least couple of sessions with the family members along with dyadic therapy in order to help the progress of the psychotherapy. Family, therefore, forms an important focus for change in collectivistic societies, and understanding the Indian family becomes an essential prerequisite for involving them in therapy.

An honest marriage counselor would agree that the motivation of a couple may be the single most important factor in determining the success of marriage counseling. It's unlikely that even a brilliant counselor would be able to save a marriage where one spouse has already decided upon a divorce, and a mediocre marriage counselor can probably help a couple who are utterly committed towards making their marriage work. With this in mind, research has been made in an effort to determine, on a more scientific level, the effectiveness of couples counseling.

The science of marital counseling is being studied in great detail these days. Research is showing that it is not as effective as people think, that women seem to get more from it than men, and that it might not have a lasting effect on the couple's marriage.

In fact, a research review, "The Role of the Family Context in the Development of Emotion Regulation," published in the journal *Social Development* in 2007, found that children learn emotional regulation through observation, modeling and social context, particularly in the family environment. Emotional regulation is the ability to identify and control emotions — to know when and how it is appropriate to express certain feelings. According to the article, family factors that influence emotional regulation include parenting style, the strength of the emotional attachment between parents and children, family expressiveness and the relationship between the parents. The authors state that the lessons of emotional regulation learned within the family set the stage for additional emotional and social learning from other sources, such as peers.

But some families don't model healthy emotional regulation for their children. This may be because of abuse, neglect or simply that the parents or caregivers never learned to regulate their own emotions. Children who do not learn emotional and social cues at home often have difficulty interacting with peers and teachers. These children are at greater risk of falling behind in school, developing learning difficulties and acting out.

Sadly, some families aren't just behind on the social learning curve; they are instead actively abusive or neglectful. In the past 20 years, large studies by the federal Centers for Disease Control and Prevention and partner institutions have found that children who are exposed to high levels of violence or who are victims of trauma such as physical or sexual abuse and neglect suffer significant emotional, developmental and physical problems. These children are more likely than their peers to struggle to keep pace in school, smoke, abuse drugs and alcohol, and commit acts of violence.

Social interventions with families to help them cope with problems have always been a part of all cultures in form of a variety of rituals, for example, the rituals surrounding death of family members.

Although a significant number of therapists practice family therapy in India in government and private settings, the published literature on the subject is surprisingly sparse. Most publications are issue based experiential accounts of the practitioners, rather than evidence based merits of particular therapy modalities. Even then, most intervention studies report significant benefits whenever family have been involved in management of psychiatric disorders. summarizes the findings of major family intervention studies from India.

The following list includes a sample of the kinds of issues that counselors and therapists need to take into consideration when working with Indian clients. Many of these issues also apply to the conduct of counseling and therapy with individuals and families of Indian descent that are living outside of India.

1. Connection, interdependence, continuity, and shared responsibility are much more highly valued in Indian society than autonomy, individual identity, and self-actualization, and individual difficulties are often viewed as disorders of relationships with other human beings and sometimes the natural world.

2. Seeking help for oneself or one's marriage during the child-rearing years may be viewed as less important than investing one's time in the lives and vocational success of one's children; hence, counseling may be seen as a last priority, if one at all.

3. Indian clients may expect that the role of the counselor is to provide them with answers or solutions, rather than involve them in the problem-solving process, and they may have difficulty accepting that they are ultimately responsible for their own healing.

4. Age and life experience still matter greatly in Indian society; thus, younger clinicians may find that the acceptance of their role and function in counseling middle-aged and older adults takes time.

5. Inter-generational relationships are being strained today because the younger generation of more educated Indians is adopting many of the values, lifestyles, and work styles of their counterparts in the West, thus posing a challenge to the stability of traditional extended family and societal (e.g., caste) structures and norms. For example, some younger generation members may no longer consider it their primary duty to take care of their parents in their later life.

6. Therapeutic intervention should be delivered in a way that does not challenge the integrity of individuals and families or cause them to lose face in their families or communities.

7. Marriage in India is generally a family contract that involves a union of two families much more than two individuals, and couple and family difficulties tend to resonate throughout the entire family system. The arranged marriage system is also still exceedingly common even among educated individuals.

8. When women seek assistance outside the family, it may disrupt the marital and family equilibrium, and thus put women (and sometimes children) at risk.

9. Conjoint couples therapy may be threatening to husbands because it entails being vulnerable in the presence of their wives; hence, wisdom and creativity are needed when involving men in counseling.

10. "Empty nest"wives and mothers (and sometimes fathers) may experience a substantial loss of purpose and roles, thus increasing the need for individual and/or marital counseling.

To summarise, research indicates that couple-specific variables as well as individual factors may predict the outcomes of couple counselling and relationship services. The causal direction of these relationships, however, is less clear. These observations are important, since, to justify and guide the application of relationship services such as couple counselling, empirical evidence must explore both the outcomes of relationship services and the factors that predict successful therapy.

Conclusion
Indian families are capable of fulfilling the physical, spiritual and emotional needs of its members; initiate and maintain growth, and be a source of support, security and encouragement to the patient. These fundamental characteristics of the Indian family remain valid even now despite the changes in the social scenario. In a country, where the deficit in mental health professionals amounts to greater than 90% in most parts of the country, the family is an invaluable resource in mental health treatment. From a psycho-therapeutic viewpoint, in collectivistic societies like ours, the family may be a source of the trouble as well as a support during trouble. It is therefore, plausible that the family might also provide solutions of the trouble and indeed, interventions focusing on the whole family rather that the individual often results in more gratifying and lasting outcome. Sadly, the progress made in the last few decades has been minimal and restricted to few centers only and family therapy has not found popularity amongst the mental health community. Lack of integration of psychotherapy in postgraduate curriculum, lack of training centers for clinical psychologists, and lack of a good model of family therapy that can be followed in the diverse Indian setting are the three cardinal reasons for the apathy. This does not absolve the mental health professionals from the responsibility of providing solutions for the problems of the family, which seems to have multiplied during the same time. The Indian family, which often feels bewildered in these times of changed values, changed roles, changed morality and changed expectations is in need of support and is ready for family therapy. If developed enthusiastically, family therapy might be the right tool to not only help the families in need but also to develop a huge resource in community-centered treatment of mental-health problems

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