



Black Spaces Project

South Asian Women Study

Strategies for Living

Sarah Wright and Dr. Nimmi Hutnik

Contents

Abstract	page 3
Introduction	page 5
Methodology	page 7
Biographical Information	page 8
Precipitating Factors to mental distress	page 11
1. Inter-relationship and Familial problems	
1.1 Gender Issues.....	page 11
1.2 Relationship with in-laws.....	page 12
1.3 Childhood difficulties.....	page 13
1.4 Other relationship problems	
2. Social Isolation	
2.1 Having no-one to talk to	page 13
2.2 Negative experiences with Western Society and bureaucracy	page 15
3 Other Factors	
3.1 Financial pressures	page 15
3.2 Physical health problems.....	page 15
3.3 Problems with medication	page 16
Mental Health Problems	page 17
Seeking Help	page 18
Strategies for Living	page 19
1. Help received through statutory services	page 19
2. Voluntary organizations	page 20
2.1 Counselling through voluntary organizations	page 21
2.2 Being part of groups.....	page 22
2.3 Alternative Therapies; massage and relaxation	page 23
2.4 Other Alternative therapies	page 24
Faith: Religion and Spirituality.....	page 25
Personal Strategies	page 26
Friendship	page 26
Work and Study	page 28
Helping Others	page 29
Physical Exercise	page 29
Other Activities	page 29
Support from Family	page 29
Mental Well-being	page 31
Conclusion and Discussion.....	page 32
References	page 35

Abstract

This study was part of the Black Space project within the *Strategies for Living* programme of work at the Mental Health Foundation. As part of this project interviews from previous research undertaken by *Strategies for Living* were re-analysed to understand the particular strategies and experiences of 10 South Asian women, in particular their use of voluntary sector, culturally specific mental health projects.

The South Asian women's experiences of mental distress in this study are set against a background of marital and familial problems which include gender issues, such as violence from husbands and male partners as well as cultural expectations placed on them because of their gender. This includes pressures from in-laws, which relate to cultural expectations of daughter-in-laws. Another major factor for the women's mental distress relates to social isolation, which include difficulties experienced by the women of issues related to immigration and western culture such as having no-one to talk to and language difficulties. In addition other problems mentioned were financial difficulties due to unemployment and businesses failing.

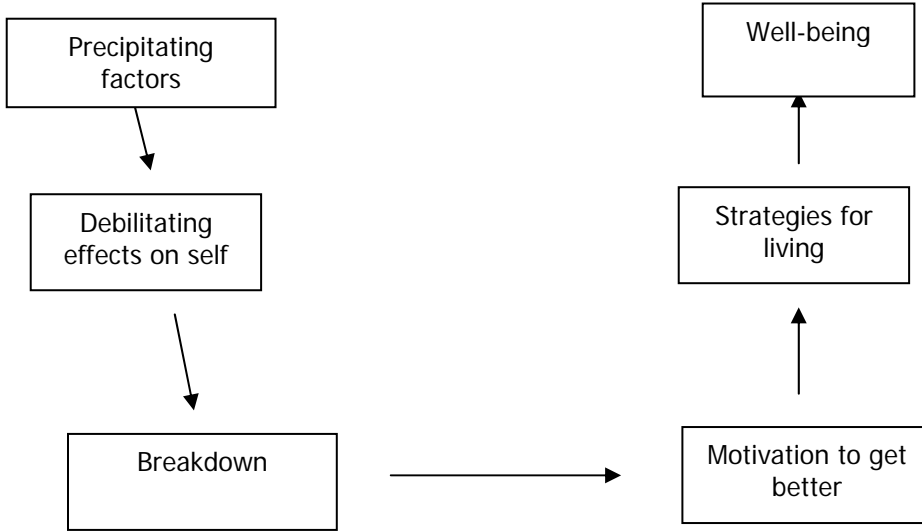
The effects of these issues on the self are deeply debilitating and lead to the women feeling unable to cope with the responsibilities placed upon them in their daily lives; to be a mother; a wife; a daughter-in-law; a worker. They are often feel paranoid or frightened due to the threat of violence and psychological abuse. In turn this leads to the women feeling depressed, anxious, tearful and unable to sleep all leading to *mental health crisis/breakdown*.

The women in this study who were mothers found that they were motivated by their relationships with their children to seek help and get well. Most of the women were able to find support and well-being through their faith as well as through individual counselling, and in particular support groups with other Asian women. Many also benefited from alternative therapies such as massage and aromatherapy which helped them to feel more relaxed. Of particular significance to the women was finding a sense of purpose through studying, working and helping others.

From isolation and loneliness the women formed friendships through the support groups they had joined. This and the other strategies mentioned helped the women to find strength and resilience, they gained more confidence and belief in themselves which enabled them to be more independent including financial independence and sometimes were able to leave their violent relationships.

The diagram below represents the storyline for the report. Although often it is not such a linear story, the women do not necessarily become unwell, seek help and become well. Sometimes the women in the story become unwell again, or it takes a long time before they gain strength from the therapies that they use or only part of their situation has improved. However for the purpose of the study it is helpful to use this line to be able to understand the benefits described by the women that they gain from the support they receive for their mental health problems including their own personal coping strategies.

Diagram 1. Flowchart



Introduction

This study was part of the Black Space project within the *Strategies for Living* programme of work at the Mental Health Foundation (Mental Health Foundation 2003). The Black Space project aimed to evaluate a sample of black¹ mental health voluntary sector projects, in order to assess the lessons to be learnt from these projects for a) the development of similar black projects and b) to enable mental health services to work more effectively with black people. As part of this project interviews from previous research undertaken by *Strategies for Living* have been re-analysed to understand the particular strategies and experiences of 10 South Asian women, in particular their use of voluntary sector culturally specific mental health projects.

The original research for which the interviews were conducted, by *Strategies for Living* in 1999, aimed to document and disseminate the personal coping strategies of people living and coping with mental distress (Faulkner 2000).

Many of the findings and discussions in this research have previously been well documented in Beliappa's 1991 Report, *Illness or Distress? Alternative Models of Mental Health* and further in *A Cry for Change; An Asian Perspective on Developing Quality Mental Health Care* (1991).

More recent research looking at the experience of Asian women has been reported by the Newham Inner-city Multifund and Newham Asian Women's Project looking at Asian Women and Self Harm (Newham Asian Women's Project, Newham Inner-city Multifund, Newham Community Health Services NHS Trust, (1998). In the Newham report contextual issues have been included that are useful to be considered and reflected in the findings of the *Strategies for Living Black Space* study.

Firstly the Newham report points out the importance of culture and ethnicity to be seen as something fluid and shifting. It states that culture is shaped by a range of factors including other social and structural contexts within people's lives. The women in this study find it difficult to answer demographic questions on their identity around class and around ethnicity. The questions in some way represent western cultural perceptions and constructions and the effect of being Asian in western society is touched upon by the women. In addition the women describe difficulties due to language difference, English bureaucracy, expectations from their own communities and families. These factors all impact on the women and their construction of their own identity.

The Newham study looks at the notion of a collective identity for Asian people and the effect of this on the position of women. The report suggests that even with the heterogeneity and diversity in Asian culture it can be argued that there is also a shared consciousness which *"stems from Indian mythology and tradition and which transcends differences in religious beliefs and customs and has an effect on the lives of Asian women and their position within the family and society at large"* (Newham Asian Women's Project, Newham Inner-city Multifund, Newham Community Health Services NHS Trust, 1998).

The concept of honour (izzat) and shame (sharam) are particularly important within Asian culture, especially in the lives of Asian women. The Newham research explains how the concepts

¹ The phrase 'Black Spaces' was used in the title of this project as a way of connecting Britain's African, Asian, Chinese, and other non-white communities under one banner. The steering group for the project acknowledged that this was not ideal but to date there is no universally acceptable word that can be used to 'homogenise' people who are non-white. This report therefore used the term 'Black' when making general references but uses African, Asian or Chinese when specific references can be made.

of honour and shame are connected to issues of morality, social standing and respect in Asian societies. It is these concepts expressed through the actions of women that lead to the role and expectations of women in Asian communities and families. Women are "*the appointed site of familial honour and shame...thus they are both the guardians and the guarded*". It is from these notions that the roles of women within Asian culture can be viewed as rigid and constraining. The Newham study describes how these issues are reflected throughout their findings of Asian women who self harm. In the national *Strategies for Living* study the women tell similar stories.

The study documents the precipitating factors leading to the women's mental distress, and then how they were able to seek help. It then goes on to document the specific services and strategies used by the women, drawing out the helpfulness or unhelpfulness of particular strategies. It also focuses on what the women share in their stories and how they related to the strategies and support that they received.

Methodology

This is the secondary analysis of 10 interviews undertaken for the *Strategies for Living* research. The analysis sought to explore the question, '**what in particular was it that this group of women had in common as strategies for coping with their mental distress and indeed what did they find most helpful?**'.

The initial interviews were conducted to understand the personal coping strategies for living with mental distress. Participants were not randomly selected but invited to participate by sending out advertisements to mental health service user organisations, as well as being placed in The Guardian newspaper and Black and minority ethnic press. Interviews were carried out by trained interviewers, all of whom had some experience of mental distress or using mental health services and all the women in this study were interviewed by an Asian woman interviewer, using a topic guide. Participants were asked some basic biographical questions and to give some background information to their mental health problems, however these issues did not necessarily form the bulk of the data. The interviews were mainly interested in the strategies people used to cope with their mental distress.

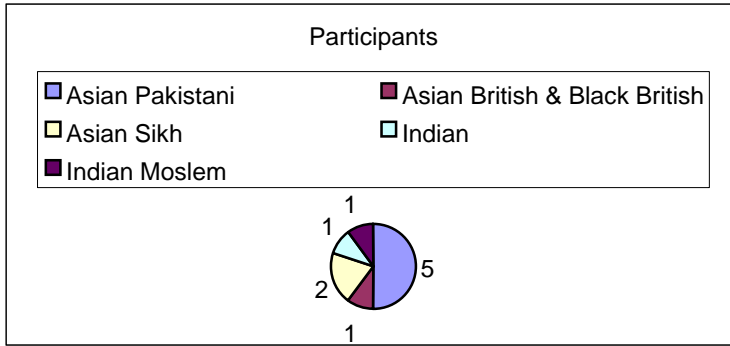
In reanalysing these interviews it was already with the knowledge of the original findings. The interviews were read and re-read looking for particular themes that emerged from the stories being told by this particular group of women.

The biographical information was coded and included in a table before further analysis exploring the ways in which the women coped and lived with their mental distress. The analysis sought to look at **cultural and ethnic issues** that were of particular relevance for the women in dealing with their mental distress or indeed that contributed to their mental distress, such as isolation within western society. Coding was used for common themes, which were then categorised into major themes out of which a storyline emerged.

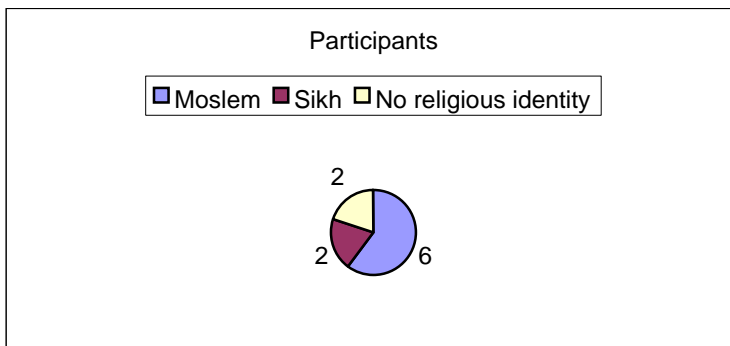
Biographical information

Of the ten women interviewed (all figures denote numbers of women):

Ethnic Self Categorisation

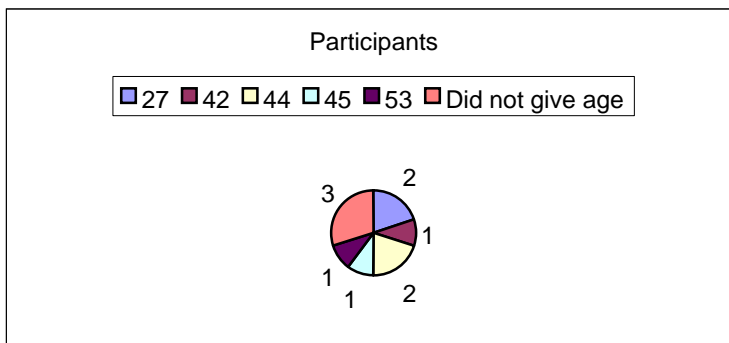


Religious identity



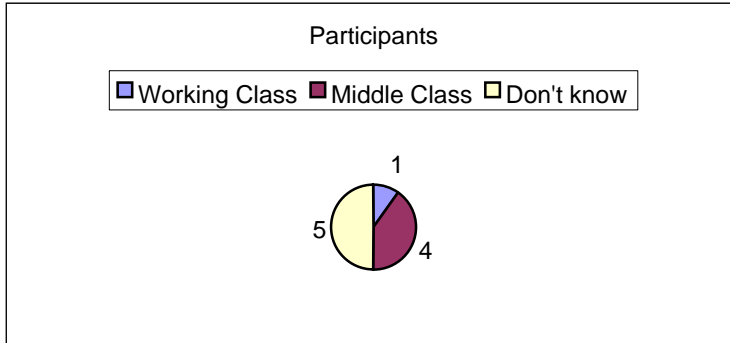
There are no women who identify their religion as Hindu in this report.

Age

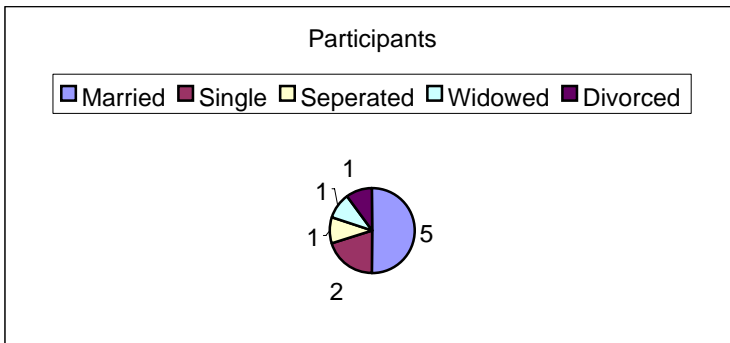


Class

It was more complicated for the women to give themselves a class identity. The women were asked in the interviews how they would define their class, for example, 'were they middle class or working class?'. Some of the women were unsure which class they would categorise themselves in, two women said it was difficult because they were not working at the time of the interviews. Another women said that her origins were working class but now she had been to university and worked in more middle class roles and had hobbies associated with being middle class that it was hard for her to define herself.

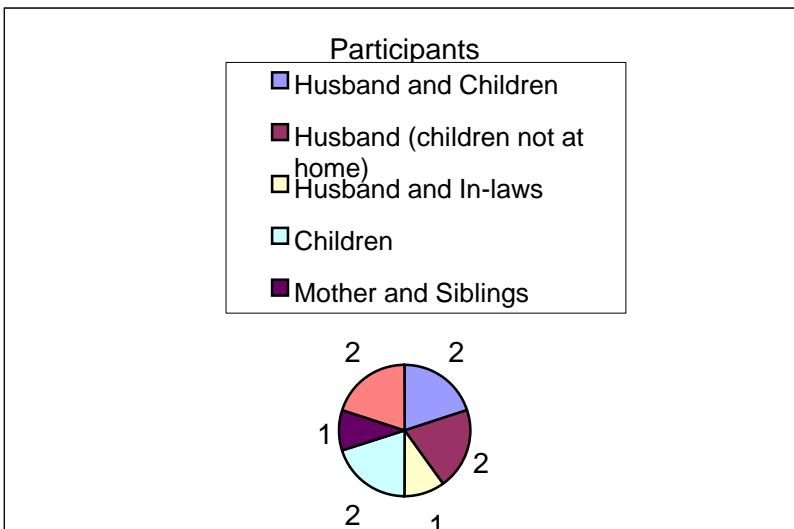


Marital Status



The woman who was widowed had been married and divorced since being widowed.

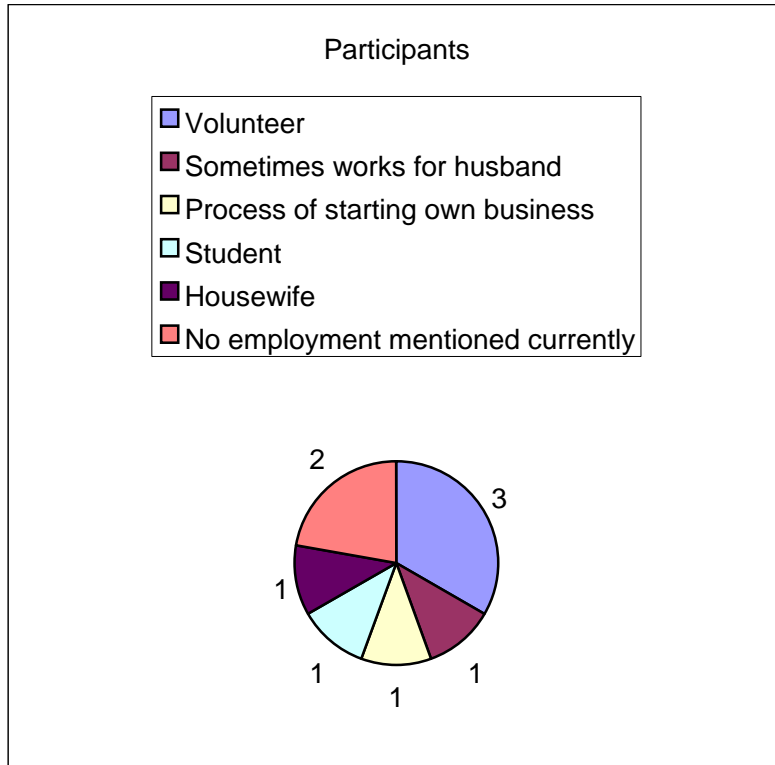
Family Constellations



Of the women whose children were not at home, one woman had had her children taken into care whilst the other women's children had left home to go to university. Of the women living alone, one lived in supported housing and the other alone since separation from her husband.

Employment

All ten women were currently not in permanent paid employment. However most of the women identified other occupations that they had as identities.



In addition to talking about employment, some of the women talked about where they received money from, 5 of the women mentioned claiming benefits and one woman said that she had money from her husband.

Mental Illness Diagnosis

The women were asked if they had a diagnosis of mental illness. Three women said that they had a diagnosis. One had been diagnosed as *paranoid schizophrenic* and another as having *depression*, with the third woman receiving a diagnosis of *anxiety and depression*. Eight of the women had received support through their GP or a Psychiatrist for emotional difficulties. Six of the women said that they were using medication such as anti-depressants and sleeping tablets. Four or five of the women had been hospitalised for mental health problems, although for one of these women it was unclear whether she had been hospitalised for physical health problems and/or mental health problems.

Precipitating factors to mental distress

1. Inter-relationship and Familial problems

1.1 Gender Issues

Seven out of the ten women describe physical or emotional violence and pressure for them to conform to their traditional roles. One woman says that her husband makes her *"feel worthless"*, one of the younger women describes the relationship with her elder brother being difficult because she wants to do things that are outside of traditional expectations.

"I don't have a particularly strong relationship with my eldest brother, my father died about 14 years ago, so he is pretty much head of the household, and because I am doing things that are not very traditional, certainly not in my household, I was regarded as a bit of an outcast, I guess the politics of the family is such that it is pretty much me against everybody else, apart from my mother..."

Another 27 year old woman describes being forced into marriage at 16, she said she was tricked by her parents who wanted her to marry rather than continue her studies.

"well, eh, I came under a lot of pressure cos I was forced into a marriage at a young age at 16 or 17 and it's always had a bad affect on me because at the end of the day when you're a child of 16 I wanted to study, I wasn't into going into a marriage, I wasn't prepared or ready for it."

The same woman left her husband after the birth of her first child, but coping alone as a young woman with a baby became too much and under pressure from her family she returned. She *"fell into the trap"* of becoming pregnant again and was very ill during the pregnancy. At this time she felt incredibly alone and unsupported.

"no-one was there to listen to me and I used to be in bed 24 hours a day and I couldn't go out or anything like that going into hospital on a drip every 2 or 3 days and my husband at the time he always used to go out and not come in and when I needed someone there he was not there me"

Her marriage eventually became more difficult and repressive,

"the children's father didn't like me studying one single bit. He doesn't like, an Asian man they don't like independent females do they he, he'd say things like oh, if you, there's hairs in the bath what have you been doing, you know in the sink and I looked and him and said I've not done anything! and he was trying to work on my mind mentally and em, cos I know that I'm not been into the bathroom and done anything to myself and em, he turned round and say oh, well somebody's cut their hair somebody's used my shaving thing shaver whatever you call it blade thing and eh, you must have and eh I looked at him, no..."

and ultimately frightening, having a severe effect on her mental health,

"...I started getting this nervous breakdown, my breathing was going really.....yes, and he was in the room next door to me and I thought I could hear noises and things like that he was, like he was building, I remember distinctly thinking that he was building something to kill me and I was that hyped up and worked up and stressed out that it was all getting to me so I had to get out of the house this was about 12 o'clock at night in the middle of the night I had to get out of the house with the two children because I didn't feel safe and I was really really frightened".

Another women describes the emotional and physical violence from her husband,

"It started when I came in this country because my ex-husband, I am widow. So I live with him for 7 and half years. It started with my husband was very cruel and he was old enough about me. He was 15/20 years old over me. Then all the time shouting, fighting hitting, kicking"

One woman describes her relationship as restrictive, she was only allowed out of the house to go to work and how this contributed to her mental distress:

"Like, I was only allowed to go out for work, yeah. And er.....That's right, yeah. It was the 2, 3 of us in the house, my daughter and er himself and myself, yeah and it was very restrictions everywhere like, we didn't have no, we did not have a social life, we did not have communication in the family at all, it was just er, red lines, we had to live like day to day life requirements, and on top of that, it was a barrier around me that I don't have to go over it, so, it was helplessness more than anything else. I was, I was suffering really. That's all, I call that, call mental health problem really.

Another woman describes the violence in her relationship causing her to need counseling,

"I'll just say I was born in this country, got married from someone back home and suffered years of domestic violence and left him twice and went back to him and.. the violence stopped but there was just the mental torture... his family gave me a lot of grief and all that and that is why I had to come to counseling."

1.2 Relationships with in-laws

As reflected in quote above, the women do not only describe problems in their relationships with partners but also with in-laws and sometimes their own family,

The same woman describes a visit to India in which she was subjected to restrictions, violence and emotional abuse by her in-laws,

"I did get to one friend's house in the village but they always used to catch me and drag me back, my mother in law would come and drag me back, "come on there is work to do in the house" - and drag me back they just would not let me out and kept me a total prisoner there and whenever they went out for some reason - like to get clothes for relatives back home or whatever - mother would always be with us or my sister in law would be with us to make sure we did not spend too much money on myself or my kids, you know, it is just too long a story..."

The women in this study face immense pressure because of their gender and the expectations placed upon them as wives and mothers. One woman without children talks about problems within her marriage and with her in-laws because she has not become a mother,

"Before I can't share to my sister in law, they will laugh at me you know, I can say anything to her you know. I can't say to everybody, my husband is like that or my mother in law is like that, I haven't got children, I got problem."

1.3 Childhood difficulties

Along with these current family problems the women also spoke about childhood problems resurfacing. One woman explained about finding out her mother wasn't really her mother and the impact that this had upon her,

"I was suffering with like, when I was er, I lost my mother from the very, when I was very small, about 6 months old, and er, I was taken away from her when I was 2 weeks old, and er, when I was about a little girl only, then I found out that my mother is not my real mother who was looking after me, that er, that was a major setback for me really."

Another woman describes how the death of her mother began to effect her ten years on,

"I'm scared of death. Because when I saw somebody die I started to , bad feeling, you know. And when I hear bad news I have a depression, anxiety and panic attacks. Because ten years ago my mother died and when I saw my mother when she died, I couldn't believe. It was very bad days.....I'm suffering for 9 years."

1.4 Other relationship problems

One of the women describes finding relationships with men difficult,

"I would define a personal relationship as a relationship with a guy which is a complete disaster area for me - so I just avoid men now, because I always get very very insecure, I am not insecure about many things but it is just men that make me very very insecure....I just can't cope with men – I think maybe the influence of my father and then having a very strange relationship with my brothers and then this totally bizarre relationship with this guy, it has just completely put me off. I guess it is the one thing that I want and long for more than anything else but the one thing I am more afraid of, I just feel most vulnerable and insecure in".

Another woman after having been in an abusive marriage and which concluded with her husbands death became involved in successive destructive relationships with men that abandoned her, she describes being left after one week of marriage,

"I am separated but not yet divorced. So after that if you want I can get married with you. I said it is all right. After 2 month of meeting me. So I get married you know Islam. Married with him. One week, after one week, he says I want to give divorce."

2. Social Isolation

2.1 Having no-one to talk to.

A major contributing factor to the women's mental distress comes under the heading of social isolation. This was also reflected in the *Strategies for Living* national research, and reflected by the most significant strategy for living being relationships with others, whether they be professional or personal relationships, (Faulkner,2000). Other work carried out by the Mental Health Foundation around the issues of stigma and friendship and mental health also discuss the issues of social exclusion for those experiencing mental distress, (De Ponte,2000, Wright 2001).

The women in this study had the further issues of language difficulties, racism, and different cultural understandings and expectations of wider society, their communities and themselves. In

a recent study by Gina Netta et al, '*A suitable space; Improving counseling services for Asian people*' the report examines supportive relationships that people have. In that study most people interviewed did have family members that they could share personal problems with other participants reported the need to be selective about what they shared (p6). There were concerns around issues of confidentiality and trust, others felt that their family would attempt to influence their decisions or manipulate them. Some participants were concerned about talking to friends about a family member in case they lost respect within the community.

The role of the community is great, one of the women interviewed in the national *Strategies for Living* research spoke of her distrust of Asian groups initially because of the fear of judgements or confidences being broken as had happened in the past,

"... "it's all right I will go to group" but when I saw that Asian I said "NO, I don't like Asian" So I will talk to wife what her name so she said" I keep you talking as confidential, I will not spread things believe me" First lady she was Pakistani, she spread my things so I can't believe in Asian"

This lack of trust did change for this interviewee but her experience of being judged by the Asian community was immense and her experiences of being let down led her to feel *paranoid* and *anxious* about trusting again.

The report '*A suitable space*' also reported that non-clients of counsellors felt lonely with their problems and also felt that life in the UK was very different and there was a whole new set of rules and norms to learn. In addition to having their families far away in their country of origin.

Nine of the women interviewed in the national *Strategies for Living* study described having no one to talk to and not feeling able to trust anyone,

"and I would cry and cry, and because – so many things you can't talk to your husband, you can't talk to your children, sometime you are fed up with your children to be honest, and you can't tell them you are fed up with them, and you can't talk to your friends sometimes because they talk about you and things like that."

Another woman describes the impact on her mental health of having no one to talk to,

"Mental health problems, yeah. It was in er, like I wasn't, I did not get er, I would like to tell you that, I did not get no treatment of the mental, mental health problems. Like, I did not feel that I have a mental problem. but the pressure ...in the family, it was enormous, I could not talk to anyone, and I was like, er, pressed down a bit er like all the way down my head and er, and like er, I was knocked from everywhere, yeah. So I felt really isolated. And helpless."

This woman then goes on to express how important it was that she received help from outside of her marriage and family,

"This is all my mental problem was, it was only to myself, but I could, but I kept myself going like er. I needed help outside, to help, I can talk to people, some people can help me, but I had, I was not allowed, within the marriage, that I can go somewhere, that I can er, talk to other people, I wasn't this was my mental problem really."

The young woman who was sent to Pakistan to be married remembers feeling alone and that no one was listening to her,

"I went there and they said they were getting me properly married off and it was the worst nightmare of my life, it was horrible, I can still remember the times, what I had to go through, it was horrible and it hurt a lot and nobody would listen to me, that's the most important thing. Nobody was listening to me"

Another woman describes the terrible loneliness of being far from her own family,

"Like I tell somebody - like I have got somebody to talk to, and like before they said - you got nobody there, you live so far away and you can't do the international call, you can't write on the letters, and even you write the letters, they don't answer you back - and - you can't, sometimes even you go to friends they have not got time for you."

2.2 Negative experiences with Western Society and bureaucracy

Many of the women had language difficulties, which often exacerbated their feelings of isolation. One woman had had her children taken into care and was involved in complicated negotiations with social services and the home office around her children and position in this country. She talks about how she wants to go back to Pakistan, but how much she wants her children back.

Another woman describes not being able to go anywhere because her English was not good enough to make her understood,

"you can't go somewhere because English is not very well, so I can't tell something to"

Another woman describes not being able to understand bills and asking someone for help but that caused her problems in the community because of having a married man in the home of an unmarried woman,

"I scare. because I my English was not good, so sometime I call some one else, please read this and what the meaning of this letter. Because I don't understand what means this letter, some Council tax something money letter does come all the time. So somebody phone me why you sitting that person in your home. You are wrong with him. So I feel very upset and guilty."

3 Other Factors

3.1 Financial pressures:

Other woman describe financial problems such as the family business collapsing and one woman explains how her husband was physically unwell which caused him to be unemployed for sometime. All of these pressures lead to the women in this study reaching a crisis in their mental health.

3.2 Physical Health problems

A common stereotype is that Asian people somatise, (experience emotional stress through physical symptoms), their mental health problems. Indeed a recent piece of research by the National Centre for Social Research, University College Medical School which was reported on in *Mental Health Today*, also suggests that this is a key factor in presenting mental distress common to some South Asian groups, in particular first generation people, (p10-11 *Mental Health Today*, Jul 2002). However a previous study in 1993 by Steve Fenton and Azra Sadiq looking at South Asian women and depression suggests that the women in their study were able to make the connection between their physical health problems and their mental distress. Instead they suggest it is often more about the way it is presented to the GP that is different. It was felt that the women believed the GP was there to provide only relief for physical symptoms which relates to the medical norms of western symptom based health care.

In this study four of the women describe physical health problems such as tight muscles, shoulder and back pain which might be related to their mental health problems. Certainly in the strategies for helping them in their distress the women were keen to use relaxation and massage as part of their mental and physical support. Moreover in *'A Cry for Change'* it is suggested that another problem for South Asian groups within a western medical model is the way in which each culturally views the medical system. In Asian culture a much more holistic view of health is taken, mind and body are not separated as they are in a western model,

"I had started having pain in my neck and shoulders with the stress maybe, so all the time I complained then the doctor gave me some painkillers all the time, whenever I go - he done x-rays and said there is nothing wrong with your neck and shoulders."

3.3 Problems with medication:

Other problems impacting on the women's mental distress more so than a precipitating factor is side effects caused by medication. This too was a common theme in the national *Strategies for Living* national research, although as in this study, medication was also seen as helpful.

One woman described problems caused by medication,

"Oh yes, I've got side effects, I put on weight, my tummy's bulging even though there's nothing there and em, that's it really, I just put on weight and I eat a lot and drink a lot of water."

One woman also describes weight gain along with feeling hungry and thirsty, she also says that she has bowel problems and feels tired and drowsy.

Another woman talks about how her medication is helpful because it helps her to sleep but she describes the side effects as having a negative impact,

"...my body goes with this tablets, you know, but my minds slow sleep and my body's so asleep, very slow.....my hands start shaking and the things are dropping out of my hands. They help me in one way and make me worse in other way".

Another listed a whole range of problems she related to her medication,

"Well since I became ill I have had several problems like a frozen shoulder, and I think that is because what happened was I put on weight and I was still wearing my old clothes and it was my bra that was tight, and you know it gave me a frozen shoulder and I think that is why I have got that, I had that for about 3 weeks or something, that was terrible because I could not move my shoulder at all.

I have had laryngitis and I still have dermatitis actually in my hands, and I have had conjunctivitis, I have had all these medical problems since I came out of hospital, I don't whether it's because of the illness or what - it must be something either the tablets or the illness which has caused things like that. I have sort of coped with it and I came out with the problem that I had. Now I have only got a bit of dermatitis on my hands and, the other thing I get is evening paranoia, when the evening comes around I feel a bit paranoid and otherwise I am sort of quite normal."

Mental Health Problems

For many of the women (7) in this study the pressures in their lives through difficult and abusive relationships and other problems such as language difficulties and financial concerns led the women to be unable to cope with everyday responsibilities, such as the practical responsibilities of managing a home and being a wife and mother. The women often describe being debilitated by their mental distress,

"You know if I depressed. In depression I don't make dinner I don't know where my children..., I don't know where is homework. everything I can't do."

One woman spoke clearly about how her mental health problems made her feel like a helpless victim and unable to cope alone with everyday living,

"I was depending on him [husband] totally, like I did not, I was depending on him, like, going to shopping, and decision making, and depending on him to go out as well, because I could not drive. And, almost everything I was depending on him ... yeah. Like I was a helpless victim really. And I did not have, no resources, I wasn't in touch with any resources..."

In different ways all of the women describe effects on their confidence and self esteem. Four of the women talk about their low self esteem and lack of confidence and their inability to stand up for themselves or say no.

One woman says that,

"I think I got depression and I was, I lost all my confidence and became very nervous that even talking on the telephone...I struggled all alone, I run that business, I did everything, I was a strong woman, and even now if the phone rings I get nervous – because they all did that to me, all this took away all my confidence and all that".

Six of the women describe having panic attacks or feelings of fear, and many describe feeling nervous, anxious and sometimes feeling suicidal. The women also describe not being able to sleep and constantly crying.

"I couldn't sleep all night, couldn't eat, just sick and uncomfortable"

Four of the women describe feeling depressed, crying all the time and being unable to sleep, another woman also described problems with eating,

"After 1 week. My mind is worse, I was crying all the night day and night. I don't eat, since 5 month. I don't eat anything"

Two of the women describe feelings of anger, one states that her anger came out during counseling.

One woman describes not having the strength to stand up for her own needs,

"I couldn't, couldn't talk.....I used to, you know, very nervous, didn't have a, you know, any strength to talk, answer it back, you know."

One of the women who hears voices describes feeling *'evening paranoia and feeling frightened often'* and has difficulties in being outdoors at night.

Seeking Help

All of the women in this study had their own coping strategies and had received support through voluntary organisations as well as statutory services. The women describe the different ways they were able to find help. It was often not until crisis point that women were able to find help and support, and most importantly someone to talk to.

Four of the women describe being hospitalised which led them to becoming involved with mental health services. The women also sought help through their GP's when their situations reached breaking point. One woman describes going to her GP because she was hearing voices, *"and didn't know what was going on"*. Another describes being at *"the end of her tether"*. Certainly most of the women had been desperately trying to cope whilst their mental health was worsening and causing terrible anxiety and depression in their lives.

Four of the women said they had been motivated by their children to stay living and get well. One woman describes her children as the motivation not to commit suicide,

"No I tried I many times I take tablets I would go to long sleep. But when I think Oh my children no body here to look after my children. No father no uncle no aunt, no body only me. So I stop..."

One woman describe the fear of their children being taken away from them by their husbands or in-laws,

"Well I tell seriously, I don't know if I would be able to look after my kids – that is how bad I was – I did not want to do that – maybe he is doing it on purpose to make me do that [abuse from husband] so that I would be an unfit mother....because he wants them, his family wants them....he wants that, they want me to be really ill or something so therefore I end up in some hospital somewhere and I can't look after my children....no way!"

Another woman describes how desperately she wants her children who are in care back,

"Depression and crying... my children come back and I'm alright but they not come back my children and I'm depression."

Another woman describes the desire to get on with her life and fulfill her ambitions and have new challenges and another woman knew that if she didn't seek help things would only worsen possibly with her becoming hospitalised for a second time.

Strategies for Living

1. Help received through Statutory Services

Seven of the women describe getting help from statutory services, either from GP's, Psychiatrists, Community Psychiatric Nurses or Social Workers. Some of these experiences are positive and many help inform them about voluntary sector mental health projects which are culturally specific to their needs and also that run women's groups.

Some of the women say that it is through their GP's that they find out about voluntary sector projects,

"I been to my doctor, and usually my doctor was quite good about me going to my doctor, and um.. he just keep saying to me that you have to look after yourself and you should relax, and he knew about this organisation as well, but I think he asked someone there to contact me"

Another woman says that her psychiatrist talks nicely to her. Another woman describes her social worker as offering practical support to her.

One woman described her psychiatrist as being like a family member, (sadly this psychiatrist retired),

"My er psychiatrist, she retired about er, 2 months ago, I used to talk to her, like a, our family member or my doctor, you know, very close. Then er, then she retired, she left, and I really, I was upset you know, about this, because any problem, I used to come to see her and er, then I've got another doctor, and er, getting used to her."

One of the other women says that her Community Support Worker is Asian and that they are nice,

"she keeps an eye on me to see if I'm doing ok".

One woman describes support from her CPN to reduce her medication and she feels that she can talk to her CPN like she might to her counselor.

Another woman describes her time in hospital as helpful in that it gave her time to rest.

Another woman felt that her psychologist helped her to regain control in her life,

"I started to pay the like, psychologist did, as the same, she was attending me as well, yeah. Like with her little bit of attention, telling me that I need to take a little bit more in charge of my own life, yeah, rather than depending on one, er, my ex, yeah. I think once my health got a little better, I started taking the charge and even, like er, little steps, yeah. So this is er, things change, this is why it changed for me."

In the national *Strategies for Living* research although many positive things were said about mental health professionals, there were also many difficulties. The importance of continuity with a mental health professional was seen as very important by participants in the study as this would enable a stronger relationship to be built over time.

One of the woman in this study says that her GP is too busy, and also has a negative experience with a psychiatrist, the particular problem of never seeing the same psychiatrist and not feeling understood by them,

"like all the psychiatrists I have seen up till now sort of come and go you have to tell your whole story again to a new psychiatrist every time another one arrives.....you talk about your sexual problems to him and they don't really take them seriously, because all your hormones have been messed up now, before you used to feel things like just after you had sex you would feel good, and now it is the total opposite and I was saying to him that I don't feel anything - and he said - some people just don't... and that is rubbish because I used to, and they are not too happy if you want a baby, I don't think they are too happy about that."

2. Voluntary Organisations

The important focus of help received in this study is with regard to the voluntary sector organisations accessed by the women. Through these services the women were able to receive a whole range of support; counseling – both group and individual; alternative therapies; and as shown in the original *Strategies for Living* research of most value to the women were the relationships they were able to form with other women from the same ethnic origin who were able to empathise with their experiences because of shared understandings.

All of the women interviewed were involved with voluntary organisations, 9 of the women received support from organisations specifically set up to support Asian people's mental health needs. Another of the women was active in her local user forum,

"It just gives you a wider understanding of your mental health and stuff like that"

One woman described the difference she felt talking to people, who understood,

"they really seem to understand what Asian women go through...not giving rubbish advice, they are sort of supporting you and they just, I think they feel sympathy... that makes you feel brilliant because at least someone has believed you for once in your life, you know - it is just wonderful and afterwards I feel really better and feel confident and I just go back home with renewed spirit and confidence, and I don't feel that scared as what I usually am with my husband,

Another woman described how important it was to be understood and that at first she did not feel someone who didn't have children could understand her, but was shown it wasn't about that, the worker at the centre convinced her because she said that she had talked a lot to other Muslim people and that she had been through these things as well.

However sometimes it was difficult for the women to trust even other Asian people, in the study by Gina Net et al, '*A suitable space*; Improving counseling services for Asian people' the findings show that many Asian people are concerned about sharing their problems with other people within their communities for fear of being judged. The strong need to uphold honour within their families and communities has a deep impact for many Asian people. Issues of confidentiality are vitally important, in this study one woman says,

"First of all I was not very comfortable, you know, everything was new, they were Asian, and everything, but still sometime, but after like, it is nearly 3 years gone and I know that everything is confidence, nobody know what I did say to them or whatever, I did or I came, nobody knew that I came to this centre and I used all the facilities. So I feel more confident as well and I keep coming more often now"

Another woman talks about how important being understood and confidentiality were to her, at first she had chosen to go to a group with English people because she did not want to be within her own community where she might be judged. However in the group with English people,

language was a barrier to being understood. Yet she was so nervous of being 'talked about' if she went to an Asian group. She did not feel she could trust people from her own community,

"Before I told you I don't like Asian group so I go to Park House there is a lot of English people and sometimes they misunderstand what I am saying. They try to listening very carefully about me.... After that they say try to go this other group I said "it's all right I will go to the group but when I saw that Asian I said NO, I don't like Asian. Before I talk to somebody and she said I keep you talking as confidential, I will not spread things believe me. First lady she was Pakistani, she spread my things so I can't believe in Asian.....But a lady come for 2 month before and she came to my house. Someone told her she depressed lady so she said she come to my home for a visit. She said I know that you are in trouble, first she talk about herself, she said I was very depressed, like my sister-in-law gave me trouble, my mother-in-law gave me trouble. I was so depressed.. Inside I was not feeling very well. She said " I will keep our things a secret believe me" Now is my 7 /8 visit I go 2 time and 2 day Tuesday and Thursday. Every week 2 time I go there about 10 12 visit over there. They don't talk about me. They talk talking and talking . all time I keep eye on them, but they are not thinking about me. After 4 years I find I am trying to Asian people. because completely I was off Asian people."

Another woman describes how going to the voluntary sector organisation helped her with her faith, (faith being of great importance to the women in this study and will be discussed in a section later on in the findings),

"...it does help with my faith because just my whole body is relaxed and I say I will do this when I get home, I do this prayer or whatever I was supposed to do ages ago, it does help, you are more positive when you go back [home]".

The women also received practical support from the voluntary sector organisations such as help in getting housing.

Two women in the study also went to women's refuges to escape violence and abuse at home. One woman describes the Asian women's refuge as being helpful in some ways but not in others. The centre was not staffed at weekends and there was no opportunity for counseling support. There was also no childcare or a communal area to watch television. She ended up feeling that although it was a safe place to be it was also claustrophobic.

Some of the other strategies that women in the study were able to use were available through these voluntary sector organisations.

2.1 Counseling through the Voluntary Organisations

Seven of the women were able to receive either both individual or group counselling through the centres that they attended. One woman had also received counseling through her GP surgery which had not been helpful,

"I don't know what it was, she just was a counselor, and she had a book and pencil and all that but I found her very unhelpful and, so I went to see her and told you I wanted to do all these things like learning to drive and all that and she said that is very good - but I did not get much out of her she was a very quiet personafter 6 sessions I thought in my mind I said no way - I am never going to come back here ever again because it just did not help me at all".

One woman said of the counseling she received that it helped her discover what was going on internally for her,

"it was good, because it made me, one counseling session I really started crying my eyes out and I never realised I had so much pain inside me, its unbelievable and I couldn't believe it because I didn't know why I was crying as well, but it worked.. it worked!"

The women describe the experience of counseling as positive because of previously having had no one to talk to before and also how counseling helps her work through her problems in a different way,

"Only to the counselor I can tell everything to. And I just feel I can tell anything. I just feel relaxed I don't know why, and she just tells me don't worry, do like this.... That's why she helped me, you know, before I was so scared I couldn't tell my husband anything, I just started to cry. Now I make myself, assertive, before I wasn't, I couldn't say...."

The same woman says how her counselor was also supportive in practical ways such as helping her to complete forms to go to English classes. She felt of all the support she received counseling was the most helpful.

Another woman talks about how through talking in counseling it prevents her problems from building up too much,

"Yeah, you know, it's, I mean, it makes me better when I keep talking, instead of, you know, building...building up"

Like the previous interviewee the woman also described how counseling helped to think about responding to difficult situations in a more assertive way,

"That's er, that's, I actually er, learn how to answer that, answer it back, not angry way, but er, different way, er, politely, to answer the, answer it, the person back, not making other person angry, but er, you can said it, but er, the person will understand, but not making other people, person angry".

Another woman said that counseling enabled her to get in touch with longstanding problems in her personal history and to take control of her life again.

"Still there is a longstanding problems, I learn, I've got to learn to deal with those, yeah. Like, er, there is so many issues around the life, everybody's life, like parents, and brothers and sisters, and other relations, and your own ability to cope with the things, and er, coping with other people, yeah. So these thought there was one or two of which I needed really get in touch with those, and sort those out, and I felt, they, they pointed out, they say we can do this just, er, counseling for 10 weeks, 10 counseling sessions, and er, they talked it over with me, and I was able to, it helped me, OK."

2.2 Being part of groups through the Voluntary Organisations

The *Strategies for Living* national research reported the importance people found in feeling accepted, being understood and having shared experiences. The women in this study were able to connect with other women similar to themselves through the voluntary sector organisations they accessed. The women previously had no-one to talk to, and certainly did not have shared peer support and understanding. Therefore the aspect of the voluntary service that enabled them to become part of a group had immense significance for them.

Seven of the woman described the importance of being part of groups through the voluntary sector organisations. The women talked about being in groups with other women and of being

able to share their problems and build friendships. One woman also spoke about her group being a useful space to learn and get information about mental health,

"Here at the ...group we learn something, we study about mental health, you know what I mean, we learn here more.

After having had no one to talk to the women described the importance of sharing problems and feeling similar to others. The comfort they received from being with others like themselves,

"But I still go to woman groups and they tell us about depression and what to do. She just said to me when you're depressed and when you have a panic attack you can do those relaxation exercises. And other women come as well and when the women tell us about her problems she has a problem as well, so everybody has a problem, not only me so that's very relaxing. It's not only me. Everybody got some problem not only me".

Another woman in the study began her own women's group at the centre she was attending. She had 12 weeks of counseling at the centre which really helped and she went onto begin her own group to enable the women to be able to continue to get together,

"I was a different person - when I came here I don't worry about what I really know where I am going, I just comb my hair, whatever, put my coat on and come to ?... and, I don't know why, I did feel a different person. I told you that I never think of myself before, never, like all the responsibilities was in my head, like dug into it that I had got all the responsibilities and I have to be a perfect wife and perfect mother and everything perfect, but with the counseling I learned that, that I am a human being as well, I want to be pampered and looked after as wellReally good - it did, then I started making more friends and then I asked Yasmin, I start, I make my own group here , every Thursday we come here after 2 o'clock, and then I ask my friends to come and we talk there and so".

One of the women said that being part of a group and sharing her problems and getting to know other women helped 'lighten things', which helped her to make decisions.

Another woman attending a voluntary sector organisation and who received one to one counseling said that being part of a women's group would also be something that she would like but it was not easy for her to attend the centre due the lack of support from her husband and the guilt she feels for taking time out from her duties in the home,

"Yes, but that would be a good idea, a very good idea - there has to be something where women can go and sort of just have a chill out, especially during the day and we don't have that, you know... your husband is always behind your back, but if it is in the day, you think you can just get away with it you have got an appointment or whatever, but he is not to know, you just go and have a chill out with a group of women, whatever, not do anything silly or anything , you just chill out, talk, whatever - I think it is a very good idea because, whereas you don't have any children running round your feet or whatever, having to worry about hubby or...anything, but even now when I came here I did feel guilty coming here, because that is how he made me feel".

One of the women also talked about another group where she met women, where they just talked rather than learning new strategies for living with distress, such as massage and relaxation. She said it was good to be somewhere and just talk about "ordinary things" and that just talking to friends helped her mental well-being. The importance of friendship was shown to be of great significance in the national *Strategies for Living* research, and also in some later research undertaken by the Mental Health Foundation looking at Friendship and Mental Health, (Wright, 2000).

2.3 Alternative Therapies through the Voluntary Sector organisations: Massage and Relaxation

The women in this study were able to receive massage and relaxation treatments through the voluntary sector organisations that they visited. Six of the women used massage, two of whom used massage and relaxation as strategies and one woman who used relaxation techniques without massage. The *Strategies for Living* national research showed the importance of Alternative Therapies and Complementary Therapies, (p62-71). Again going back to Beliappa's 1991 study the report suggests that Eastern cultures are more likely to view physical health and mental health as interconnected, they are more likely to therefore have a more holistic approach to health care, (Beliappa, 1991).

Certainly in this study the women found a great deal of help through using techniques that dealt with tension and stress, and helped with their breathing. This shows the importance of mental health services offering much more choice in terms of the treatments and interventions provided to service users.

One of the voluntary sector organisation described offered talking therapies followed by massage and one of the women described this as completing the job of counseling,

"I remember when I was having the first 12 weeks sessions a couple of years back, I had the massage with it, so I would have the session and go straight into massage - maybe an hour or two later - and it was incredible because it was almost like having a lot of the stress massaged out of your body - so having released it orally and having expressed it, it was physically removed, and it felt as though - I was just completely lighter all over, and very very relaxed....I think the counseling with massage, sort of finishes off counseling, it finally, where the counseling allows you to express your anxieties or whatever, the massage will physically remove them. And it completes the job, as far as I am concerned. Whereas having the counseling on its own, you can't, I think one can't control the physical tension that one has in the body - so that tension is still there - you are still fairly tense with just the counseling alone.....It is weird though because I see counseling more as a necessity - sort of treat the root and massage as an ongoing preventative medicine if you like".

Another woman talked about learning to give self massage and the importance of learning to relax her mind and body. She was also able to get her husband to massage her at home. She also talked about the importance of learning new things to help her.

As many of the women had talked about their physical health and problems with tension and tight muscles caused through stress, the massage and relaxation exercises were able to help them to breath more easily and relax their muscles thereby impacting on their physical and mental health.

"relaxation oil or something like that. But that helps me....When er, I've got a, you know, tight muscle here, yeah. [depression and back pains].... I think they all link. I think from the depression and back, you know, this one, in this leg, and er, back, it's all, you know, one. And with this problem with the, you know, tight here, and with the anxiety, stress"

Another woman described how counseling had helped her become more assertive, but that yoga and relaxation exercises had helped her at home feel much more relaxed.

2.4 Other Alternative Therapies:

The women in this study had tried a range of different therapies that they had found helpful. Two of the woman had used herbalism, one woman used a special tea to help her relax and had some drops to help with her paranoia. Two of the women had also tried homoeopathy as a helpful strategy, and also nutritional changes. One woman used reflexology and also aromatherapy. Another woman had tried acupuncture and healing and another woman talked of her desire to practice yoga.

Faith: Religion and Spirituality

Another important theme to come out of previous research conducted by The Mental Health Foundation is the significance of religion and spirituality in people's lives. The Knowing Our Own Minds survey carried out by The Mental Health Foundation in 1996 found that for more than half of the people that took part in the survey religious and spiritual practice played an important part in people's lives.

This theme has been explored further in *Strategies for Living's* national research and has become a major part of *Strategies for Living's* work due to the value placed upon spiritual and religious practice by mental health service users in the research. With a recent user led study taking place in Somerset, *The Somerset Spirituality Project* which looked at what mental health service users would like from religious institutions; religious and spiritual groups and from mental health services to enable their religious and spiritual beliefs to be taken into account and respected. (eds. Nicholls. V (2002) Taken Seriously: The Somerset Spirituality Report, The Mental Health Foundation).

In Beliappa's 1991 study prayer was shown as an important coping mechanism for distress. The findings showed that prayer is a common form of support because it restores a sense of calm and inner strength to people's lives, (A Cry for Change, p46). In the recent study by National Centre for Social Research, University College Medical School one of the main points of the survey was that religion was an important coping mechanism for black Caribbean and South Asian Ethnic groups, (Royal. S.(Jul 2002) Not So Black and White (p10-11), Mental Health Today, London)

In this study, 9 of the women described the importance of their faith and how it effected them and their mental health. Only one of the women described having no faith. She felt that God wasn't helpful and that she had now lost her faith because of all the difficult things that had happened to her, however even she said that she still prays, and often she used the phrase "thank God",

"Believe in God, no when I get marry this one he said after one week he said " I am giving divorce to you" you know day and night I do the pray, you know what happen with me....all the time I sit in pray all the time....how after that he came back after 4 month , himself he did not say sorry. He said it was a mistake and but he come back. I was thinking it's all right he has come back thanks to God....You thought all your prays had helped....But I am doing pray still there. So after 6 month when 500 people his mother came her family give me trouble. After that I say no God no nothing it is not helpful... My pray because my husband does not give me time. He still don't give me a time...."

The other women described their faith as being very important to them, two of the women said that prayer helped them to relax. Another woman who went through a period when she questioned her faith, felt that during a bad relationship she got close to the devil, she spoke about the calm and peace she has re-found in her faith. She said it had a very important impact on her mental health and that she is able to re-think about problems in the context of the world and her religion.

Another woman who also described a period of questioning of her faith after a bereavement said that she now believes that her faith is stronger,

"Yes, my faith is always stronger - yes it is, because we can't blame anybody for that because that is what happened, that is what life is, so.. we do, like we have to pray 5 times a day that is our duty to do it and whatever other religions say, we have to do it - it is good for us, for our

living, to be honest..... I brought up that way - so, I always believe that what the god does is better and good for you and I think, whatever I ask it did come true, always, and thanks for that as well.....It is proof - yes - because it is pain that time maybe it is difficult for you, but in the end it is a god result, so be patient then, and keep praying to him and don't do things he don't want you to do - so - you will be fine. that is my belief".

Another woman described it was through her mental health difficulties that she found faith,

I am religious like I said before but not that religious, not 100% because there are certain things about the Moslem religion that I do not really like - for example the position of women I don't really like that - but I am a bit more religious than I was when I came out of hospital than before I fell ill. Since I fell ill I kept being told by the voices that I was possessed so that would make you turn to religion would not it at the end of the day - if you kept getting told you were possessed... and you should pray and all this, so I have become a bit more religious since then..... I think it is good I have become a bit more religious - because I was never really sure although I was an unbeliever but I was an in-between person before. It gives me more faith and stuff like that".

One of the women said that through praying in the morning and by being in one place and being still, her prayer time helped her feel more cheerful and happy. It is created space and time in her day.

Another of the women who describes herself as a Sikh but she also talks about her own way of seeing religion,

"And er, religion again, draws your attention to your own well-being again, it tells you that you need to look after yourself, much more better way than er, what you do if you're not happy, you need to change your ways and things. And er, these sort of things. I think it's the one thing really, this.....I am a Sikh, yes, I know there is er people who very much, the more I, it's, I think er, the more you're in touch with yourself, really that is religion to me, because this is what religion require really, be nice to people, and er, look after yourself, this is religion really. I, I don't see what else religion really offers you. It is a comfort that you need to find within yourself, really, rather than depending on other people. Maybe it's not your own, my answer to you, but er... Yeah, this is what I believe. This is what I believe, that er, religion is a, religion is what you believe in really, that's what it is".

Personal Strategies

Friendship

Friendship has been given its own section because of its great significance and value in the women's lives. It was often, though not exclusively, through the voluntary sector organizations that the women were able to find themselves making friends because of the groups that they attended. The problem of social isolation for the women was immense, as already mentioned 9 out of 10 of the women had described having no-one to talk to, and how this factor had contributed to their mental health crisis. The national *Strategies for Living* report described people's need to be accepted and understood. Therefore of all the personal coping strategies that the women in this study talked about, friendship and having someone to talk to was the most significant.

Eight of the woman described the importance of friendship and the change that it brought to their lives through having someone to talk to. Though sadly, one woman talks about not having friends since she married her husband, and his disapproval of her visiting the centre she attends,

"When I was at school I had loads of friends, but they all got married and went to Germany and Pakistan, whatever.. um and so I lost touch with them, and my husband, I never knew but my husband made it pretty sure that I did not have much contact with friends - but I just used to feel I was, there was nothing wrong with it, you know, but I think he did it deliberately so I would not have any outside friends, whatever, and that is why he is so miffed when I come here, he doesn't approve at all, he says I should not go and.."

For the women who talked about friendship, friends provided a great deal of care and emotional and practical support. One woman describing her friend as giving her unconditional love.,

"there is one very good friend that I have, she is absolutely my best friend, and her love is completely unconditional as mine is for her, and it has just made me realise that just because you are related to someone that they will necessarily love you unconditionally, and I always thought they did so that was rather odd".

One of the women who lived in supported housing and is unemployed talked about the need to have friendship in the housing complex to help get over the loneliness and described often visiting friends during the day, she said that she has more friends than before her becoming unwell,

"You make a lot of friends but - you know to get over the loneliness you make a lot of friends and do things, like you are not working 5 days a week so you have got to do something with your time. so I do have friends and things like".

The women talked about the voluntary sector organisations where they belonged to groups and had the opportunity to talk to other women and also to have social activities, which they did not have before ,

"... at least we can make friends. And er, um, I used to, we were living in West Midland, Wolverhampton, and since I came here and er, I used to work and after that I didn't have any friends with me, with friends, and er, used to sit inside, and er, then I came here, then I, made friends here, few friends here. And er, in the, so other, other people comes to the group, like er, um, oil you know they tell you a different types oils, and dancing, you know, it's like a, mix,

enjoyable entertainment sort of, little entertainment, different people comes here, and they talk about er, different things, to how to relax your body, yeah”.

One of the women talked about how before the group she didn't go anywhere and now she goes out and enjoys herself. She said her husband doesn't want to go anywhere and didn't approve of her going out, but that she does her 'duties' properly and is more confident about taking time for herself and now he is happier about that,

“sometime I go out to the pictures with my friends, I never did before, I have to wait for my husband to ask me, and he said no, why the pictures there are so many videos there you can sit home and watch, but I said it is not the same, all the women go out and watch the film and it is different when you just go out, you look forward to get dressed and get ready and...[is it about the occasion?] the occasion - yes - you are going out, and he could not understand that, and so I just go out, I take my kids and go out”.

Another woman described how talking through problems with other women helped her to think about new solutions to her own problems,

*“and talking to friends and other people, yeah....because I was telling them my own personal problems as well, like, they would talk, tell me their own personal problems, and I would ask them: How do you cope with this? How do you cope with that? And they would ask me: How do I cope with this, why this isn't working, if it is not working for you, your life's not getting better, you need to take a little bit more er, stronger steps, or you've got to back down and leave, let it to be. And if you want more positive approach, you need to alter your ways and er, things, yeah.
”*

Work and Study

The women in this study talked about wanting to 'fill their time' and to have occupation outside of the home, that they wanted meaningful activities in their life. Seven of the women were involved in either some paid or voluntary work or studying.

One of the women who had been to university valued her working life immensely and the opportunities to do different things that that had given her. She had very strong ambitions and currently not working was planning to start her own business. She wanted the freedom of working for herself. Another of the women who was currently at university doing a fashion design course described how important studying was for her and how it helped her to cope with her mental health problems,

“it's em, stimulating my mind, or I concentrate more on the designs that I do, the garments that I do, cos, em, it just makes you concentrate, I go out and do research look around everywhere and em, and bring all what I take in into my work and then sit at home and produce boards em, nice boards you know and em, produce designs from them and em, it just stimulates my mind”.

Other women had been helped to find courses through the voluntary sector organisations, such as computer courses and English classes. One woman was taking an arts course and this now helped her in other parts of her life and in dealing with her mental health difficulties,

“And I take counseling and some exercise and to share my problems in a woman's group and arts class and occupy myself....Arts, because I occupy myself, I like to when I'm at home if I feel depressed I just start to do some painting, it works. When I have some negative thinking it just goes automatically when I draw something. It's good. The Arts is good..... Because I just concentrate on painting and draw home or flowers or something like that and scenery so I just

occupy myself and I ignore some bad things. When I'm drawing, afterwards it starts again sometimes but it's a little bit of good. I think it's better when I do something".

Another woman was undertaking an 'ACT's' Foundation course in mental health though ideally would have liked to do something more connected with her science degree. Two of the women were volunteers, one through her local mental health forum and another with a charity shop. Another woman described how working had helped her take her mind off her problems.

Helping others

This is very much connected to occupying time and finding meaningful activity. The national *Strategies for Living* Research showed the importance of finding meaning and purpose in people's lives particularly through the care and support of others. This helped people to feel valued, (Strategies for Living Report, p93).

In Beliappa's 1991 study the research shows that problems within relationships and the family which led to mental distress can also lead to the loss of meaning in roles and the need to find restored meaning. It could be suggested that women are looking to fulfill their roles of nurturing and care, if not in the family, then outside of it, (Beliappa 1991). However, whether related to gender or not the women in this study describe a great need to have a sense of purpose and feel valued by others.

Six of the women described the importance of helping other people. One woman who had started a women's group in the centre felt that it was very important for the women using the centre to be able to share their experiences with others where there would be empathy for their situations.

Another women said that it felt really important to her to be able to listen to others and to be asked advice, it represented the need to feel valued,

"it makes me feel that I'm wanted that em, that I'm listened to as well, and they don't take the mickey out of me, cos when I was younger and I was at school nobody used to listen to me my friends used to pick on me and things like that, it's a different atmosphere, the girls are nice to me and I wouldn't change what I've done with myself for the last four years I've really appreciated my life as much now".

Another woman felt better about herself through her voluntary work,

"Er, yeah, I usually go Oxfam shop, to help there, that makes me, you know, at least I'm helping someone, yeah. They give me light jobs, just put the prices on and er, little things, but this make me better, working for someone, helping, that's great feeling, you know".

One woman talked about helping friends by sharing techniques that had helped her,

if you got problems similar to me, then talk about how you reduce your depression and how you solve this problem what you do if you have anxiety because I know some techniques, so I would tell them. Sometimes I do it, my friends said she got depressed. I told her do exercise like this and she said oh right.

Another of the woman talked about her spiritual beliefs as being about helping others, about caring for and respecting others. Whilst another felt that by going to the temple (she was a Sikh) and helping others, God would help her.

Physical Exercise

As in the national *Strategies for Living* research, physical exercise figured highly in the many personal coping strategies used by the women, (Strategies for Living Report, p95). Many of the women (7) took physical exercise which helped them to feel mentally and emotionally better. One of the women was particularly sporty and one of her ambitions was to run a marathon.

Women went swimming or took part in aerobics classes and a couple of the women found yoga relaxing and it helped with their breathing.

Other Activities

The women in this study have in trying to survive their mental distress found themselves undertaking many new and old activities as strategies for living and coping with their mental health problems. From gardening, cooking, shopping and creative activities such as painting, to horse riding, which made one woman feel 'free as a bird', and tarot cards the women have strived to occupy their time, find meaning and purpose in their daily lives and above else live as themselves.

Support from Family

Although until now in the findings of this study there have been negative stories about women experiencing abuse within their home and only feeling motivated to survive because of their children, some of the women do describe support that they receive from members of their family.

Similarly in the Mental Health Foundation report *'Pull Yourself Together'* it is important to show that although those closest can be the most unsupportive, they can also be the most helpful, 'close, supportive and understanding'.

Two of the women described their mothers as very supportive, one of the women who lived in supported housing goes home to her mother if she is having a difficult mental health period and her mother will care for her and support her,

"Since I have been ill she is [mother is a support], before I used to just take her for granted, but now, she has helped me a lot, although at the beginning when I fell ill I thought my family were against me and all this because some of the voices in my head were telling me crazy things....."

Like I say, it is when I fall ill I can go round to her [mother] place and.....it is like not so long ago I had a bout of diarrhoea so it was something I ate and I have been living in the flat and if you are up all night and you think you are keeping the neighbours awake as well because you are walking about in the middle of the night, keep going to the toilet and things like that, so I went to my mums and she has got a house so it is not the same, and just to recover I went round there.

Another said that her sister helped her think about praying in one position like meditation.

Two women described their husbands being supportive, one women said that her husband helps by cooking and another said that her husband will now sometimes give her massage to help her relax,

"Yeah, I did it there, and sometime with the, you know, I was telling my husband, to massage like the on the back, you do it for me, you know, on the back.....Not once, if you do it once, if you do it a couple of times then it does help, yes."

Mental Well-being

The women in this study described the ways in which they were able to gain confidence and feel better about themselves. This was gained mainly through using the services provided through the voluntary sector organisations that they attended, particularly through counseling, being part of peer groups and through building friendships.

Eight of the women described feeling more self confident and having more self-worth. One woman said,

“My confidence has come back and a bit of my memory has come back as well. I put a block on my memory but things from my childhood – it has all come back, it has all come back now - the thing is, I never felt like this before, I was so scared of her (mother in law), really really scared of her, but now, since the counseling it has given me the courage to stand up to the stupid woman”.

Another woman said she had become more assertive and was now able to say ‘no’ to her children and other family members. Another woman said similarly that she is now able to ‘answer back’, not in an angry way but in a more assertive way.

The women used descriptions of themselves such as *stronger, gaining courage, feeling tougher and more assertive.*

Other women described liking themselves and one woman said that she is more like her original self as a result of counseling.

Feeling more confident meant that the women felt more independent, and were able to take time for themselves and look after themselves, one woman described putting herself first and having improved relationships with her husband and children because of her own self belief. Two of the women talked in particular about having financial independence either by taking control of the finances or by checking her husband’s paperwork for his business.

Another two women described finding purpose in their lives, something to look forward to. Other consequences for the women were that they were getting out more, they looked forward to seeing their friends, and one woman describes learning positive thinking.

Conclusion and Discussion

As with the national *Strategies for Living* research the findings in this Black Spaces study show that one of the most important supports for the participants in the research is **having someone to talk to** – whether that person be a friend, a GP or a counsellor, having someone who listens and understands is imperative to mental well-being. One of the women in this study described talking to her psychiatrist as being like talking to a supportive family member. It is important to acknowledge where workers in the statutory sector have been found helpful, and it is those that have the time to listen and genuinely support the women.

Relationships with others is a common theme running through all of *Strategies for Living's* work, and this is reflected again in this study. There is a paradox that it is often the people closest to these women, partners, families and in-laws who may compound, or indeed be causal in their mental distress. In The Mental Health Foundation's survey on Stigma, *Pull Yourself Together* (p31), and in *the Strategies for Living* Report, (p20) it is also too often reported that the people closest are frequently the people who add to or cause mental distress. Again, it is often those closest that are the most prejudiced and may even ostracize their friend or family member. Yet, as this study shows, it is also relationships with others that enable these women to find new strength and to go on to grow in themselves.

It is very important, as heeded by the Newham study to also consider the construction of the Asian family in Britain and to distance ourselves from the stereotyped image of Asian women as victims in oppressive families. As the interviewer from the *Strategies for Living* study writes in a poem dedicated to the Asian women she interviewed "*We're strong, we cope, we struggle and survive against the odds....*". However, it may also be that these women who are exposed to violence and abuse are the women that eventually do come to the attention of mental health services.

It is important to reiterate that in this study 9 out of the 10 women in this study talked about having no-one that they could talk to. They were isolated in their families, often in abusive relationships, isolated in communities where language barriers prevented them from being a part of the dominant western culture.

As mentioned in Gina Netta's '*A Suitable Space*' it can be very difficult for people within the Asian community to turn to their own community for help with mental health issues for fear of the shame it may bring to their families. So these women were very much alone. Therefore the importance of the voluntary organisations they could go to, where they could feel accepted and form friendships with women in similar situations was an immensely positive and healing strategy for living. In the article *Mental Health Today*, '*Not so Black and White*', Kiran Juttla from *Diverse Minds* states that barriers to accessing services for Black and Minority ethnic people have been known about now for 15 years. Therefore it is vital that what is needed and wanted by people from these communities is heard. The women in this study clearly value the support from the voluntary sector organisations that they were in touch with. It is also important to take heed from Gina Netta's study that sometimes an Asian person may wish to receive counselling or support from a non-Asian worker. It is **vital** that the choice of worker or organisation is there for people. The form of support that women in this study found of particular help was from: counseling; complementary therapies; opportunities to make friends and belong to peer support groups, as well as chances to find meaningful occupation outside of their familial roles.

One of the researchers (mentioned earlier) who undertook some of the interviews of the 10 Asian women, herself an Asian woman, states that she was reminded of her own background and life through the stories told by these women,

"I found certain aspects of my own family life being reflected back to me, and echoes of the stories relayed to me over the years from within and outside of psychiatric services: the issues faced within the family and community; the issues faced when discrimination in many guises contributes to mental distress...."

The women in this study have all extended themselves to find identities and roles outside of the family. A common stereotype is that South Asian women are isolated within the home because of language difficulties or because of oppression at home. Whilst these may indeed be problems for the women in this study, it is also society which contributes to isolation felt by the women, through fear of racism and unfriendly, non-accepting communities. The need for funding to ensure that the right kinds of services are available and accessible for South Asian women is of great importance. Without stereotyping, it is necessary to understand problems that women are sometimes experiencing within their homes and their communities and the wider community. The women in this study needed a place to go where they would have a shared identity and a sense of belonging, (p. 95, Faulkner 2000).

In addition a clear message from this study is the importance of complementary and alternative therapies that work within a holistic model of health care which is much more aligned to South Asian people's own understandings of body, mind and spirit. As previously discussed, Fenton and Sadiq's study of South Asian Women and Depression showed that Asian women could make the connection between their physical health problems and their depression. It was in its presentation to the GP that diagnosis of a mental health problem was often missed. Though in this study some of the women were able to find out about the voluntary sector organizations through their GP's, as the gatekeepers to services.

The women in this study were drawn to therapies that were able to reduce tension and enable them to feel relaxed such as massage; relaxation therapies; yoga; aromatherapy. The women were also interested in other alternative therapies and also most were involved in doing physical exercise, which was found to be beneficial.

Another **most significant** strategy for the women in this study is their religious and spiritual beliefs and using prayer as a strategy for coping with mental distress. This reinforces the importance of religion and spirituality in mental health and the need for people to receive support that is able to acknowledge spiritual and religious needs. It is again vital that mental health services are able to provide support in an environment where people's cultural and religious beliefs are respected and valued as an important part of their recovery and healing. Indeed as part of themselves.

It seems clear that what is most striking about the 10 women in this study is their determination to survive. That despite horrific reports of violence, emotional abuse, loss of children, the women challenge the stereotype of subordination within the family and indeed the notion that women, in particular Asian women, collude in their own subordination through the roles that they hold in the family. These women strive to be good mothers, and to keep homes, and they show strength and vitality against the odds to also fulfill their own needs. They show their abilities to care for others, be creative, study, work and they show incredible insight into their mental health crises.

It now seems appropriate to end this report by using the final verse from the poem of the Asian interviewer, contained in the Strategies For Living Report (Faulkner 2000), *Redefining the Code of Honour*,

Today is our day and so be all our tomorrows

*Make time for yourselves, time to play and be joyful
Explore what's available, build up a network of support
Yes – we'll be strong and nurturing
But we'll no longer take all this blame.*

This report should show the strength and resilience of the women involved, as well as challenge stereotypes of Asian Women. These women found hope from other women, through talking, laughter and sharing.....shared understandings.

Some limitations for this study

The original interviews used in this study were undertaken to discuss coping strategies for living with mental distress for the *Strategies for Living* national research project. Therefore it is sometimes in passing or in retrospect that the women identify the cause of their distress to problems which occur in their relationships, families or because of cultural pressures. This means that this study is not always able to put into context how the women went on to try and seek help for their mental health difficulties and is more focused on the strategies that were helpful for the women in coping with their mental distress.

It is also only a small piece of research looking at 10 interviews, it does not include any Hindi women in the study. Nevertheless, the 10 interviews do provide complex and rich information about the women's lives.

Further Research

It would be useful to expand on this piece of research and undertake new interviews with other Black and Minority Ethnic men and women to explore further the types of mental health services to enable cultural and religious needs to be respected and people's individual identities respected. However what does seem clear from this research is the need for people to be able to be supported by people where they are understood and accepted. In addition to having a variety of choice of treatments on offer such as talking therapies and complementary and alternative therapies.

References

Beliappa. J.(1991), Illness or Distress? Alternative Models of Mental Health in Webb-Johnson, A.(1991) A Cry for Change: An Asian Perspective on Developing Quality Mental Health Care, Confederation of Indian Organisations, UK.

De Ponte, P.(2000) Pull Yourself Together! A survey of the stigma and discrimination faced by people who experience mental distress, Mental Health Foundation, London

Faulkner, A. (2000) Strategies for Living. A report of user-led research into people's strategies for living with mental distress, Mental Health Foundation, London.

Fenton, S. & Sadiq, A. (1993). The sorrow in my heart: sixteen Asian women speak about depression. London: Commission for Racial Equality

Mental Health Foundation (2003). Black Spaces Project. Mental Health Foundation, London.

Netto, G., Gaag, S. & Thanki, M. (2001), A Suitable Space: Improving counselling services for Asian people, published for the Joseph Rowntree Foundation by the Policy Press, Bristol.

Newham Asian Women's Project, Newham Inner-city Multifund, Newham Community Health Services NHS Trust, (1998) Young Asian Women and Self-Harm: A Mental Health Needs Assessment of Young Asian Women in Newham, East London, A Qualitative Study, London.

Nicholls, V. (eds). (2002) Taken Seriously: The Somerset Spirituality Report, The Mental Health Foundation, London.

Royal, S. (Jul 2002), Not So Black and White, Mental Health Today, p10-11, London.

Wright, S. (2001) Is Anybody There? A Survey of Friendship and Mental Health, The Mental Health Foundation, London.