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BHUTANESE COUNSELORS' EXPERIENCES WITH WESTERN COUNSELING:

A QUALITATIVE STUDY

By

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A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
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ABSTRACT

BHUTANESE COUNSELORS' EXPERIENCES WITH WESTERN COUNSELING: A QUALITATIVE STUDY

Susan V. Lester
Old Dominion University, 2015
Director: Dr. Radha J. Horton-Parker

Following centuries of independence from the rest of the world, the remote and fast-developing Kingdom of Bhutan has recently opened its doors to outside influence. Bhutan has invited the profession of counseling to aid in responding to growing mental health problems, social and family issues, and school and career guidance needs. This study employed the methods of phenomenology to investigate the experiences of Bhutanese counselors with Western counseling in order to understand the intersection of the culture of Bhutan with the culture of counseling. Eleven participants were interviewed and four themes were identified: Conceptualization of counseling, Bhutanese culture, Bhutanese counseling, and the relationship between Western counseling and Bhutan. The worldview differences between collectivism and individualism are highlighted as well as the compatibility and integration of Buddhist principles with counseling. Elements of a potential model of Bhutanese counseling are suggested as well as recommendations for counselor training, ongoing Western contributions, and the further development of the profession.

This dissertation study is dedicated to the warm and hospitable people of Bhutan,
in particular the staff at the Department of Psychiatry at the
Jigme Dorji Wangchuck National Referral Hospital,
the staff and teachers in the Ministry of Education,
and the domestic violence counselors at RENEW,
who serve their country with dedication and welcomed me in spite of my Western ways.

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CHAPTER I

INTRODUCTION

Following centuries of fiercely defending its independence from the rest of the world, the remote and fast-developing Kingdom of Bhutan has recently opened its doors to the profession of counseling as a response to growing mental health problems, social and family issues, and school and career guidance needs (Scott Hinkle, personal communication, October 2011). Counseling professionals from the Western tradition have been invited to help in the establishment of a Bhutanese counseling profession (NBCC-International, 2012). Bhutanese people have had limited contact with people outside their borders, and their culture differs broadly from the European and American philosophy, psychology, and medicine that undergird counseling theory and practice (Chencho Dorji, personal communication, October 2012; Wangchhuk, 2010). In order to support the formation of a counseling profession that is responsive to the needs of Bhutan in the 21st century and consistent with the changing culture of this small yet varied people, it is important that the Western counseling profession understand Bhutan's culture in relation to Western counseling.

In the chapters that follow, I describe a qualitative study in the phenomenological tradition describing the experiences of Bhutanese counselors with Western counseling. I view the experiences of Bhutanese counselors with Western counseling as a unique intersection between the cultures of Bhutan and Western counseling. I interviewed Bhutanese counselors about their experiences with Western counseling, and they spoke to me in interviews about their conceptualizations of counseling, Bhutanese culture, the developing practice and profession of Bhutanese counseling, and the relationship between Western counseling and Bhutan. Based on these findings, I suggest some elements of a Bhutanese counseling model that include attention

to the collectivist nature of Bhutanese society and the Bhutanese people's Buddhist beliefs and language, and I make recommendations for the role of Western counseling in the development of a Bhutanese profession. This study supports the development of a relevant, informed, and effective indigenous Bhutanese counseling profession that can meet the challenges Bhutan faces in mental health, school and career guidance, and social and family arenas, and informs and enriches the ongoing expansion of theory, training, and practice in counseling as it becomes an international profession.

Relevant Literature

To prepare myself to explore the experiences of Bhutanese counselors with Western counseling, I reviewed literature and knowledge about Bhutan as a nation, definitions of culture, the Western counseling profession, the present state of counseling in Bhutan, and methodological considerations for cross-cultural research. I present first an introduction to Bhutan as a nation. Literature describing Bhutan and its geographic, historical, and cultural traits is limited because of the nation's long hesitance to expose itself to the global community. I draw on my personal experience in Bhutan, interactions with Bhutanese and visitors there, and on recent Bhutanese literature to describe the nation in a way that is relevant to counseling. Researchers in the field of counseling have identified national religion, governance, and the Westernization process as important to the application of counseling practices in non-Western nations (e.g. Leung & Chen, 2009; Stiles, 2009). Here I describe the three and a half centuries-old national religion of Buddhism (Wangchhuk, 2010), the Gross National Happiness paradigm for national development (Wangmo & Valk, 2012), and the present westernization and culture change process.

To inform my understanding of culture, I integrate literature from the fields of counseling, psychology, and social sciences research. Culture has many definitions that generally include elements of social transmission, collective knowledge, common behavior, shared experiences, and a shared symbolic system (Geertz, 1973; Gerstein, 2011). Although a culture has usually been viewed as related to geography, I use Canniford's (2005) model of culture without geographic specificity to conceptualize the counseling profession as a culture. I then view Bhutanese counselors' experiences with Western counseling as meeting point for the two cultures of Bhutan and Western counseling, potentially providing a bridge across their cultural distance (Norsworthy, Heppner, Ægisdóttir, Gerstein, & Pedersen, 2009), and a way to examine the cultural preparedness (Arulmani, 2009) of Bhutan and Western counseling for their interaction.

The literature I present to describe the Western profession of counseling focuses on issues arising in its current transition through internationalization. Scholars differ in their perspectives on the feasibility and desirability of a global definition of counseling (Gerstein, Heppner, Stockton, Leong, & Ægisdóttir, 2009; Kok-Mun Ng, personal communication, February 2013). I understand counseling globally as a variety of interpersonal helping practices. The Western profession of counseling is serving as a foundation for the development of counseling practices internationally, and scholars have articulated concern not only about the cultural relevance of Western counseling but also about the potential colonizing effect of imposing the profession's theories and practices in an effort to help other nations (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009a; Leung et al., 2009). To avoid imposing Western cultural values while supporting counseling in non-Western nations, scholars distinguish between adapting the Western profession (Leung et al., 2009) and formalizing an

indigenous profession in a particular setting in a way that can mix outside and inside practices (Enriquez, 1993; Leung & Chen, 2009).

In the fourth section of the literature review, I report from my observations and conversations from my three visits to Bhutan to describe the state of the counseling in Bhutan, including both the formal development of the profession and other interpersonal helping practices. The public education system employs counselors in many schools, and a graduate level diploma program is in place for school counseling. A similar degree program is being developed for counseling in the healthcare and social work contexts. In healthcare, a proposal has been submitted to government to create a cadre for employment of counselors in the national health system, and mental health training is provided to an increasing number and variety of health workers. Bhutanese researchers have also begun to inquire about the relationship between traditional and modern approaches to mental health (Dorji, 2011; Pelzang, 2010b). The arena of social services does not exist as a distinct cadre of government focus or employment, but social work activities, including counseling, take place around recognized needs including substance abuse and domestic violence, supported by non-government organizations. The Bhutan Board of Certified Counselors has been established, and stakeholders with an interest in counseling are working together to formalize the profession.

In the final section of my literature review, I address the cross-cultural nature of this study by examining qualitative research traditions and their applications. I justify the use of qualitative research in general for cross-cultural inquiry (Ponterotto, 2010) and give examples of phenomenological studies in particular (e.g. Adekson, 2003; Hue, 2008; McCabe, 2007; Stiles, 2009), with lower levels of structure being particularly useful to compensate for the bias inherent in Western research methods (Gerstein, 2011; Norsworthy, Leung, Heppner, & Wang, 2009). I

then discuss two areas of special concern in cross-cultural study: issues of power and of emotional connection and reflexivity. The global history of colonization underlies all present actions and interactions in both the field of counseling (Norsworthy, Heppner, et al., 2009) and traditions of academic research (Norsworthy, Heppner, et al., 2009; Smith, 2005), posing an inherent risk of perpetuating a psychological oppression, and requiring continuous dialog to address power dynamics throughout this study (Ponterotto, 2010; Smith, 2005). Regarding emotional connection and reflexivity, I apply a constructivist lens to present reflexivity and openness to emotion in the research process as crucial to this phenomenological and cross-cultural study exploring the lived experiences of Bhutanese counselors with Western counseling (Ellis, Kiesinger, & Tilman-Healy, 1997; Gerstein et al., 2009b; Ivey & Ivey, 2003).

Conceptual Framework

Based on the review of literature, I frame this study as an investigation of the relationship between two cultures, Bhutanese culture and Western counseling. Identified as distinct cultures, Bhutan and Western counseling can be described as having cultural distance between them, and each being in some way culturally prepared to interact with and inform one another (Norsworthy, Heppner, et al., 2009). I view Bhutanese counselors' involvement with Western counseling as an intersection where the two cultures meet, and their subjective experiences and perceptions as a lens through which the relationship between the two cultures can be described. The report of the findings is a rich and structured description of the experiences of Bhutanese counselors with Western counseling that contributes to understanding the intersection of the two cultures. Understanding this intersection will contribute to the development taking place there: both Bhutan's efforts to meet mental health, school and career guidance, and social needs, and the Western counseling profession's ongoing growth in theory, training, and practice internationally.

Rationale for the Study

As a nation undergoing a fast-paced modernization process, probably one of the most fast-paced in the world, Bhutan is experiencing dramatic social and cultural changes (Wangchhuk, 2010). As urbanization, telecommunications facility, democratization, and exposure to Western media are increasing, so are mental health problems, social and family issues, and school and career challenges. The World Health Organization (WHO) has identified Bhutan as greatly needing mental health services (WHO & Ministry of Health Bhutan, 2006), and the Royal Government of Bhutan has invited the U.S.-based NBCC-International (2012) to collaborate with Bhutanese professionals in developing a counseling profession to help meet those needs. Although counseling as a profession has strong philosophical and theoretical roots and a growing body of evidence for the efficacy of its practices, the field is dominated by Western thought in the Greco-Roman and Judeo-Christian traditions of materialism, linear rationality, individualism, and self-determination, and employs decidedly Western styles of communication and intervention. Importing Western counseling theory, practices, and training to other Asian nations has yielded mixed outcomes, leaving professionals questioning the cultural relevance of Western approaches for non-Western settings while still believing in their relevance (Arulmani, 2009; Hwang & Chang, 2009; Leung & Chen, 2009; Norsworthy, Heppner, et al., 2009; Wang, Chiao, & Heppner, 2009).

In the unique context of Bhutan, small but diverse, never colonized, deeply religious, recently democratized, and emerging on the world scene with Gross National Happiness, a distinctive new approach to national success, it is crucial to take a fresh and deep look into the appropriateness of Western counseling before the practices are formally inculcated into the ways of this emerging nation. Members of the Western counseling profession have made great strides

in identifying problems and pitfalls in the profession related to the multiplicity of cultures within the U.S., and continue to develop ways to address those challenges (Corey, Corey, & Callanan, 2007; Ponterotto, 2010; Sue & Sue, 2012). A growing body of research has questioned and investigated the application of Western counseling and related professions in non-Western nations (e.g. Adekson, 2003; Enriquez, 1993; Hue, 2008; Hwang & Chang, 2009; Miller, 2009; Norsworthy, Leung, et al., 2009) and described indigenous approaches to interpersonal helping (e.g. Arulmani, 2011b; Deva, 2008; McCabe, 2007). Regarding Bhutan, however, no research has directly examined the fit between Bhutanese culture and Western counseling. Without such exploration at this unique juncture in time, the current effort to address mental health, school and career guidance, and social and family issues through counseling risks accepting assumptions and structures that are not suited to Bhutanese culture and context, possibly resulting in ineffective or detrimental interventions and programs.

For this study, I interviewed Bhutanese professionals who have been exposed to Western counseling in order to synthesize and articulate a perspective that is both distinctly Bhutanese and directly related to counseling. I explored the interview data and discovered four themes: the participants' conceptualizations of counseling, Bhutanese culture, Bhutanese counseling, and the relationship between Western counseling and Bhutan. Asking how Bhutanese counselors perceive Western counseling, its relationship to Bhutanese culture, and limitations in applying it in Bhutan served two vitally important purposes. First, the inquiry informs the collaborative effort by U.S. professionals and the Bhutanese to develop counselor training and services that address the needs of the Bhutanese people in a philosophical framework and delivery structure that are indigenous to Bhutan and acceptable and efficacious in its unique setting. Second, the articulation of the findings contributes to the ongoing growth of worldwide counseling theory

and practice, particularly the important work of balancing the heavily Western character of counseling in the international context.

Research Questions

In this study I seek to answer one primary research question about Bhutanese counselors' perceptions regarding Western counseling: What are Bhutanese counselors' perceptions of Western counseling? Two related sub-questions are: 1) How do Bhutanese counselors perceive the relationship between Western counseling and Bhutanese culture? 2) What limitations, if any, do Bhutanese counselors perceive in the application of Western counseling in Bhutan?

Although I conducted data analysis from an open stance and identify meaning that surfaces in the data without pre-established categories, the questions provide direction for the application of the findings. The primary question opens a wide door to all aspects of the participants' perceptions, and lends itself to a critique of Western counseling as a whole from a Bhutanese culture perspective. The two sub-questions are more directly aimed at practical application. To answer the question of relationship between counseling and Bhutanese culture, I will focus on elements in the analysis that lead to recommendations for mutual learning and support. The third question calls for identification of specific cautions for the Western counseling profession to consider when supporting Bhutanese development specifically and internationalization in general.

Definition of Terms

For the purposes of this study, the term Western counseling means the recognized theories and practices, practice settings, licensing boards and procedures, accredited training and education programs, professional associations, and research within the profession called counseling, historically based in the U.S., and articulated in the American Counseling

Association's definition, " a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (www.counseling.org). Bhutanese counseling means the changing practice of interpersonal helping in the Kingdom of Bhutan. It includes traditional elements such as neighborly helping, Shamanistic intervention, and Buddhist practices, and current medical and lay approaches to mental illness, substance abuse, and domestic violence. It also includes the current efforts of non-governmental organizations and Bhutanese civil service organizations to establish a counseling profession that is particularly responsive to the needs of the Kingdom of Bhutan and suited to Bhutanese culture. Bhutanese counselors are defined as Bhutanese persons whose work in their own country, whether lay or professional, is related to counseling, engaging in intentional interpersonal helping relationships to address personal and social concerns.

Methodology

I conducted the study in the tradition of phenomenology, using a constructivist approach to knowledge and incorporating ethnographic strategies to strengthen both the study and the relationships developed in the process. The phenomenological method outlined by Moustakas (1994) guided the steps of handling data: epoche and bracketing of researcher bias, reduction of data for a textured description, variation (interpretation) of data, and synthesis. The research questions focus on the experience of the participants. The research team consisted of five assistants, of whom two are Bhutanese, all of whom provided independent coding in the data analysis process. During the analysis process, my role as primary researcher was both administrative and facilitative. I sought consensus within the research team during analysis and reporting and invited the research participants to review the report of the data. Throughout the

study, the research team and I sought to recognize our biases and subjective experiences as contributing to the interpretation of the data.

Eleven Bhutanese counselors, all having completed at minimum a high school education and having at least three months' experience with Western counseling, participated in the study. Data consisted of the transcriptions of 11 English language interviews, and analysis was informed by research team notes and my reflexive journaling about the research process. Each interview was coded independently by myself and one research assistant, and I sought consensus with each research assistant on the interpretation of the data. I then merged the coding of the 11 interviews and developed interpretive themes for the entire data set. Finally, I used rich descriptive text to describe the experience of these Bhutanese counselors with Western counseling using the themes and meaning identified through the analysis process.

I employed in the methodology several strategies for trustworthiness including triangulation of data and researchers, member checking, thick description, and prolonged engagement, and established that the study can be described as credible, confirmable, and authentic. However, limitations exist, primarily the non-transferability of the findings because of the unique context of Bhutan, the specific characteristics of both the field of counseling and the study participants, and the changing nature of counseling in Bhutan.

Findings

As I explored the text of the 11 interviews, I discovered four themes addressed by the participants. First, the participants demonstrated a conceptualization of counseling that focuses on understanding the person of the client and helping the client to make decisions through listening, education, and sometimes persuading. Counseling, they said, supports clients' agency and choice as they make decisions about their lives. Counseling is effective, they said because of

its universally applicable essential tenets, and it is effective in addressing many different problems. Second, the participants described Bhutanese culture as deeply Buddhist and in need of new ways of helping people. They expressed both concern and optimism about the current process of modernization and Westernization that they see taking place in Bhutan, and they described elements of culture specific to mental health.

In the last two themes, the participants brought together the ideas and practice of Western counseling with the culture and situation of Bhutan. They explored Bhutanese counseling, saying that counselors are in the process of learning what it should become and highlighting the need to develop a formalized and recognized profession. They also described existing counseling practices and structures, highlighting the need for public awareness and acceptance of the role of counselors, and the need for improved and increased training and standardization through a unified profession. Finally, the participants compared Western counseling with Bhutanese counseling, identifying cultural differences in the understanding of people and problems as well as mechanics of service delivery. As they compared counseling with pre-existing Bhutanese helping practices, they highlighted client agency and choice as distinguishing counseling from traditional advice giving. They also told me that although counseling has an important role in Bhutan, it must be taught and implemented in a distinctly Bhutanese way, adapting Western methods and developing new ones to address beliefs about karma and suffering and to treat individuals as part of a collectivist society. Bhutanese counseling, the participants told me, may be able to contribute a Buddhist understanding of self and suffering to the worldwide profession of counseling.

Discussion

The findings showed that the participants perceived Western counseling as primarily humanistic and solution-focused and compatible with Buddhist beliefs and concepts, but individualistic in contrast with Bhutanese collectivism as well as structured in contrast with Bhutanese flexibility. They believed that Western counseling is relevant to Bhutan, but that it must be adapted in response to cultural differences. Rather than limitations in the application of Western counseling in Bhutan, the participants described challenges including adjustment for cultural differences, working with traditional beliefs and approaches to mental health, and the need to formalize the profession and educate the Bhutanese public about counseling.

These findings have meaning for Bhutanese counseling, the relationship of Western counseling to Bhutanese counseling, and the development of counseling professions internationally. Bhutanese counselors perceive Western counseling as both humanistic and solution-focused. They find it to be compatible with Bhutanese Buddhist beliefs and concepts but contrasting with the collectivism that characterizes Bhutanese society. Development of an indigenous Bhutanese counseling profession has already begun with Western counseling as a starting point. However, in order for the profession to have a truly indigenous character, this development will require collaboration between Bhutanese counselors and the Western counselors and counselor educators working with Bhutan. Adaptations need to be made to the individualistic and secular Western foundations of counseling to align with Bhutanese culture.

Based on the findings of this study, I suggest that the members of the Bhutanese counseling profession develop a Bhutanese model of counseling and guidelines for practice, and continue their work toward a framework for delivering counseling in healthcare and colleges as it is in schools and social service agencies. As Western counselors and counselor educators seek to

support the development of an indigenous Bhutanese counseling model, they must seek feedback from Bhutanese students and counselors and, collaboratively with Bhutanese, make changes to their practice and curriculum based on that feedback. Bhutanese must be engaged in the designing and teaching of counseling as soon as possible and to the greatest extent possible.

At this important juncture in time, Bhutan joins China (Hou et al., 2009), South Korea (Kim et al., 2009), Taiwan (Wang et al., 2009), Thailand (Chomphunut & Prior, 2014), Malaysia (Mey et al., 2009) and other Asian nations in seeking ways to bridge the evident cultural distance between Western counseling and their indigenous cultures. Bhutan is unique among Asian nations in its recent opening to Western culture and has the opportunity to contribute to the growing number of indigenous Asian counseling models, working from a Buddhist and collectivist foundation. The perspectives identified in this study are a contribution not only to Bhutanese counseling but to the knowledge and practice of counseling internationally, especially to the collectivist and Buddhist perspectives.

Summary

In the chapters that follow, I describe a phenomenological study informed by a constructivist perspective on knowledge, exploring Bhutanese counselors' perceptions of Western counseling, especially its relationship to Bhutanese culture and limitations in applying it in Bhutan. I interviewed 11 Bhutanese counselors and enlisted the help of Bhutanese and American research assistants to distill and articulate meanings from those interview experiences in a way that informs both the development of a counseling profession in Bhutan and the theory and practice of Western counseling. The findings included four themes: conceptualization of counseling, Bhutanese culture, Bhutanese counseling, and the relationship between Western counseling and Bhutan. The content of these four themes support recommendations for the

development of counseling in Bhutan and contribute to the literature and knowledge on the internationalization of counseling. In Chapter II, which follows, I provide a review of literature describing the context and supporting the relevance of the study and its method, and in Chapter III I provide detailed description of the methodology. Chapter IV describes the four themes identified in the analysis of the data, and finally, Chapter V offers discussion of the findings in terms of the research questions and implications for Bhutanese counseling and the internationalization of counseling.

CHAPTER II

REVIEW OF LITERATURE

In this chapter, I introduce the Kingdom of Bhutan and review literature from counseling and other social sciences research to provide context and justification for this qualitative exploration of the experiences of Bhutanese counselors with Western counseling. Because the study is inherently cross-cultural, I begin with a discussion of culture, highlighting the constructs of cultural distance and cultural preparedness that inform my study, and justifying my view of Western counseling as a culture in itself. Next, I present the two cultures that meet in this study: the people of Bhutan and their history, with special attention to mental health and wellness; and the Western profession of counseling, its development, and issues arising in its internationalization process. Finally, I draw on qualitative research traditions and literature to identify and address unique aspects of this study related to collaboration and communication between cultures.

Bhutan

In the interest of representing and integrating as accurately as possible knowledge from Bhutan and its people, I make two notes on Bhutanese literature: one on differences between scholarship styles, and one on use of Bhutanese names. First, much of Bhutan's scholarship is relatively new and differs from Western publications. Bhutanese religious figures are known for more than three centuries of substantial contributions to the written history of the Himalayan region (Pommaret, 2000). In the late 20th century, government-commissioned and independent writers began to record folk tales, songs, and proverbs from regional oral traditions and to publish books on various aspects of traditional Bhutanese culture. The Centre for Bhutan Studies was established in 1998 (Phuntsho, 2000), and since then Bhutanese have generated and

published formal research in the *Journal of Bhutan Studies* and several other Asian professional publications. Much of the Bhutanese research reflects methods, language usage, and style of presenting information that Pommaret (2000) implies fall short of international research standards. Scholars dissent on whether hegemony is inherent in evaluating all scholarship globally by Western language and methods (Smith, 2005). Phuntsho (2000) draws a strong distinction between Western and traditional Bhutanese learning, and describes traditional ways using terms that include introverted, reverent, liberal, and religious. In this paper, written to Western standards, I approach the Bhutanese literature not as substandard but as different from Western tradition. I cite it as a meaningful and crucial source of understanding, but do not try to achieve seamless and precise integration according to Western style. Secondly, I note that citing sources by surname and first initial is not fully accurate or adequate in the Bhutanese context because many Bhutanese have only given names, and many of those names are very common in all strata of society. As practiced at the Center for Bhutan Studies, I will utilize the first name initial and second name in full to identify authors, but in some instances will provide full name and professional affiliation in order to give full identification and credit.

My reading on the Kingdom of Bhutan and my four months of personal experience there revealed reasonably consistent information about the nation and its history. For the descriptions that follow, I draw from Lily Wangchuk's (2010) colorful presentation of the nation's history and present state of development, *Facts About Bhutan*. The publication was commissioned by a member of the Bhutanese royal family, and although it reflects the image that the government intended to portray to the world, Wangchuk's portrayals are largely consistent with other sources, including the U.S. Department of State and Bhutanese people themselves, and she offers depth of knowledge in a modern Bhutanese voice.

The Kingdom of Bhutan, about the land size of Switzerland and with an estimated population of 754,000 in 2013 (World Health Organization, 2014), comprises Himalayan heights in the north and sub-tropical valleys in the south, 19 distinct languages (this figure differs among reports), and three major ethnic groups. Wangchuk (2010) describes a collection of tiny fiefdoms that maintained independence from one another until the 17th century, and were united by an exiled Tibetan lama, who established 20 *dzonkhags* (districts) and a joint secular and religious government system. For nearly 3 centuries, a series of appointed regents ruled Bhutan, and the hereditary monarchy established in 1907 remained absolute until 2006, when the fourth *Druk Gyalpo*, or Dragon King, instituted democracy in the form of a constitutional monarchy and abdicated the throne to crown his son in 2008, the present king and Fifth Druk Gyalpo Jigme Khesar Namgyel Wangchuck.

Bhutan maintained strict isolation from the surrounding world until becoming a member of the United Nations in 1971. In addition to protecting the people of Bhutan from outside influence, the Royal Government has established cultural, educational, and language norms for Bhutan. Although regional diversity is honored and a source of pride, the culture and language of the ruling ethnic group have been declared official for the entire nation. Dzonkha, related to Tibetan, is the national language, and as in India, all education takes place in English, beginning in preschool. All Bhutanese must wear the official national dress whenever they enter government buildings, including hospitals and schools, and government employees and students must wear national dress during work and school hours. Steps toward modernization began in the 1960's, and in the 1970's the kingdom began to build an infrastructure to support a unified country and a decentralized government, paving roads between cities and villages for the first time.

Trust and confidence characterize the relationship between the monarchy and the people, as seen in official Bhutanese literature (Wangchhuk, 2010) and also in my conversations with Bhutanese people; many Bhutanese view the new democracy as dangerous to their compassionate way of life, but they accept it as a decision made by the benevolent Fourth King. Burns (2010) heard Bhutanese asking at the time of the governmental change, "Why is our king forsaking us?" He believes this dismay reflects a genuine challenge in integrating a focus on the individual into a basically collectivist society. The present constitution reflects this new attention to individuals in society; highlights include all social services provided by the state, prioritizing the preservation of tradition & culture, ecological preservation, and Gross National Happiness as a philosophy to guide all development.

Buddhism in Bhutan

As recounted by Wangchhuk (2010) and almost every Bhutanese historian and citizen, an exiled Tibetan monk arrived in the Bhutanese area in the seventeenth century, bringing a strain of Mahayana Buddhist thought and practice into the region. The still revered Shabdrung Ngawang Namgyal united the otherwise disparate fiefdoms, organizing them into 20 districts under the joint secular and religious system of government that persists today. Until the arrival of the Shabdrung, regional forms of a broad animistic religion called Bon prevailed, with local shamans helping communities to manage relationships with deities, demons, and natural forces, and many of the Bon practices and beliefs are integrated with the Bhutanese tradition of Tibetan Buddhism. Buddhism remains the national religion, and government policy honors practice of all religions and forbids proselytizing. In an effort to display this inclusiveness, the government has added some Hindu celebrations to the list of national holidays, and the first Hindu temple was opened in the capital city Thimphu in 2012. The Royal Government of Bhutan, including

the royalty, secular parliament, and the monastic body, articulates the connection of all policies and programs with Buddhist values and beliefs, referring to such ideas as compassion, wellbeing of all sentient beings, communal interdependence and care for one another, and impermanence of all things. All legislative declarations, judicial events, and social ceremonies are carried out with rituals and blessings by Buddhist monks.

The practice of Buddhism appears to take place in three general arenas. A governing monk body comprises monks who are trained and taught in national institutions and work daily in administrative and official celebratory duties as well as meditation and prayer. Non-government monks and nuns live in monasteries or their own families and are paid by individuals to perform rituals for the challenges of life; some are identified as descendants of great teachers, and some have reached the status of lama through their own practice. Buddhism is reflected among the general population in daily recitation of prayers, pilgrimages and circumambulation of the sacred buildings, and holiday celebrations. The principles of Buddhism are also an inextricable part of the daily living and being of the Bhutanese, present in their navigation of life's challenges and in their way of being in relationship with others and nature.

Gross National Happiness

Bhutan has distinguished itself among the nations of the world by adopting a standard of Gross National Happiness (GNH) for evaluating national success, in direct contrast to the measure of gross domestic product. The philosophy was developed in Bhutan beginning in the 1960's, and adopted in 1972 as the nation's way of measuring progress (GNH Commission, n.d.) and has become Bhutan's signature on the world political stage. Philosophers, researchers, and governments are working to operationalize and contextualize the framework, and recent

literature seeks to show its connections to economic growth as well as the distinctions from it.

Counseling can be considered directly relevant and perhaps crucial to Bhutan's pursuit of GNH.

Contrary to Western psychology's use of the term, happiness in Bhutan's national development plan does not connote a primarily subjective and individual experience, but a social and political wellbeing that reflects Buddhist values and beliefs. The four principles of GNH are drawn from Buddhist values that include relationship, contemplation, collectivism, and the interdependence, compassion, and the sanctity of all living things (Burns, 2008; Wangmo & Valk, 2012). Within this communal view of human experience, individual psychological distress is caused by concern for one's own pleasure over that of others (Wangmo & Valk, 2012). Buddhist understanding of impermanence, human desire as the cause of all suffering, and karmic principles of reward underlie both the principles of GNH and decision-making about their implementation (Durham, Andrews, & Lester, 2012; Wangmo & Valk 2012).

The four principles of Bhutan's GNH framework are sustainable and equitable socio-economic development, environmental conservation, promotion of historically Bhutanese culture, and good governance, and they are operationalized for research using nine domains that are investigated using self-report methods (Ura, Alkire, Zangmo, & Wangdi, 2012). Burns (2010) identifies counseling as most relevant to the good governance principle, in which the democratic structure of government is considered important to the happiness individuals experience as well as to democratic representation, and one of the measurement domains associated with good governance is psychological wellbeing (Ura et al., 2012). This domain is measured using three categories of indicators: psychological distress, emotional balance, and spiritual practices. Based on analysis of the Buddhist values inherent in these principles, Wangmo and Valk (2012) recommended that the Bhutanese government engage in assessing

mental stress, provide interventions including counseling, and monitor changes over time. In addition to governance, Burns (2008) considered the ecology principle to be related to individual wellbeing, and identified evidence in Western research that supports that connection.

Mental Health

The overall prevalence of mental health problems has not been measured or estimated in Bhutan, but Bhutan is classified as a lower middle-income country, and in low- and middle-income countries, between 76% and 85% of people with mental disorders receive no treatment for their disorder (World Health Organization Regional Office for South-East Asia. 2012). During the five-year period from 2010 to 2014, over 2000 patients were admitted to the only psychiatric ward in the country. Fifty-one percent were admitted for alcohol abuse, and 62% for all substance abuse combined, and the next most frequent diagnoses were bipolar affective disorder, depression, psychosis, and anxiety disorders, in that order (Jigme Dorji Wangchuck National Referral Hospital, n.d.). Substance abuse counseling is available through several government and non-government agencies, and residential rehabilitation is available in one facility. From 2009 through 2013, 441 attempted suicides were reported, of which 361 were completed, and almost half of this number were agricultural workers and farmers (Royal Government of Bhutan, 2014). Domestic violence was reported by 77% of women responding to a survey in 2007, and a health survey in 2012 reported 74% of women believing violence was appropriate when they did not carry out their duties as wives (Durham, Kraus, & Nirola, in press). A civil service organization provides safe haven and domestic violence counseling in the capital city of Thimphu.

According to Dr. Chencho Dorji (personal communication, October 2012) and Dr. Damber Kumar Nirola (n.d.), both psychiatrists at the Jigme Dorji Wangchuck National Referral

Hospital (JDWNRH), mental health services began in Bhutan in 1997 when the government initiated the National Mental Health Programme, funded by the World Health Organization and a Danish non-governmental organization (Pelzang, 2012; World Health Organization, 2013). The program was designed to offer mental health care as part of the general healthcare system, and to engage patients, families, professionals, and the community in a collaborative care effort (Pelzang, 2012). According to Dr. Nirola (n.d.), Dr. Chenchu Dorji, the first Bhutanese psychiatrist, completed his training and began work at the hospital in 1999, and Dr. Nirola joined him in 2002. Dr. Chenchu Dorji left the country in 2015 to continue his education. The inpatient psychiatric care facility was opened with 8 beds in 2003 and presently can accommodate 18 patients. Half of the beds are designated for substance abuse detoxification. Otherwise mental health care is carried out by general health workers in community healthcare facilities, where at least one psychotropic drug in each major category is available (Pelzang, 2012). In 2011, a total of 31 mental health facilities were reported in Bhutan (Department of Mental Health and Substance Abuse, World Health Organization, 2011). NBCC-International is working with the new Bhutan Board of Certified Counselors and Bhutan's Ministry of Health in accordance with the WHP's action plan toward the goal of "providing comprehensive, integrated, and responsive mental health and social care services in community-based settings" (World Health Organization, 2013, p. 4). There is no mental health legislation in Bhutan (Department of Mental Health and Substance Abuse, World Health Organization, 2011).

Bhutanese explanations and treatment of mental health and illness vary with location and exposure to modern medicine, but stigma exists regardless of modernization (Pelzang, Summer 2010b). Unusual behavior or mental or emotional experiences are viewed traditionally as resulting from the action of spirits, black magic, or karma, and treatment most often involves

paying a monk or shaman to give advice or perform rituals, and may also include use of herbal and natural treatments (Calabrese & Dorji, 2012; Pelzang, 2012). An estimated 99% of Bhutanese people seek religious intervention for physical or mental illness (Pelzang, 2010). The national traditional medicine practice of *sowa rigpa*, or healing science, is a sophisticated system adapted from traditional Chinese, Indian, and Persian systems and based in Buddhist principles, dating from the 8th century C. E. (Pelzang, 2010b; Wangchuk, 2008). *Sowa rigpa* does not draw a clear distinction between mental and physical illness, and is still used less often than family or regionally developed expertise, which may include storytelling rituals (Dorji, 2010), herbal medicines, and consulting shamans. However, the government has expanded training and treatment centers in order to offer modern and traditional services equally and in tandem in the national healthcare system (Wangchuk, 2008). Pelzang (Summer 2010b) interviewed hospital patients and found that one of the roles attributed to lamas visiting the hospital is to provide religious counseling, and the frequent presence of monks at hospital bedsides, in both physical and psychiatric units, further illustrates the meeting of traditional and modern thought.

Westernization and Culture Change

An important aspect of social context in Bhutan is the recent openness to relationship with the world outside its borders, which began with a much-belabored formal relationship with India established in 1959 (Wangchuk, 2010). The Bhutanese government has declared the nation to be open to new knowledge while valuing indigenous traditions, and calls for implementation of national values and for integration of knowledge from both inside and outside the country in education and all aspects of society (Powdyel, 2005). Universal education and healthcare, paved roads and modern construction technology, support for industry as well as environmental protection, and democratic participation in self-governance are seen as steps

forward for the Bhutanese people. The fastest and most visible changes on the streets of the capital city of Thimphu are related to popular access to television and the Internet, which were first introduced by the government in 1999 (Wangchhuk, 2010). Cell phones abound, and on weekday afternoons, children change from school uniforms of national dress into blue jeans and sweatshirts. Weekend nights find youth dancing demonstratively to a broad mix of Western, Korean, and Bhutanese popular music.

Accelerated westernization, as seen in other Asian nations (Leung & Chen, 2009), is providing both new choices and new opportunity for struggle. Westernization in education has led to changes in language, and many Bhutanese are required to be at least trilingual, adding the English and Dzongkha taught in public education to at least one of the 19 local languages. Changes in education are also leading to new family structures as children move from remote villages to live with relatives, in hostels, or even on their own so they can attend school in the larger towns and cities. With 65% of Bhutanese living in family clusters practicing subsistence farming, both education and employment opportunities are disrupting generations-old social patterns (Wangchhuk, 2010). Mental illness is an emerging problem in Bhutan, and increases in suicide and substance abuse are being observed in association with modernization (Durham et al., 2012; Pelzang, 2012). Bhutanese citizens also spoke to me and to the NBCC-International team about problems they view as stemming from westernization, including the dividing of families through urbanization and loss of a more communal, often agrarian way of life; changing needs and shifting values related to increased media exposure; parenting and relationship challenges; and a shift away from a compassionate and collectivist culture of caring for others. Visitors and Bhutanese alike are concerned that a loss of Buddhist beliefs might undermine the culture's sense of morality (Durham et al., 2011).

Culture

Understanding culture is central to the framework, design, and relevance of this study. The construct of culture has historically been defined in a variety of terms. Gerstein (2011) examined more than 200 definitions of culture and identifies four emphases in how scholars delimited the construct of culture: social transmission, collective knowledge, common behavior, and shared experiences. Anthropologist and ethnographer Geertz (1973) offered a definition focused on shared tools and symbols that underlie and carry the meanings in shared knowledge, behavior, and experiences (Geertz, 1973), addressing both the how and the what, the transmission and content of culture. In the Western counseling literature, the shared content of culture is most often described in terms including values, beliefs, traditions, language, worldview, and communication styles (Sue & Sue, 2012), and transmission can be viewed through developmental and social learning lenses (Arulmani, 2009).

In addition to defining elements of culture, theorists take different perspectives in their examination of culture. They distinguish among individuals and sub-cultural groups as well as among levels of subjectivity, and differ on questions of cultural objectivity. Anthropologist Kenneth Pike (as cited in Arulmani, 2009) is credited with introducing the emic/etic framework for viewing culture, which distinguishes between "insider" knowledge of a culture and "outsider" perspective and description. The field of cultural psychology has generally worked to understand culture from an emic perspective, viewing culture as intrinsic to individual being and experience, in contrast to traditional psychology which investigates the "effect" of culture on individual experience and behavior, an etic perspective in which a person is construed as separate from context (Norsworthy, Heppner, et al., 2009). Some authors distinguish between particular or local and universal or global elements of culture (Arulmani, 2011a), but a standard

for determining universality is controversial. For the purpose of this study, I take an emic perspective on culture, viewing it as part of each person's internal way of being as well as external experience, and I do not investigate the universality of cultural elements but their commonalities and differences between two specific cultures.

Two concepts related to culture inform my approach to this study: cultural distance and cultural preparedness. Cultural distance is not concerned with the transmission of culture, but asks how much content is shared by members of two cultural groups (Norsworthy, Heppner, et al., 2009). I am concerned in this study with the cultural distance between the Western counseling profession (my culture) and Bhutanese culture. I expect that the analysis of the interview data may contain distinctions between shared and dissimilar cultural content. Cultural preparedness is a construct Arulmani (2008, 2009, 2011a, 2011b, 2011c) has recently introduced in the context of implementing career guidance in South Asian nations. Arulmani understands culture from a developmental perspective for both the counselor and the client. He examines the content of a person's heritage as *preparation* specifically for the counseling interaction. Each person comes to the interaction with a wealth of knowledge, symbols, and experience. A counselor who is sensitive to cultural preparedness is aware of her or his own preparation, and then listens to the client to learn and help the client become aware of personal cultural preparation. The two then co-construct a response to the client's needs that is consistent with the aims of counseling and meaningful for the client. A cultural preparedness approach requires that the counselor view the content of another culture as resource rather than barrier to the purposes of counseling, and this study may provide a way to understand the preparedness or cultural resources of Bhutanese in relation to the preparedness of Western counselors.

For the purpose of this study, I view the counseling profession as a culture in itself. Canniford (2005) has observed that ethnography has traditionally examined groups of people in distinct locations at specific times, but suggests that in the context of globalization, a more current definition might be less bound to time and space. In this vein, Stiles (2009) studied Bhutan's navigation of educational reform, identifying Western education as a culture in itself and intersecting and developing along with Bhutanese culture. Like Western education, Western counseling is not a completely localized phenomenon and might be called, using Canniford's (2005) description of surfing culture, a "fully-fledged global scene," (p. 206), and "a complex culture to be found in and between and within other complex cultures" (p. 214). For this study, I view Western counseling and Bhutanese culture as two cultures, both in constant change and development, with a changing and developing relationship between them.

Western Counseling

The context of this Western study is counseling as a developing international profession. I use "Western" not as a geographic term but to refer to traditions of thought and practice characterized by terms including materialistic, individualistic, linear, rational, and empirical, in contrast to non-Western ways that have been described as soul- or nature-focused, experiential, story-oriented, and collectivist (Arulmani, 2007; 2009; Hwang & Chang, 2009; Phuntsho, 2000). A definition of Western counseling is offered by the American Counseling Association: "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (www.counseling.org). Although inclusion of families and groups as beneficiaries of counseling may appear to lean in a less individualistic direction, the Western counseling tradition measures wellness by surveying individuals about subjective experiences and personal behaviors and

widely relies on approaches that rely on linear logic (cognitive behavior therapy, for example) and aim for personal independence.

Although I label the existing counseling profession as Western, it is important to recognize significant variations within it. Students of counseling in the U.S., where theory, practice, and training are defined and delimited by accreditation standards and licensing, study a variety of theoretical bases, and counselors work from many distinct perspectives and with widely varied styles. On a large scale, Gerstein et al. (2009a) describe European counseling as philosophical and conversational, while U.S. counseling is generally more pragmatic with a problem-solving orientation, both highly reflective of Western culture.

Counseling in the International Context

NBCC-International's (2012) definition of counseling as a worldwide profession includes formal training of helpers, specific categories of helping actions, standards, and a governing or reviewing body. Although the definition is broad, it is formed in the context of a Western-led organization and reflects Western practices, categories, and social structures. Gerstein et al. (2009) hope to see the counseling profession develop in a direction that addresses upcoming global trends including attention to climate change, increasing Internet addiction in Asia, growth of urban slums, and the ongoing traumas of conflict and natural disaster, and they hope counseling will identify and embody a global definition that is clear yet flexible and can function across cultures and borders. Some scholars, on the other hand, believe that it may not be desirable or feasible to articulate a truly representative global definition of counseling, preferring instead to see counseling as a collection of counseling practices and professions defined individually in different countries and cultures (Kok-Mun Ng, personal communication, February 2013).

For the purpose of this study, I will take a third approach to identifying counseling in the international context, which is to name a broad category of worldwide practices that might include Western counseling. Hwang and Chang (2009) use the term "self-cultivation practices" to include Western and all other forms of helping toward personal wellbeing. Calabrese offers the umbrella term "psychotherapeutic intervention" for helping activities that might include counseling, describing it as "a basic human activity" belonging to all cultures and all times (2008, p. 334). For this study, I recognize Western counseling and Bhutanese counseling as possibly overlapping subgroups of a broader definition of interpersonal helping practices. Interpersonal helping practices include all traditional, modern, indigenous, imported, and blended ways in which one or more people meet with one or more other people with the intention of giving help or support using primarily the interpersonal relationship.

As a profession, counseling is generally recognized as originating in the United States (Leung et al., 2009). Although Europe is the birthplace of many seminal works in psychology and European and American psychologists met for international consultation at the beginning of the 20th century, Europeans fled to the U.S. for political reasons in the 1920's, '30's, and '40's, and the locus of study and practice became centralized in the U.S. by the mid-20th century. Global spread of counseling began in earnest in the 1960's (Leung et al., 2009).

In early efforts to take the profession outside of the U.S., counselors gave little attention to cultural relevance, and U.S. professionals simply imported and taught the ideas and practices of counseling in their accepted forms (Gerstein et al., 2009a; Leung et al., 2009). When incompatibility with the receiving cultures became evident, adaptations were made, but these efforts took place mostly independently from indigenous helping and healing practices.

Calabrese (2008) says Western medical models have dismissed or miscategorized (as religious or

superstitious) the psychotherapeutic interventions of Native American and other indigenous communities, and suggests that using a European-American approach with indigenous people may be considered proselytizing and should be considered unethical by the standards of the Western counseling profession. This imbalance between Western and indigenous contributions to the field has been attributed to colonialist attitudes (Gerstein et al., 2009a; Leung et al., 2009), including a presumption on the part of both U.S. and indigenous people that the scholarly sophistication of Western knowledge makes it superior to non-Western knowledge (Smith, 2005).

Since the late 20th century, however, counselors and psychologists have documented and examined some strong egalitarian and collaborative relationships among professionals and researchers from Western and indigenous perspectives, and observed an increase in mutuality in the synthesis of knowledge and development of theory, practice, and structures in counseling (Gerstein et al., 2009b; Norsworthy, Heppner, et al., 2009). U.S. and Western-trained counseling professionals have also begun to employ strategies from other fields of study such as anthropology to seek to understand others and their cultures, and teams of researchers have adopted feminist principles of egalitarianism and collaboration to address power dynamics and support a true synthesis process. Focus of these efforts has moved from spreading counseling ideas to addressing the problems of local communities in ways that are generated from that community's culture and are more effective than an outsider's approach (e.g., Arulmani, 2011b). Leung et al. (2009) have now defined internationalization in counseling as "a continuous process of synthesizing knowledge generated through research, scholarship, and practice from different cultures and using this knowledge to solve problems in local and global communities" (p. 115). I hope this study will contribute to this process.

Indigenization of Counseling

A term introduced recently in the internationalization of counseling and other service professions is *indigenization*, referring to the process of building knowledge, theory, and practice in an area of service that is consistent with indigenous or native culture. Although every culture can be said to have mechanisms and patterns of addressing the challenges within it, modernization and increased interaction with other cultures bring new challenges as well as opportunities into old cultures like Bhutan's. Although problems brought by Westernization may appear to be solvable with existing Western solutions, Leung, Clawson, Norsworthy, Tena, Szilagyi, and Rogers (2009) contend that effective services must be either adapted to the receiving culture or generated from within it. Enriquez (1993) introduced the terms *indigenous from within* and *indigenous from without* to distinguish between adaptation of Western practices for a new cultural context and developing a new profession from constructs and practices existing in the culture. Leung et al. (2009) and Leung and Chen (2009) recommend that the two approaches be used in tandem, and in this study, I demonstrate the opportunity for both approaches.

In Bhutan, importing of Western counseling has already begun. It is crucial to development of an effective Bhutanese mental health and counseling system that existing Bhutanese cultural resources be explored and understood before Western systems and practices are imported as in other parts of Asia (Leung & Chen, 2009). Leung and Chen (2009) report studies of the efficacy of Chinese indigenous practices such as Chinese calligraphy, acupuncture, and qigong in addressing psychological problems. Hue (2008) conducted a study in Hong Kong similar to the one I propose for Bhutan. She interviewed 12 counselors, and found that in spite of the Western framework in which counseling has been taught in Hong Kong, individual

counselors and schools show evidence of native perspectives (in that case, Confucian philosophical principles) at the foundation of counseling practice. Hue still recommends that the practice of counseling should be actively modified for relevance to the cultural context, and calls for further research exploring the constructs that emerged from her study. Similarly, it is possible that the present study may reveal Bhutanese traditional practices, beliefs, and values that might provide a foundation or be connected with Western principles for culturally responsive development of an indigenous Bhutanese counseling profession.

Bhutanese Counseling

Interpersonal helping practices in Bhutan include a range of Western, formal traditional, and local traditional ways. Practices that I observed and heard of during my four months in Bhutan and that predate Western influence include the primacy of family and communal relationships, religious advising by Buddhist monks and lamas, and the unsanctioned but common practices of Hindu fortunetelling and Bon shamanistic rituals. Western education was formally adopted in the 1960's, the first hospital was opened in 1971, and a program to offer Western mental health care began in the late 1990's (Nirola, n.d.). Several Bhutanese have studied outside the country and received master's degrees in counseling and related fields; they work in varied positions in healthcare, education, and social services, and some are providing training to lay counselors. A diploma program in mental health counseling is now being developed at the Khesar Gyalpo University of Medical Sciences in Bhutan. The government has provided an employment cadre for school counselors, and a diploma program is being offered in the schools of education under the Royal University of Bhutan. The growing social problems of substance abuse and domestic violence have garnered both government and non-government agencies' attention, and services are being provided primarily by lay counselors who receive an

amalgam of brief trainings. In addition, health workers at several levels are beginning to receive training to identify psychiatric problems and to employ interpersonal helping skills. NBCC-International's involvement with Bhutan began in 2010, and the Bhutan Board of Certified Counselors was established in 2015. NBCC-International has conducted lay-level training in basic mental health and referral skills, and dozens of Western mental health professionals have spent time in Bhutan, offering both counseling and counseling trainings. Bhutanese counselors are working to establish an organized counseling profession. As these primarily Western forms of counseling are being established, traditional and Western approaches to interpersonal helping are beginning to intersect.

Counseling in Education

According to Naina Kala Gurung, Director of Guidance and Counseling for Bhutan's Ministry of Education (personal communication, November 2012), the government has approved a school counseling position for all public schools in the nation in response to a large-scale need for career direction. With both education and the employment structure in the process of change, most families hold higher education and government employment as the ideal goal for their children. Manual labor and work in the trades are stigmatized, individual ambition is not a broad cultural trait, and youth unemployment is rampant (Lama Shenphen, personal communication, November 2012). Many Bhutanese believe the unemployment results in bigger social problems including substance abuse. In addition to career guidance needs, a recognized shortage of teachers (Stiles, 2009) leaves schools ill equipped to address individual students' behavioral and social issues and academic struggles.

Although school counselors are being hired, their training is still young. In 2013, a cohort of just under 30 Bhutanese schoolteachers completed a graduate level diploma in

counseling offered through the Royal University of Bhutan, and are deployed in public schools. The diploma program is evolving and is intended to lead to Bhutan's first School Counseling master's degree program by 2015 (Scott Hinkle, personal communication, September 2012). In higher education, the Royal University of Bhutan and the Royal Thimphu College, a private college, are in the process of investigating the needs and feasibility of providing counseling services in Bhutan's college settings (Michele Walsh, personal communication, November 2012, Kurt Kraus, personal communication, June 2015).

Counseling in Healthcare

Bhutan's national healthcare system has existed since the 1970's, and includes both traditional and Western services. Although Western services are more extensive, Lhamo et al. (2011) believe it is probable that over half of Bhutanese have also received traditional herbal treatment in the healthcare system.

Drs. Chencho Dorji and Nirola remain the only psychiatrists in the nation, and travel frequently to conduct basic trainings for medical staff in district hospitals and basic health units. An additional person is receiving psychiatric training in Israel. Three of the nursing staff at the Referral Hospital have master's degrees in mental health-related fields from outside Bhutan, and others have attended certificate programs. The Royal Institute of Health Sciences, the preparation school for all levels of health workers, offers a single basic course in psychology and counseling for all students, and the Khesar Gyalpo University of Medical Sciences of Bhutan is developing a master's degree program in counseling. As part of the National Mental Health Programme, a cadre is being proposed for counselors in the Ministry of Health employment structure. In the meantime, NBCC-International has an agreement with the Ministry of Health to provide volunteer counselors from North America who come for three months at a time to offer

inpatient and outpatient counseling services at the hospital and engage the psychiatry department staff in ongoing counseling training.

Mental health services in Bhutan function alongside of more traditional helping practices. Bhutanese explanations of mental health problems tend to be spiritual, and a modern hospital has not been the first choice for mental health treatment but is a last resort. It is estimated that 99% of Bhutanese seek religious help for physical and mental health problems (Pelzang, 2010). Even the formal traditional medicine system is still new to most Bhutanese (Dorji, 2011). When Bhutanese do seek modern mental health treatment, it is usually in combination with religious rituals performed by the ill person's family and hired monks or shamans. A Buddhist lama holds a weekly meditation group for psychiatric patients at JDWNRH, and Dr. Chencho Dorji hopes that modern medical, traditional, and religious healers will be brought together more formally throughout the nation to share knowledge and strategies for addressing mental health needs.

Counseling for Social Issues

Social issues emerging in Bhutan and receiving government or other formal attention include domestic violence, unemployment among youth, alcohol and drug addictions, crime, and disaster preparedness. Counseling is available in organizations addressing domestic violence and addictions. In particular, RENEW (RENEW stands for Respect, Educate, Nurture, and Empower Women) is a non-government organization sponsored by Her Majesty Ashi Sangay Choden Wangchuck and aims to empower women and children. RENEW is the main provider of services for those affected by domestic violence, and provides shelter, counseling, and legal assistance in the capital city. RENEW has outreach workers in all 20 districts. Addictions services in the capital city of Thimphu are addressed primarily by two government and two non-government agencies that provide counseling among other services. Addictions services are

available in other major cities as well. The addictions counselors have training ranging from three months of their own rehabilitation to the internationally accredited certification from through the Drug Advisory Program of the Colombo Plan, a 60-year-old intergovernmental collaboration that supports development in South Asia. JDWNRH's Community Services Department and other preventive programs addressing HIV/AIDS also provide counseling along with testing.

Some social issues are acknowledged popularly but not in public services or government policy. Relationship problems, including risky sexual behaviors and divorce, are acknowledged indirectly through attention to sexually transmitted infection. Sex trade is not acknowledged publicly, but Lorway et al. (2011) completed an ethnographic study of behavior in the night clubs and discos of Thimphu, and observed women seeking sexual encounters as a needed source of income and not a point of pride. Gambling is illegal but common and has received recent media attention. Elder care and homelessness are not addressed at an official level, but are recognized on the street and at the psychiatric ward, which sometimes serves as a holding place for persons who are functioning poorly and have no family or other social support.

Counseling for Substance Abuse

Substance abuse permeates Bhutanese society and is in some ways inseparable from Bhutanese culture (Das, 2012), although some Bhutanese say it may have the greatest stigma of all mental and behavioral problems (Pelzang, 2010a). Alcohol, marijuana, tablets (i.e. prescription and non-prescription analgesics and ephedrine), and inhalants are the substances most commonly abused (Dorji, 2011). Grain alcohol is brewed regularly in almost every home and stronger spirits are manufactured as a source of income by the national army's Army Welfare Project (www.awp.com.bt). Alcohol dependence syndrome is the most common diagnosis on

admission for the psychiatric ward, and alcohol-related liver disease was the primary cause of death in Bhutanese hospitals from 2004 through 2009 (Dorji, 2011) and estimated to be the cause of 30% of deaths in Bhutan (Das, 2012). The use and sale of marijuana are illegal, but it grows wild and is widely available (Pommaret, 2003). Although pharmaceutical opioids are not sufficiently available or prescribed for pain, they are widely sold and used without prescription. Ineffective drug regulation in India is seen as a major contributor to misuse in Bhutan (Damber K. Nirola, personal communication, 2012). While use of natural opioids is decreasing in South Asia, misuse of pharmaceutical opioids has increased (Larance et al., 2011).

Two additional substance addictions are of concern, but generally not a focus of treatment. Tobacco has been banned in Bhutan since the first legal code in 1729, and in spite of ongoing strict regulation, smoking and chewing tobacco and second-hand smoke exposure remain significant health concerns for Bhutan, particularly among youth (Givel, 2011). Doma is a combination of areca nut wrapped in betel leaf, two plants native throughout the central regions of Bhutan. The leaf is commonly spread with lime paste (calcium oxide) and wrapped around a slice of the nut, and the whole is chewed for the effects of warming and alertness and results in red staining of the mouth. Withdrawal symptoms include giddiness, headache, and irritability (Pommaret, 2003). Although doma is now widely recognized as addictive and carcinogenic, it remains fully legal and is a part of formal ceremonies and daily friendship exchanges.

Half of the 18 beds in the psychiatric ward at the JDWNRH are designated for substance detoxification, and the ward's Clinical Officer serves as the primary counselor and case manager while liaison staff from local agencies help patients plan for inpatient rehabilitation after discharge. Inpatient rehabilitation is not provided under the national healthcare system, and most patients go to neighboring India for treatment programs lasting from five weeks to five months,

some subsidized by non-profit agencies or one of the queens. Non-governmental agencies offer twelve-step style support in most larger cities. Those working as addictions counselors both in and out of the hospital may have only their own recovery as training, and receive occasional and largely inconsistent support from foreign volunteers. The language of Western recovery is heard throughout the programs. In the psychiatric ward's conference room, posters line the wall, proclaiming Prochaska and DiClemente's (1984) transtheoretical model of change, the serenity prayer, and 10- and 12-step recovery outlines; among them appears a *samsara*-based model of addiction and change developed by head psychiatrist Dr. Chenko Dorji, linking stages of addiction and recovery to the cycle of rebirth associated with the principles of reincarnation and karma in Tibetan Buddhism.

Development of the Counseling Profession in Bhutan

The profession of counseling was brought to Bhutan in 2008 through RENEW's invitation to NBCC-International to assist in developing the profession to address the growing mental health and social needs in Bhutan. Two counseling institutes have been held, bringing small groups of Americans to learn about Bhutanese culture and provide brief support to RENEW, the psychiatric ward at the hospital, and other non-government organizations. Three counseling conferences have been held and multiple trainings have been offered by Western counselors to varied professionals including school principals and teachers, social service workers, psychiatric department staff, police, rehabilitation workers, and other professionals. The Bhutan Board of Certified Counselors was founded in 2015, and efforts are being made to establish standards for certification and to form a counseling association. The Bhutanese Ministry of Health holds a memorandum of understanding with NBCC-International to provide volunteer counselors to work in the psychiatric department of the hospital.

The stakeholders in Bhutanese counseling include Bhutanese counselors, educators, doctors, and administrators in the medical, public school, higher education, and labor arenas. A principal challenge this group faces is to bring together existing practices with new materials in a way that fits the changing culture and meets the distinct needs of this diverse nation. This integration is challenging in part because traditional helping practices in Bhutan have not been created from a written model but have been an undocumented part of life, preserved in action rather than articulated constructs.

Public education in Bhutan faces a similar challenge as it navigates educational reform. Stiles (2009) explored this aspect of ongoing development in Bhutanese education, and her literature review showed support for the effectiveness of integrating traditional with Western approaches to education for indigenous people, including South Asians and native North Americans. Stiles interviewed Bhutanese immersed in this process of integration, and identified two themes: the need to deeply know both the Western education system and the lifestyle ways and values of the Bhutanese people, and the need to think flexibly. Considering education and counseling as parallel professions, deep knowledge of the two cultures and flexible thinking may be important to the development of a truly indigenous and relevant counseling profession in Bhutan.

Counseling is offered at RENEW, the agency addressing domestic violence, where the counselors are given brief training by a master's level counselor. Counseling in schools began with training of selected teachers to provide counseling in addition to their teaching duties. A diploma program in counseling is now taught at the Royal University of Bhutan's Samtse College of Education, and the first cohort graduated in 2012. Counseling is offered in several agencies addressing substance abuse, both non-government and government, and some

individuals have been certified as trainers with the Colombo Plan's Asian Centre for Certification and Education of Addiction Professionals. Psychiatric nurses and Western volunteers provide counseling at the inpatient psychiatric unit at the national referral hospital, and one Bhutanese counselor and two Western volunteers provide outpatient counseling at the hospital. A plan to include counselors in the Ministry of Health's employment structure has been proposed, and a diploma program is being developed to train clinical mental health counselors at the nation's school for health professionals.

Methodological Considerations for Cross-cultural Research

Relevance of the research method to the culture being studied is an important concern in cross-cultural research. For example, the formal act of interviewing may be unfamiliar to a non-Western participant, or the interviewer's position of authority might preclude participants' honest disclosure, making the data completely or partly invalid. Smith (2005) equates the unquestioning use of Western research methods with ongoing colonization and calls for constant dialog between Western and non-Western researchers, not to teach others existing Western methodologies, but to allow world research traditions to be expanded and newly constructed.

For cross-cultural research in counseling, Ponterotto (2010) calls for use of qualitative approaches in general. A phenomenological approach such as the one I employed in this study has been used in other studies in counseling and social professions to preserve accuracy when the researcher and participants differ culturally, and to contribute deep descriptive material in contexts of cultural change. For example, McCabe (2007) articulated a therapy model based on his exploration of the experiences of Native American traditional healers, and Adekson (2003) employed phenomenological methods in her in-depth ethnographic study of traditional healing

practices in Nigeria. Stiles' (2009) also used phenomenological interviewing to explore the process of educational reform in Bhutan.

Ægisdóttir, Gerstein, Leung, Kwan, and Lonner (2009) recommend that counseling researchers draw on the field of anthropology and its ethnographic research tradition, particularly where a Western researcher seeks to understand another culture. Although anthropology, ethnography, and qualitative researchers in general largely did not acknowledge the methodological bias inherent in Western research until the late 20th century (Erickson, 2011; Preissle, 2011), the social sciences have recognized some difficulties in understanding and representing another culture. In particular, ethnographers have shown the use of lower levels of structure in research design in general and in interviews in particular to support a broader range of participant response and fewer limitations due to the researcher's language usage in questions (Ægisdóttir et al., 2009). Hue (2008), in a study with a design similar to the present study, interviewed 12 professional guidance counselors in Hong Kong to explore the relationship between the guidance profession and Hong Kong culture. She used an unstructured interview format and allowed the duration of each interview to be determined by the participant's sense of completeness, averaging 2 hours per interview. Her study illustrates the usefulness of a low level of structure in both interview protocol and research team structure.

In addition to choosing a general approach, specific elements of study design can be responsive to the unique needs of cross-cultural research. Cultural disparity can be bridged when the researcher does not assume Western methods are useful, collaborates with those in other cultures, and collaborates with other disciplines and fields of study (Gerstein, 2011). Norsworthy, Leung, et al. (2009) identified four major factors contributing to cross-cultural collaboration in research: maintaining respectful and egalitarian professional relationships with

indigenous co-researchers; active problem-solving in those relationships; choosing a team with shared content-specific expertise; and researcher cross-cultural competence.

Issues of Power in Cross-cultural Research

Western counseling theory, practice, and training have been imported with only minor adaptations in many non-Western nations, as have Western research methods (Norsworthy, Heppner, et al, 2009). Norsworthy, Heppner, et al. (2009) attributed dominance of Western research methods and pedagogy in non-Western lands to the history of colonization, which has left indigenous people with internalized views that honor Western ways over their own, and given U.S. scholars easy access to study them as "other" and train them in Western research traditions without reciprocal learning (p. 74). They suggest this "psychological colonization" may be an inherent part of Western research especially in formerly colonized areas, but also may be reduced by researchers' intentional collaboration with indigenous researchers, power sharing, and reflection on interpersonal dynamics in cross-cultural teams (p. 74).

Smith (2005) has explored the power implications of the history of colonization on international research and considers cultures in a potentially receptive position to Western influence to be in a very similar position to the indigenous cultures of colonized areas. Although Bhutan has never been politically colonized, it is in a process of westernization. Bhutan might be considered a recipient of a second-hand colonization, in that the public education system is built after the British model that has been in place in India since the 19th century. This historical and social context lends to research and to all interaction between Bhutanese and Westerners a strong potential for a power dynamic that works against justice (Smith, 2005), one of the basic moral principles of the Western counseling profession (Corey, Corey, & Callanan, 2007) by giving priority to Western voices and cultural values. Because of the almost inevitable

imbalance in influence, the lack of recognized indigenous research methods, and Eurocentric assumptions about knowledge and research, even the most circumspect research team can employ methods that perpetuate a psychological colonialism (Norsworthy, Heppner, et al., 2009).

To address potential perpetuation of oppressive patterns, critical theorists and researchers assume inequality of power in society is always present and attend to power dynamics in all the relationships and processes of research, working to equalize and share power and status in the study design, implementation, analysis, and reporting (Ponterotto, 2010). Smith (2005) strongly suggests that any cross-cultural professional or academic endeavor, from conception through execution and reporting, be steeped in ongoing dialog.

Emotional Connection and Reflexivity in Cross-cultural Research

A final methodological consideration related to the cross-cultural nature of the study is the handling of emotion and reflexivity. Blackman (2007) calls the emotional component of research the "hidden ethnography" in qualitative research. She has observed two areas of tension when researchers explicitly recognize the emotional aspect of the act of research. First, emotional connection between researchers and participants has generally been viewed in the research community as disruptive to researcher objectivity. Second, if a researcher discloses emotional experience related to the process or the persons encountered, critics question the legitimacy of the study. However, emotion is, in a Western perspective, always present in human experience, including the researcher's, and to omit its discussion also threatens the trustworthiness of the reporting. Using a constructivist lens, I consider emotion and intuition to be part of any interactive process (Ellis, Kiesinger, & Tilman-Healy, 1997, p. 115). Awareness of emotion is also consistent with both Western counseling and strategies for positive cross-

cultural collaboration. Exploring emotion is one of the ways Western counselors seek understanding of persons, events, and ideas (Ivey & Ivey, 2003). It is a tool of the counseling profession that can enhance my research method. Self-awareness is also considered a crucial element of competence in cross-cultural counseling interactions (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009b).

Beyond awareness of emotion, Blackman (2007) remarked that emotional engagement with participants can change the course and content of the research because the feeling element of interpersonal relationship influences decisions on the part of both researcher and participants. Phenomenological research by definition attends to the subjective and emotional experience of the participants. According to Blackman, adding researcher reflexivity allows for the acknowledgement of two parties' subjective experiences. A step further is the interaction of two parties' experiences, the consideration of intersubjectivity: there exists a reciprocal exchange not only of facts and ideas between researcher and participants, but also of emotion. This exchange influences the course and findings, and attention to it enhances the trustworthiness of the research (Blackman).

One way of attending to reflexivity and emotion in the course of research is to keep a journal. Blackman (2007) recommended that journaling focus on the experience of the participants rather than the development of the researcher and that researcher development should be addressed only where it helps to understand the participant experience, and not for its own sake. In cross-cultural exploration, however, researcher development is generally viewed as beneficial and relevant to the cross-cultural process. Not only can a journal document researcher emotion and experience, but the act of writing engages the researcher in self-reflection, which becomes an integral part of any cross-cultural study. In her approach to ethnographic research in

globalized, non-geographically contained cultures, Canniford (2005) points out a further level of reciprocity between the researcher's introspection and the intersubjectivity of the research process. A journal can give the researcher a process for attending to both, and can both provide documentation of subjective processes and influence those processes through the act of reflexivity. Awareness and documentation of emotion are compatible with a qualitative research design such as this one in which elements emerge throughout implementation of the plan.

Justification of the Study

In this literature review, I have presented Bhutan's culture and Western counseling in international and historical contexts, and demonstrated scholarly support and recommendations for using a constructivist lens and phenomenological approach to explore the experiences of Bhutanese counselors with Western counseling. This study is unique, and relevant at this time to Western counseling and research, and to the development of a Bhutanese counseling profession. This study is unique in the nation of Bhutan, in that no other summative articulation of a Bhutanese perspective on counseling or formal inquiry about cultural relevance of counseling or any other mental health profession in Bhutan has been undertaken to date. In the context of internationalization of counseling, Bhutan is among nine nations to have invited NBCC-International to help develop a counseling profession, and many other Asian nations have adopted Western approaches to mental health. However, Bhutan is unique in its very recent opening to interaction with the world outside its borders and its limited exposure to Western ways. The study is also unique within the body of cross-cultural counseling research as an examination of a profession at such an early stage of development and because, unlike other South Asian nations, Bhutan has never been colonized by a Western nation.

This study is relevant in the contexts of Bhutan's development, cross-cultural and international collaboration and research, and global justice. Bhutan is a nation identified by the WHO as needing development of mental health services, and the profession of counseling has been identified in communication with the WHO's mental health programs as a suitable way to support mental health worldwide (Scott Hinkle, personal communication, October 2011). Deep knowledge of the two cultures and flexible thinking were identified as important to the development of a truly indigenous and relevant profession in Bhutan (Stiles, 2009). This study supports the cultural relevance and fit of the strategies Bhutan employs to address its currently increasing challenges in mental health, career, and social issues. Leung and Chen (2009) and Arulmani (2009) among others identify the need for understanding of the host culture in order to develop effective counseling services. This study goes beyond describing characteristics of Bhutanese culture to articulate Bhutanese experiences at the intersection of Western and traditional ways of helping.

This study is relevant to the counseling profession as part of the growing body of literature on the process of internationalization and indigenization of the profession. Heppner et al. (2009) believe that strategies in collaborative international research found useful in one place might be helpful in other international work. Norsworthy, Leung, et al. (2009) believe examining helping practices worldwide can support growth in U.S. counseling practices. The findings of this study contribute a unique perspective on Western counseling theory from a collectivist and Buddhist perspective.

In addition to meeting the specific needs and purposes of the Western counseling and helping practices in Bhutan, I view this study as a unique contribution to global intercultural respect and justice as an instance of Western culture learning from non-Western culture, both on

an individual level, as I seek personal change and growth in my attitudes toward other cultures, and on a systemic level as the profession of counseling embraces non-Western contributions.

The findings of this study can be part of balancing the heavily Western character of counseling in the international context.

CHAPTER III

METHODOLOGY

Following centuries of independence from the rest of the world, the remote and fast-developing Kingdom of Bhutan has recently opened its doors to outside influence (Wangchuk, 2010). Bhutan has invited the profession of counseling to aid in responding to growing mental health problems, social and family issues, and school and career guidance needs. Counseling as a practice and profession has been developed primarily in the United States and reflects a Western worldview. In order to support the development of a culturally relevant and effective profession of counseling in Bhutan, this study investigates the cultural fit between Western counseling and Bhutan. Bhutanese who have been exposed to Western counseling stand at the intersection of the two cultures, and this study employed the methods of phenomenology to investigate their experiences.

In this chapter, I describe the phenomenological methodology I employed to recruit participants and gather and interpret data. I took a constructivist approach to the understanding of knowledge and incorporated ethnographic strategies that are consistent with constructivism to strengthen both the study and the relationships developed in the process. I recruited 11 participants through professional connections and snowball sampling, asking the participants to refer me to others who might also take part. I conducted a rigorous information and consent process, a semi-structured video-recorded interview, and a brief follow-up conversation with each of the participants. I then transcribed each interview, analyzed the data through coding, and wrote a rich textual description.

The phenomenological method outlined by Moustakas (1994) guided the steps of handling data: epoche and bracketing of researcher bias, reduction of data for a textured

description by creating a list of meanings seen in it, variation (interpretation) of data by grouping the meanings into themes, and finally synthesis, organizing and suggesting structure for the meaning of the data as a whole. Each interview was coded independently by myself and one research partner in two stages, horizontalization and interpretation, with Bhutanese team members contributing additional interpretation for two of the interviews. I then merged the 11 codebooks and created a synthesis of the whole body of data in text form, accounting for both content and process.

In this study, I employed several recognized strategies for establishing trustworthiness in qualitative research. These strategies included triangulation of data and researchers, member checking, thick description, and prolonged engagement (Hays & Singh, 2012). The study can be described as credible, confirmable, and authentic. Dependability, the likelihood of reproducing the study with the same findings (Hays & Singh, 2012), is limited because change is ongoing at a fast pace in the world of Bhutanese culture, and because the perspectives of 11 Bhutanese counselors may not be fully representative of all Bhutanese counselors. The findings are also not directly or completely transferable to other professions or countries, but useful for informing research and for demonstrating the types of cultural challenges than can occur in the internationalization of counseling.

Rationale and Method

Qualitative research is centered in relationship (Hays & Singh, 2012), as are the field of counseling, the work of international and cross-cultural exchange, and the context and content of this study. I employed a qualitative methodology for this study because qualitative work is found to be especially suited to cross-cultural research in the field of counseling, qualitative studies are needed to complement the preponderance of quantitative research (Gerstein et al.,

2009b; Ponterotto, 2010), and qualitative inquiry is best suited for obtaining a detailed view of many variables from limited cases in a natural setting (Creswell, 2007). Qualitative inquiry uses inductive reasoning to examine a specific material to make broader suggestions, in contrast to quantitative inquiry, which best measures or identifies a few known variables or explains discoveries in terms of existing concepts (Creswell, 2007). My purpose in this study was to explore and discover many yet unknown aspects of the experiences of Bhutanese counselors, a population not yet investigated in either Western or Bhutanese literature, and to present the findings in language and form that may eventually provide a basis for a theoretical and practical description of Bhutanese counseling. I interviewed a purposeful sample of 11 participants and sought to understand and articulate their perspectives as accurately and broadly as possible through semi-structured conversations. This approach has permitted me to articulate constructs and concepts that have not yet been published and may help to define the broad and developing field of Bhutanese counseling and contribute to the internationalization of counseling.

Phenomenological Tradition

Qualitative research methods are generally characterized by descriptive text or audio-visual data, acknowledgement of the researcher's unique perspective and interpretive role, valuing of rich description and depth of learning over large numbers or broad applications, and permitting methodological design to emerge during the research process (Creswell, 2007; Wertz, 2005). Among a variety of qualitative approaches, the phenomenological tradition focuses on subjectivity by exploring a specific phenomenon in people's lived experience, usually by listening to and analyzing what participants say about their feelings and ideas in the context of the world around them (Wertz, 2005). I approached this study in the tradition of phenomenology and explored the phenomenon of the relationship of Western counseling to Bhutan through the

experience of Bhutanese counselors; I articulated essence, meaning, and structure of that experience (Creswell, 2007; Wertz, 2005). Phenomenological research design prioritizes not only the content of participants' lived experience, but also their voice or expressive form and style. Phenomenological interviews vary in degree of structure, but the language of questioning focuses on the participant's subjectivity rather than an outside event or idea (Hays & Singh, 2012). The researcher may code textual data beginning with the research questions and a theoretical structure, but generally allows for emergence of new ideas and connections. In order to accurately hear the participants' experiences, I chose an inductive and exploratory approach to the data, allowing meanings and their interrelationships to emerge from the data itself rather than imposing a structure based on research questions or anticipated outcomes. In my report of the findings, I discuss differences between the researchers' perceptions and the participants' words, and I include lengthy quotations in order to help the audience sense as accurately as possible the participants' experience as distinct from the researcher's interpretation.

Constructivist Considerations

Early in the practice of phenomenological research, researchers treated the object of research as independently existing and enduring (Creswell, 2007; Wertz, 2005). However, the phenomenological approach that Moustakas (1994) described, closely tied to Husserl's phenomenological philosophy, is suited to a constructivist lens. In fact, Moustakas emphasized what he called transcendental aspects of the research process, considering the persons of the research team, including participants, as intuitive perceivers and interpreters. In addition to emphasizing subjectivity and individuality of perspectives, he treated the research process and findings as time- and context-bound, and as part of ongoing change based on human interactions. Constructivist interview-based research, as in this phenomenological study, generally involves

relatively small numbers of cases, depth for each case, and emotional connection and engagement between interviewer and participant (Poneterotto, 2010). Thus, the conception of the study method is consistent with a constructivist lens even though I use some modernist language to describe it.

Although I aim to describe accurately and richly the meaning of Bhutanese counselors' experiences in regard to Western counseling and Bhutanese culture, I view counseling, people, and the process and results of research itself through a constructivist lens, as constructs and experiences inseparable from context and in constant change and process. Both the process of the research and the body of work called findings are part of a fluid reality. Throughout the process of the research, I expect myself, the other members of the research team, and the participants to change in our perspectives. Researcher change is an expected and welcome part of qualitative research from a constructivist perspective (Norsworthy, Leung, et al., 2009), and is considered to support the development of an indigenous profession (Kim, Yang, & Hwang, 2006). Change on the part of both participants and researchers can be considered both a limitation in that the study will not be able to be reproduced with the same results, and a desired outcome, as the changes themselves may result in progress in the development of counseling in Bhutan. I view the participants' accounts of their experiences to represent only the interaction in the moment of giving the account, and I consider the process of the study, the acts of planning, gathering data, analyzing, and reporting, to both influence and be influenced by the phenomenon.

In describing the findings of the study, the objective truth one might aim for from a modernist perspective gives way to a subjective understanding of reality, co-constructed through all the interpersonal and intrapersonal processes attributed to the research method. I view the counselors' experiences not as a phenomenon that can be defined using a stable language, but as

a construct dependent on both the experiences and the cognitive processes of those involved and changing through time and interactions, unique to each participant, to myself as the researcher, and to each interaction. I do not view the narrative description that constitutes the outcome of this study to represent or define Bhutanese counseling in an absolute or timeless way, but to form a single time-bound articulation that both influences and expresses the process of the Bhutanese relationship to Western counseling, a unique part of the discourse involving counseling and Bhutan. In spite of the time-bound and non-transferrable nature of the study and its outcomes, I view this articulation as a meaningful contribution to the ongoing discourse through which the construct and practice of Bhutanese counseling evolves.

Cross-cultural Strategies

Phenomenological methodology with a constructivist perspective suits my research question, and serves to support indigenization of counseling in Bhutan and promote expression of the participants' experiences while recognizing my influence as researcher. However, challenges exist in constructivist cross-cultural research and are present in the areas of power dynamics and the risk of perpetuating a colonialist imbalance (Smith, 2005; Norsworthy, Heppner, et al., 2009), language differences and accuracy in interpretation and reporting (Nilsson & Lindgren, 2009), accounting for ongoing cultural and contextual change (Tomanović, 2003), and cultural relevance of the research method and its elements (Hue, 2008; Smith, 2005). I therefore drew strategies from the ethnographic research tradition to ensure the application of constructivist principles in the cross-cultural setting. These challenges were evident in the process of conducting the study and will be noted as I describe the process.

Flexibility and dialog in cross-cultural collaboration are considered essential to sound and ethical cross-cultural research (Smith, 2005). I therefore allowed design elements, including

confidentiality considerations, interview protocol, research team contributions, and publication, to change throughout the research process as I encountered Bhutanese values, research tradition, and interpersonal style. I originally sought a Bhutanese research partner to join me in evaluating the interview protocol after the first two interviews, and to provide cultural consultation as I coded the data. However, I encountered difficulty in securing such support. Instead, two Bhutanese counselors offered to help with data analysis as an opportunity to be exposed to Western research methods. I was hesitant to simply teach a Western approach because of the risk of perpetuating colonization through simple importation of Western research methods; however, this was the desire of my Bhutanese team members, and I sought to minimize the existing power difference in the relationship by accepting their suggestion. Including Bhutanese research team members was intended to support accurate interpretation of data and also allow me to be part of the mutual and collaborative cross-cultural exchange that can combat simple importing of Western ideas and support development of an indigenized counseling profession for Bhutan (Gerstein et al., 2009b; Norsworthy, Heppner, et al., 2009).

Reflexive self-awareness is considered a crucial element of competence in cross-cultural interactions in both research and counseling (Gerstein et al., 2009b), and in order to support my self-awareness, I kept a journal throughout the process of the study. Although I did not include the journal in the study data, I used the process of journaling to keep me engaged in *epoche* throughout the study. Through writing, I analyzed my internal process during handling of the data and was able to see more clearly the Western character of my approach to the study. I also used journaling to explore and document personal assumptions as I encountered them.

Method Outline

Because Moustakas' (1994) post-positivist view connects traditional phenomenology with constructivist considerations and supports the flexibility needed for the cross-cultural setting, I drew on his descriptions for the basic structure of my four-phase method: epoche, reduction, variation, and synthesis. Researcher epoche is the first step in Moustakas' (1994) approach and continues throughout the research process. Epoche refers to an impossible but imagined position of non-judgment that Moustakas (1994) describes as a state of being that can require meditative exercise or discipline. The goal, according to Moustakas (1994) is rather like pretending I know nothing as I approach data collection and analysis. Epoche involves, at the very least, recording and bracketing (separating from the data) my own preexisting knowledge, dispositions, and biases (Moustakas, 1994). I engaged in ongoing epoche by writing about my identity and biases before and during the study. I also gained self-awareness through working with the members of my research team. Although I did not formally include the journal content in the data or the analysis, the process of writing has supported my self-awareness throughout collection, analysis, and reporting.

The second phase of the study, called reduction of the phenomenon, provides textured description of the phenomenon (Moustakas, 1994) in the form of interviews with participants. I asked each participant to engage emotionally in the experience of the interview, and listened for their open, rich, subjective, and spontaneous descriptions of their experiences with counseling. As the interviewer, I tried to be aware of intersubjectivity during the interviews and while working with the transcriptions. My interview protocol (see Appendix B) began with a brief reminder of the study's purpose and description of the interview process. I then asked questions in three sections directly related to my research question. I used the prompts in the interview

protocol to elicit particular content, and created questions and reflective comments during the course of the interviews in order to pursue ideas brought up by the participants. I transcribed the interviews verbatim from the recordings.

Variation, or interpretation, is the third phase and aims to provide structure for expressing or representing the phenomenon (Moustakas, 1994). Variation is the interpretive analysis of the data, coding the recordings and transcriptions. The aim is to use intuition and intellect in tandem to distinguish units of idea and meaning, and to identify connections among them. Interpretation of the data took place in two stages: horizontalization, in which the research team members identified distinct units of meaning (codes) and segments of data that represent them, and then clustering, in which the team members grouped the horizontal units into themes. These two steps took place first for each interview individually and then for the whole body of data.

In the final phase of phenomenological research, synthesis of the textured and structured descriptions results in a rich description of the data constituting a report of findings. Moustakas (1994) upheld a constructivist perspective in his explication of the synthesis process, emphasizing that analysis is creative and is subject to time and relativity, and any resulting structured description is only one of many possibilities. After completing the coding of all the interviews together, I worked to describe one theme at a time and then the meaning of the whole.

Research Questions and Conceptual Framework

In order to gain understanding of cultural concerns that might exist in the application of Western counseling that is already taking place in Bhutan, I aimed to answer one primary research question about Bhutanese counselors' perceptions regarding Western counseling: What are Bhutanese counselors' perceptions of Western counseling? Two related sub-questions are:

1) How do Bhutanese counselors perceive the relationship between Western counseling and

Bhutanese culture? 2) What limitations, if any, do Bhutanese counselors perceive in the application of Western counseling in Bhutan?

For the purposes of this study, I defined *Western counseling* as the recognized theories and practices, practice settings, standards, training, governance, and professional associations within the profession called counseling that is historically based in the U.S. Western counseling has grown in other countries parallel to and in conjunction with the U.S. profession, and is theoretically based primarily in 20th century European and U.S. philosophy, psychology, medicine, and socio-political systems. *Bhutanese counseling* I used to mean the changing practice of interpersonal helping in the nation of Bhutan, including traditional elements such as neighborly helping, Shamanistic intervention, and Buddhist practices; current medical and lay approaches to mental illness, substance abuse, and domestic violence; and the current efforts of both Bhutanese and foreign non-governmental organizations to establish a counseling profession that is indigenous, responsive to the needs of the Kingdom of Bhutan, and suited to Bhutanese culture. *Bhutanese counselors* meant Bhutanese people working in formal interpersonal helping roles.

This study was framed in the idea that Western-trained Bhutanese counselors may serve as a social connection and their articulation of their experiences as a conceptual link bridging the cultural distance between Bhutan and Western counseling. Cultural distance is concerned with how much content is shared by members of two cultural groups (Norsworthy, Heppner, et al., 2009). Researchers have made observations about this distance and specific concepts and practices that can connect Bhutan and Western counseling. Burns (2008) described a Western separation of mind (including happiness) from and nature as essentially different from the non-Western view of nature and human thought as integrated, and posits that this core difference can

be particularly relevant when addressing counseling concerns. He suggested that mindfulness practices common in Bhutanese life may help to bridge the gap between mind and nature in the West. Calabrese (2008) observed similarities between Navajo and indigenous Bhutanese wellness practices, and found the 12-step Alcoholics Anonymous program to be both more similar and more helpful to Navajo culture than other psychology and counseling practices. His observation suggests some shared culture between Bhutanese and Western culture. In the analysis of the interview data in this study, I identified both shared and dissimilar cultural content.

To conceptualize this study, I viewed Bhutanese counselors and their experiences as an open channel of connection and exchange between Bhutanese and Western counseling cultures, allowing a multidirectional flow of influence such that the source of a particular construct or practice becomes less important than its accessibility and meaning to both cultures. Interpersonal and inter-societal exchange have occurred through these counselors in their training processes and other encounters with Western counseling, and the articulation of the findings of this study offers a description of this exchange that can facilitate future exchange supporting the development of counseling both in Bhutan and in the existing Western profession.

The Researcher and Research Team

I served as the lead researcher for this study. I engaged three Western research assistants, with the requirement of having completed at minimum two years of Master's level coursework in counseling, including at least one research course, in order to ensure competent analysis. Two of them were students in their last year of their master's degree program in counseling and had previously been my students. The third was a counselor educator who had been my instructor in my master's degree program. Each of the three acted as a second coder for either three or four

interviews, providing triangulation to support accuracy and depth in the interpretation of the data. I was also able to engage two Bhutanese research assistants to provide an indigenous perspective on some of the interview data.

Researcher Role

As lead researcher for this study, I took a role of both responsibility and facilitation. I took final responsibility for all design, implementation, and reporting, and I carried out all of the tasks except for the second coding of the data. I recognized that my role as lead researcher as well as other aspects of my identity necessarily resulted in power differentials in my work with the research team members. Because two of the Western researchers were my former students, in consensus meetings with them I attended to interpersonal processes and made a conscious effort to hear their voices and support their influence in decision-making processes, attempting to act more as a facilitator than as a leader. I then sent the joint coding work created in each meeting to the second coder to review and suggest changes. Maintaining a Bhutanese voice in the study was more difficult because of both geographic and cultural distance. For the two interviews for which I had Bhutanese interpretation, the Western coder and I incorporated the Bhutanese coding into our coding. I then sent the coding to the Bhutanese team member for review, completing my efforts to facilitate joint interpretation of the data. I took responsibility for synthesis of the data.

Researcher Biases and Epoche

As the primary researcher, my biases, assumptions, past experiences and present attitudes are both unavoidable and important factors in the design, implementation, and reporting of this study. In order to bracket my expectations and predispositions (Canniford, 2005), I engaged in epoche throughout the research process using reflective writing. After designing the study but

before taking any other implementation steps, I wrote an initial journal entry describing all experience and ideas that I thought might be relevant to my approach to the study. I include this entry in the procedure section of this document so that the reader might be able to examine more critically the design, implementation, and findings of this study.

Researcher Preparation

As I entered the role of U.S. researcher in a non-Western context, I prepared myself by attending to my general cross-cultural competence, as recommended by Norsworthy, Leung, et al. (2009), increased my knowledge of the land and people of Bhutan. I have personal experience in cross-cultural interactions and received training based in the multicultural counseling competencies endorsed by the American Counseling Association (ACA, 2012) to support service in the diversity of culture in the United States. I have practiced these skills and dispositions in my interactions with Bhutanese people, including the Bhutanese research assistants, as well as in the interpretation of the data. Gerstein (2011) has argued that the triad of awareness, knowledge and skills is useful but insufficient in an international setting, and he has proposed the addition of a fourth element: motivation. Motivation, for Gerstein, involves an interior attitude that is curious, respectful, and evaluative of one's own and others' assumptions. I hope that the design and language of this study reflect those traits, and I will continue to cultivate my competence and to solicit feedback on it. To increase my competence in relation to Bhutan in particular, I wrote reflexively on my experiences to date with Bhutan, and intentionally read literature written by Bhutanese authors, including history, government policy, fiction, biographical stories, and literary analysis.

Researcher Objectivity and Subjectivity

For the purposes of this study, I considered objectivity, which supports generalizability of findings and reporting (Hays & Singh, 2012), to be a desirable but perhaps impossible stance, and subjectivity, supporting in-the-moment accuracy, to be equally desirable but unable to be effectively measured or described. I considered subjectivity to be not only desirable, but crucial to genuine and accurate understanding and expression of the experiences of others in this study, especially because unexplored and possibly large cultural differences existed. Barrett and Mills (2009) addressed tension between objectivity and subjectivity by employing dual observers to interpret data. Their observers first did independent recording and then discussed their observations, focusing on differences in their accounts. I used a similar approach to interpreting recorded interviews: I transcribed each interview, provided the text to one research assistant for independent coding, and then sought consensus with that assistant and my research partner on the meaning to be portrayed in the synthesis of the data.

Although I considered subjectivity to be a given state of being for all of the research team, I tried to support awareness of it in my research method. Moustakas (1994) dealt with the tension between subjective and objective perspectives in his transcendental phenomenological model by prioritizing subjectivity even in the context of a strong positivist research tradition. He emphasized the intuitive faculty of the researcher and participants in both perceiving and articulating meaning. As this research team began the analysis process and met for consensus, I asked the team members including myself not to limit ourselves to subjective perceptions, but to willingly engage in our subjective experiences, and to be aware of the interaction of our subjective experiences in what Moustakas has called intersubjectivity.

Moustakas (1994) held that participants in phenomenological research are best considered co-researchers because the data they provide is in itself a co-exploration of the phenomenon with the researcher/interviewer. In another effort to support researcher objectivity, I considered the participants in this study to be co-researchers with me in that they were my collaborators in working toward the ultimate goals of the study. As co-researchers, participants contributed their experiences as well as feedback on my interpretation; however, they had no formal role in influencing the methods used.

Procedure

The study was centered on one-to-one conversations held between me and the 11 participants. Data was in the form of transcriptions of the video recorded interviews, and analysis focused on both the process and the content of the conversation as perceived and expressed by the research team. I maintained an audit trail, including a timeline of the research activities and all communications, memos, journaling, and other documents relevant to the development and implementation of the study. Because the sample was small and I wanted to include all of the participants' contributions in the full data analysis, I did not conduct a full and separate pilot study. I began the research process with the first step in the phenomenological design, epoche, in which the research team members did reflexive writing to bracket personal biases and expectations. I recruited a convenience sample of 11 using professional contacts and snowball sampling. I interviewed each of the participants, transcribed the interviews from the video recordings, and engaged the rest of the research team in the process of coding the individual interview data. I then merged the coding of the 11 interviews to view the data as a whole, distinguishing between themes held in common by the interviews and the unique contributions of individual interviews. Working from the themes identified in the final coding, I

created a thick description of the meaning identified in the interviews, using samples of interview text to illustrate and enrich the narrative, which represents the findings of the study.

Epoche

The first step in Moustakas's (1994) outline of phenomenological analysis is epoche, identifying and setting aside of researcher biases. I took several epoche measures. First, I wrote an initial description of my own experience and thoughts before starting to gather data. I also maintained a journal throughout the research process in which I attended to both my emotional responses and my understanding of my biased perspective and its influence on the research process and the data. In addition to my own epoche work, I asked the Western research assistants to record their own thoughts and biases before looking at the data and throughout their engagement with it. Because of the difficulty of teaching new research skills across a large distance, I did not instruct my Bhutanese assistants in epoche or request an initial statement. However, they both provided retrospective reflective statements after completing the coding.

In order to allow the reader greater understanding of the data, I include here the writing I did as initial epoche work, in which I identify predispositions, interests, and biases of which I was aware. Next I provide a summary of the research assistants' perspectives at the start of the study. Finally, I discuss the entire research team's experiences of the process of the study. First, I offer my initial epoche writing:

I am a 45-year-old Anglo-American woman whose experiences include growing up in North Africa, France, and Germany with Christian missionary parents. Higher education has been an unspoken assumption in my family of origin for multiple generations, and European intellectualism, Judeo-Christian and world religions studies, and U.S. academic culture are familiar environments. I have interests in languages, cross-cultural communication, spirituality, psychosocial development across the lifespan, human sexuality, and interpersonal relationships and helping.

In 2011, I had the privilege of joining a delegation of counseling professionals from the United States to Bhutan to establish relationships and offer support to various

Bhutanese organizations providing counseling and other mental health services and training. In 2012, I returned to Bhutan and worked for 15 weeks in the Department of Psychiatry of the National Referral Hospital providing counseling services to clients and clinical training and supervision to the hospital staff in the psychiatric inpatient unit. Having spent a total of four months' time in Bhutan, I have subjectively observed cultural and language similarities and differences between European-based and Bhutanese cultures and between Western and Bhutanese counseling. I have an emotional investment in existing relationships with some of the anticipated participants, and personal interest in the content of the study because I expect to return to support the further development of the counseling profession in Bhutan and ongoing learning from Bhutan on the part of Western counseling. I experience feelings of nervousness and a desire to please and be liked by the Bhutanese participants and research team members.

In addition to having a strong connection to Bhutan, I have experienced Western counseling as a client, counselor, and counselor educator, and feel passionately about its value to individuals, families, and society worldwide. I also have a passionate concern for intercultural communication and a desire to help reverse or make mutual the direction of cultural influence between Western cultures and people whose indigenous cultures have historically been marginalized in the process of westernization. As a first-language English speaker, a doctoral level student in an educational system that is highly respected by modern South Asians, and a citizen of a Western nation with recognized power in the global arena, I am in a position of power and influence. I am aware of the existence of that power and also that I will not always see its effects, but I believe I can draw on my counseling training to attend explicitly to power dynamics throughout the research process.

Although hypotheses are not usually part of qualitative research and I want to be open to all possible content in the data rather than imposing any preexisting notions, I recognize that I hold some expectations for this study based in my Western perspective and subjective experience of Bhutan and Bhutanese counseling, and I will enumerate here. First, knowing Bhutan is officially a Buddhist nation and having longstanding personal interest in spirituality and religion, I have read some literature on the history and content of Tibetan Buddhism and will include a list of my readings in the report of the study. Second, I am predisposed to seek out and identify differences in terms of themes discussed in Western literature about cultural variations, especially in counseling. These themes include communal or individualistic values and view of self, event and time orientations, and expression or non-expression of emotion. Third, I am influenced by background reading on the history and culture of Bhutan and the specific personal encounters that have been part of my Bhutanese experience. Although knowledge and prolonged exposure are considered helpful in cross-cultural research, I recognize that I may be predisposed to see what I already know rather than to see new patterns in the data.

The three Western members of the research team also recorded their initial thoughts and expectations. One member of the team acknowledged her perspective on Bhutan that had grown

out of three visits there, and she listed specific characteristics of Western counseling that she expected to see reflected in the perspectives of the Bhutanese counselors: its “non-directive style, [its] belief that talking about feelings is helpful, [its] being influenced by belief in self-determination and individualistic focus, [and its] belief that we are in charge of our own destiny.” She also anticipated that Bhutanese views of Western counseling would be “influenced by various Buddhist beliefs, including Karma, and that Bhutanese counseling would be more directive. Those expectations do match some of the findings. She expressed a passion for the development of counseling and other mental health services in Bhutan in response to the needs she perceived there. This participant had also engaged in qualitative research in the past, and I had experience working with her. The two Western assistants who had been my students had very little knowledge about Bhutan, and expressed in their initial epoche statements an interest in learning about Bhutan and seeing counseling from a different cultural perspective. Both also had had research courses but had not engaged in qualitative coding, and they said they were anxious to “do it right.”

Sampling Method and Participants

I identified 11 participants through professional relationships developed during my 15 weeks of counseling work in Bhutan. I contacted potential participants by email, by phone, and in person, to invite them to join the study, and provided them a description of the study and its purposes and a description of participation. I also offered them a copy of this prospectus and asked them to refer me to other counselors who might be interested in participating in the study. I spoke with each person to answer questions and to ask for feedback about the idea of the study before soliciting informed consent for participation (see Appendix A).

The participants for this study were a purposive sample of 11 Bhutanese persons who originally were to meet three criteria: They must have completed at least a bachelor's level education, their professional work in Bhutan must be related to counseling, and they must have been formally involved with the ideas or practice of Western counseling for a period of at least three months. Bhutanese counselors practice at various levels of education and without any national certification or licensing standards. I made one exception to the education requirement at the recommendation of one of the more educated participants, because I believed the benefits of hearing from someone whose counseling training had come from Bhutanese training only. I initially made education a criterion in order to lessen the cultural distance between me and the participants. Education in Bhutan has been developed following Western models, lessening cultural distance, and people with higher education are likely to be more fluent in English than Bhutanese with less formal education. Minimizing linguistic differences helped to give more accurate voice to the Bhutanese participants in the interviews. This participant for whom I made the exception had the equivalent of a high school diploma, was working in a Western-style agency, and spoke reasonably fluent English. I required some form of counseling work and exposure to Western counseling because selecting participants who share a professional background with the researcher is shown to enhance understanding in a cross-cultural study (Norsworthy, Leung, et al., 2009).

The 11 participants were diverse in their work settings, professional roles, education, and years of exposure to Western counseling. Two of the participants were working in school settings, and two more had previously worked in schools. Six participants were working in mental health, two of them primarily with domestic violence. Three were working in addictions counseling. Their roles included counselor (three), psychiatrist (two), nurse (two), program

director (three), and school principal (one). Two were medical doctors, two had master's degrees, three had post-graduate diplomas, three held bachelor's degrees, and one was a high school graduate. Two had received part of their higher education in a Western country. Their exposure to counseling ranged from 2 to 15 years. In order to deepen the reader's understanding of the participants, their unique contributions to the study, and the intersubjectivity of the interviews, I briefly describe here each participant and my experience of the interview. In each case, I work to maintain the anonymity of the participant by assigning pseudonyms and limiting the details I provide, and I focus my description of each interview on elements and tone that distinguish it from the others.

Namgay. Namgay began his work in schools as a teacher nine years before the time of the interview. He worked as a counselor in schools, first as a duty added to teaching and then full-time after the Ministry of Education approved counselor positions in the schools. He held a post-bachelor's diploma in school counseling. The interview was thought-provoking for me in spite of some unresolved moments of misunderstanding due to differences in our use of English. Although I had no previous relationship with Namgay, I quickly felt drawn to him. I experienced him as analytical, caring, and eager to contribute as well as to learn, traits with which I identify, and I thought I might like to talk with him further and perhaps work with him in future visits to Bhutan. I also experienced him as thoughtful and intelligent, caring deeply for his students and his country, and eager to contribute as well as to learn. In spite of my feeling of connection, I experienced some nervousness throughout the interview. As I reviewed the interview later, I noticed missed opportunities to deepen the conversation. The interview also contains some instances of misunderstanding possibly due to language differences.

Phuntsho. Phuntsho was a healthcare professional with five years' experience in mental health. At the time of the interview, he had completed a master's degree in the mental health field and participated in numerous piecemeal trainings in counseling offered by visiting experts. In his work, he collaborated with Western counselors, sometimes listening as the Westerner provided counseling and sometimes taking the lead and receiving feedback after the session. I had provided training and supervision for Phuntsho during my three-month visit the previous year, and this preexisting relationship may have affected the interview in two ways: He seemed anxious to please me, and I attribute that to the supervisory nature of my former role with him as well as to the positive view he held of all things Western. It is possible that our past relationship allowed me to understand his English better than I would have otherwise, although there are still some misunderstandings in the interview. I also had a personal fondness for Phuntsho. Phuntsho gave concise answers to my questions and I used reflection and clarifying questions to elicit depth.

Sanjay. Sanjay was a healthcare professional with an advanced education acquired in South Asia. At the time of the interview, he had worked for seven years in mental health. He had worked collaboratively with Western counselors, and had attended several piecemeal trainings in counseling. Although substance abuse was not the focus of his job, he was in the process of completing an in-depth certification program for working with addictions. I had worked collaboratively with Sanjay and experienced him as direct in his communication and less hesitant than other Bhutanese to be critical. This interview was the briefest at 23 minutes, limited by Sanjay's busy job, and I felt the pressure of time during the interview. He spoke smoothly in nearly fluent English.

Norbu. Norbu was another healthcare professional with advanced educational degrees from Western countries. At the time of the interview he had worked for more than 15 years in mental health. During both his education and his professional work he collaborated closely with Western counselors and adopted some counseling techniques to enhance interpersonal relationships in his profession, but he had received very little training in counseling. I had enjoyed working closely with Norbu in the past and felt strong respect for him. During the interview I experienced him as engaged and passionate, eager to share his convictions. The interview flowed smoothly and his broad English vocabulary allowed us to understand one another. Norbu used figurative language and several metaphors to explain his ideas.

Jigme. Jigme was a former teacher, school principal, and school counselor (for some time he held all three positions at once) with a post-bachelor's diploma in school counseling earned recently from the Royal University of Bhutan. He worked 13 years in schools, and at the time of the interview was working as a program director in an agency addressing substance abuse. He had some substance abuse training and was in the process of completing an in-depth certificate program in addictions. His job included supervising counselors as well as administrative duties. It is possible that in my use of academic American English I did not adequately communicate my meaning to Jigme: several instances of miscommunication are evident, and Jigme asked for clarification three times during the interview. I sometimes had difficulty understanding how his responses addressed the questions, but I did not ask for clarification, believing that the responses still contained rich material relevant to the study. Throughout the interview Jigme seemed anxious to give me the answers that I needed, and he told me he wished he had had the interview questions ahead of time to prepare. Although I found myself very interested in his ideas, I experienced the interpersonal dynamic as somewhat

strained, possibly because of anxiety on the part of both of us. More than in other interviews, I felt concerned to make the interview a positive experience for him as well as to elicit rich data.

Chimi. Chimi worked as a peer counselor for persons who abuse substances. Her first exposure to addiction was growing up with an alcoholic mother, and her counseling training began with rehabilitation to address her own substance abuse problem. She also received training from her Bhutanese supervisor who holds a counseling diploma, and attended training conducted by visiting experts from Thailand. She is a high school graduate and had worked as a counselor for four years at the time of the interview. The interview with Chimi was challenging for me: Using English appeared to be an effort for Chimi, and, as she told me herself, she felt self-conscious and shy. Her exploration of ideas may have been limited by working in English, likely a third language for her. To facilitate the conversation I tried to use vernacular language with her. She used story examples to express some ideas but in at least one instance had to abandon an idea because I could not understand her explanation of a Dzongkha expression. Chimi often concluded her answers with the honorific term “la,” and she maintained inconsistent eye contact with me. In response to her admission of shyness, I used a gentler tone with her than with some of the other participants. I felt anxious to help her feel comfortable. Chimi’s answers were shorter than those of other participants, but they grew longer and she grew more expressive as the interview progressed.

Tsewang. Tsewang was a former teacher who had moved to working in social services. She has a master’s degree in counseling from a Western university and at the time of the interview was providing oversight and training to new counselors entering social services work. This was the longest interview at 75 minutes. I had a preexisting relationship with Tsewang, both professional and personal, and felt a strong personal interest in her story as well as curiosity

about her ideas because of her experience in a Western counseling program, something she and I have in common. I also felt very caring toward Tsewang. She spoke fluent English and appeared to enjoy sharing her experience and thoughts.

Lhamo. Lhamo was a school principal who also volunteered as a domestic violence counselor. She had worked as a counselor for over 12 years and recently earned her diploma in school counseling. I had worked briefly with Lhamo on two different occasions and felt warmly toward her. I was looking forward to hearing more about her thoughtful ideology that I had seen at work in her school. Although I had to make a conscious effort to understand Lhamo's pronunciation of English, she was fluent and expressive and our conversation was smooth. Unfortunately, the digital recording of this interview was corrupted and unable to be restored. In order to keep Lhamo's voice in the study, I wrote notes from my memory of the interview within an hour of its end. I sent my notes to Lhamo to verify my memory and understanding, and she endorsed them without any changes. I included those notes in the data and coded them in the same way I did all of the other interviews.

Sonam. Sonam was a healthcare professional who had worked in mental health for the past 10 years. She holds a post-bachelor's diploma in a mental health profession from a South Asian university. In addition, she had attended numerous counseling trainings offered by visiting Western counselors and had engaged in some supervised counseling work. I had a pre-existing working relationship with Sonam in which I had experienced her as intelligent and independent. Sonam spoke fast and passionately during the interview, and the conversation flowed smoothly.

Karma. Karma had worked for two years as a domestic violence counselor at the time of the interview, and all of her training was conducted by a Bhutanese counselor with a master's

degree in counseling. Karma has a bachelor's degree from a South Asian university. The flow of the interview with Karma was rough in that her answers were brief and I used many focusing and clarifying questions to elicit depth and detail. At times I did not understand how Karma's answers addressed my intentions in the questions. I felt frustrated during the interview and was somewhat preoccupied with giving Karma a positive experience as well as eliciting responses.

Yeshe. Yeshe had worked in healthcare for 26 years, the last three with substance abuse. He holds a bachelor's degree in a healthcare field and completed a three-month training in another South Asian country in preparation for entering addictions work. Since then he participated in smaller trainings offered by visiting Western counselors and collaborated with them in work with clients. I had a preexisting working relationship with Yeshe in which I had initially felt intimidated by his direct manner, but over the course of our relationship had come to appreciate his forthrightness and to feel a mutual respect with him. I also had preconceptions about Yeshe's approach to counseling but tried to set those aside so that I could listen fully to his responses in the interview. Yeshe's English was easy for me to understand, and the interview flowed smoothly.

Steps to Address Ethical Considerations

The reasonably foreseeable risks to participants were primarily related to confidentiality (career or interpersonal issues as a result of divulged information), but also included possible emotional response to the process of personal reflection initiated by the interview. These risks were disclosed in the Informed Consent document (see Appendix A), which was presented to each participant at our meeting before the start of the interview. Because of the possible unfamiliarity of Western research methods, I explained the study and each element of the informed consent document orally in addition to allowing time for the participant to read the

written information. I asked about emotional response in the follow-up conversation with each participant within ten days following the interview, and no participants reported undesired emotional responses or consequences of any kind.

Presuming that confidentiality was in some way important to my participants, and in accord with the Western research tradition, I took measures to minimize recognition of participants in the process and report of the study. However, when discussing confidentiality with the participants, I learned that, with one exception, they were very willing for the content of their interviews to be shared openly. Some even sounded eager for this to happen. The only participant to wish for anonymity was also the one to have studied in a Western country. In spite of the participants' openness, I held to the confidentiality measures outlined in the informed consent document. Maintaining participant anonymity was especially challenging in this setting because of the small number of Bhutanese counselors, the relative closeness of Western counselors who are involved with counselor preparation in Bhutan, and the small population of Bhutan itself. For instance, telling a person where I was going for an interview might be enough information to reveal the identity of the participant.

The confidentiality measures included limiting viewing of each video recording to myself, and I removed participants' names and identifying information from the data at the time of transcription. I destroyed both video and transcription files at the conclusion of the study and asked research team members to do the same. I offered the participants the opportunity to review a draft of the written report before it was finalized, and included only materials approved by all participants.

To ensure my plans for handling participants' information met ethical standards of the Western research community, and following the requirements of my academic affiliation, I

submitted the research proposal to the Human Subjects Review Committee of the Darden College of Education of Old Dominion University. I obtained exemption from review by the University's Institutional Review Board prior to beginning the research process, including formation of the research team and participant recruitment.

Data Collection

I gathered data during a two-week stay in Bhutan that was dedicated primarily to research. During the stay, I also provided some support to the Bhutanese working to formalize the profession of counseling there. I collected data in the form of 11 separate video recorded interviews. I held one follow-up conversation with each participant within 10 days of the interview, inviting the participants to share with me thoughts or critique about the content, process, or impact of the interview time.

I informed each participant ahead of the interview about the purpose of the study and content of the interview so that the responses in the interview time might be as complete as possible. I was the sole interviewer, and conducted a semi-structured interview with each participant. I informed participant candidates in writing about the nature and purpose of the study and participation requirements and risks, and before obtaining signed consent I held a personal conversation with each candidate to ensure that we understood one another in the agreement we were entering. The information that was provided in writing and discussed included: the methods and purpose of the study, concerns about cultural relevance and cross-cultural communication, and issues of confidentiality and risk.

I met the participants in their offices at pre-arranged and mutually convenient times. I suggested that the duration of the interview might be approximately one hour, but that I would allow the actual time to be determined by the participant's availability and sense of completion.

The lengths of the interviews ranged from 23 to 75 minutes, with an average of 56 minutes per interview, for a total of 613 minutes. One of the electronic video files was corrupted after recording, and I was unable to restore it. Rather than lose the data, within one hour of the interview I created a written summary based on my memory of the conversation. I then sent the summary to the participant to review for accuracy and completeness and treated the summary in the same way I treated the interview data.

I used a pre-written interview protocol with questions designed to elicit material relevant to the research questions. The interview protocol (see Appendix B) called for me to first reiterate background information on the nature and purpose of my study. I began by inviting the participant to ask me questions about the interview or the study. The questions were arranged in three sections that pertained directly to my one primary and two secondary research questions. In addition to specific questions, the protocol contained prompts designed to remind me of specific areas of interest suggested by the literature review and research questions. The first question allowed me to obtain demographic information, and I removed that section of the interview from the data in order to maintain anonymity. The next nine questions addressed the participant's exposure to Western counseling, the person's attitudes toward Western counseling, and the person's perspectives on counseling in Bhutan. I treated the interview protocol as a guide, and sometimes varied the order and wording of the questions. I ended the interview with an invitation to add anything the participant thought might also be important, and another opportunity for the participant to ask questions.

Knowing the importance of flexibility in cross-cultural research (Ægisdóttir et al., 2009), I treated the protocol as a guide rather than a strict rule and invited the participants to direct the conversation in ways that they thought would enhance my understanding of their experience.

Although I made sure to include all the questions in the protocol, I added questions extemporaneously and sometimes changed the order of the questions in response to the participant's answers. I tried to prioritize depth of data and quality of relationship over the specific details of the protocol and the length of the interview. My flexibility in using the protocol varied as I gained experience with the interviewing process. When I began, I adhered almost rigidly to the protocol. With the third interview, I began to do the opposite by varying the wording of my questions greatly from the protocol in response to clarifications requested by the first participants. By the sixth interview, I had developed a moderate flexibility in which I stayed close to the wording in the protocol but varied based on what I had learned in the earlier interviews. Two to five days after each interview, I spoke with the participant to inquire about additional thoughts and responses to the interview experience. I created a memo about my impressions and experience after each participant interview and after the follow-up conversation with each participant.

During the process of the interviews, I created journal entries about my experience in order to bracket my biases and emotional experiences. When I began the interviews, I experienced considerable nervousness, and I became self-conscious about several aspects of my role. I was aware that my research plan and design reflected my own Western academic perspective and habits of thought, and I wondered if the project were worth the participants' time. Working directly with the participants gave me a strong feeling of obligation to conduct high quality research and make it relevant to the needs of Bhutanese counselors. I also felt intimidated by the Bhutanese participants' expertise in their own culture. In my reflections on the interviews, I was also self-critical, but the self-criticism lessened as the interviews progressed. I experienced self-criticism anew when I began to transcribe the interviews, noticing

many miscommunications and missed opportunities and wondering about my skills as an interviewer. I also wondered if I had adequately communicated my respect for the participants and my gratitude to them. As I moved through the transcriptions, I grew able to view my limitations as a natural part of the research process. In addition to the anxious feelings, I noted some areas of bias and expectation: I discovered I was interested in finding ways in which Western counseling did not fit Bhutan, as I asked in my research question. I made an effort not to presume that there would be problems of fit in spite of my past experiences that suggested them. Both the nervousness and the self-critical thoughts may have impacted the content of the interviews in that they made connection with the participant more difficult, and communication was less clear during those moments. In the report of the data, I include emotional and relational considerations in the case description.

As a member-checking measure, after transcribing I invited each participant to read the transcript of her or his interview and provide corrections or further clarification. One participant elected to correct parts of the interview. The corrections were grammatical and not content-oriented.

Interpretation and Synthesis of the Data

The data analysis team included the three Western and two Bhutanese research assistants in addition to me. Each Western assistant coded either three or four interviews and met with me for consensus after each one. The Bhutanese assistants provided additional coding on two of the interviews. Their work was incorporated in the coding done by the Western team member and me.

Interpretation. Coding was conducted in three stages: independent horizontalization and clustering for each interview, meeting with research assistant for consensus on the coding for

each interview, and then clustering of the whole body of data, making it ready for synthesis. In the first stage of coding, one data analysis assistant and I worked independently to identify distinct units of meaning by labeling them with codes (horizontalization). After assigning codes to the segments of data, we each produced a list of codes called an initial codebook. Still independently, we then identified themes in the list and organized the codes according to those themes (clustering), producing a final codebook for the interview. Once we had completed the final codebooks independently for the interview, we shared our work with one another. After taking time to review each other's work, the assistant and I met to come to a consensus on how to represent the meaning of the interview. I then sent the joint final codebook to the assistant to verify its accuracy in representing our consensus.

There were two exceptions to this process. Although I was not able to secure enough Bhutanese volunteers to code all of the interviews, I had received coding from my Bhutanese assistants for two of them. Rather than omitting the Bhutanese work for consistency in the treatment of the interviews, I decided to integrate as much of a Bhutanese voice as I could into the whole body of data even if it meant treating some parts of the data differently from others. Because of the difficulty in teaching qualitative data analysis across our geographical and cultural distance, the Bhutanese coding took a different form from the Western coding. I initially sent the same detailed instructions and samples I had written for the Western coders and asked the Bhutanese coders what they understood them to mean. Both Bhutanese coders expressed difficulty in conceptualizing the full coding process. After some dialog, the Bhutanese contributions took the form of summative and interpretive sentences written for each paragraph of the participant's words in the interview. Some of these interpretations helped me and the other Western coder to understand passages where the Bhutanese English or thought differed

significantly from American expression and logic. Others added new language or understanding. To incorporate the work of the Bhutanese team members, I sent the Bhutanese coder's work to the Western research assistant for the appropriate interviews, and we added a step in our independent coding work: After completing the final codebook for the interview, we reviewed the Bhutanese coding and made additions or changes to incorporate it into our own work. In the consensus meetings for both of those interviews, we made observations about the influence of the Bhutanese work on our understanding of the interview.

During the consensus process, I became very aware of my need for a second person's perspective on the data. As I worked with the research assistants, I discovered that I had missed some important content in the interviews. The assistants also provided alternate interpretations, and we worked together to understand the participant's intent. They were especially helpful in identifying areas in which I had applied prior knowledge to my interpretation of the data. Working with the research assistants also helped to moderate my style of coding: I had sometimes coded in more detail than necessary, separating minute units of meaning from one another, and at other times I had assigned broad general codes to larger sections of data. Although having three assistants meant having three different coding styles to work with, the process of working with them provided the opportunity to review coding style, and the styles in the final coding for the 11 interviews were more alike than different.

The team's reflections on the coding process revealed our emotional and intellectual responses as well as a process of having biases and assumptions challenged. Team members expressed enjoyment of the process as well as interest in what they were reading. One said she was excited about learning through the interviews. Some of us expressed a feeling of connection with the participants because of shared interests and concerns, and said we could relate to some

parts of the accounts. For one of the Bhutanese assistants, a description of Bhutanese traditions resonated, and for a Western assistant, discussion of mindfulness as well as integrating counseling in schools resonated. One Western assistant expressed admiration for the participant's work. Some of my responses to the coding process were unique to me as the lead researcher. After interviewing and then transcribing, coding provided the opportunity to visit the data in a third way. Once again I experienced self-criticism, wishing I had been able to obtain deeper understanding of some of the content. However, the sheer amount of data was encouraging and I became enthusiastic about the findings as they emerged.

Intellectually, all of the team members found the interviews interesting, and some expressed wondering about the participant or the facts and ideas expressed by the participant, wanting to know more. We noticed differences between our own knowledge and what the participant was saying, and this observation helped us to be able to set aside our own predispositions and beliefs and reflect the participants' voices more accurately in the coding. In an effort to make sense of these differences, some team members hypothesized about the participants' background and further ideas. In particular, the two of us who had spent time in Bhutan had to make an effort to separate our prior knowledge and experiences from the voices of the participants. All of the team members learned through the interviews, and two participants, one Western and one Bhutanese, said they were learning about counseling from a new perspective. We also observed that understanding the interviews required an effort to adapt to each participant's use of language, and that adaptation took time.

After the independent horizontalization and clustering followed by the consensus process, I merged the final codebooks into a single comprehensive codebook. First, I listed and compared the themes identified in all the interviews. I merged similar themes and in a few cases,

divided themes from the first coding stage, resulting in a set of 4 themes expressed in 13 subthemes. During the coding of the individual interviews, I had begun to see themes emerge that might represent the data as a whole, and after coding the eighth interview I recorded a list of ten possible themes. Although I did not revisit that list when I merged the coding, all of those themes are evident in the final themes and subthemes described in the data synthesis.

Synthesis

As the final step in data analysis, I created a written description of the participants' experiences based on the coding completed by the research team. First, in order to help the reader enter the experience of the data, I described each participant and interview with a focus on elements that were unique to that participant's perspective and style. I included comments about my subjective experience of the interview in order to inform the reader and support accurate understanding of the data. After addressing each interview separately, I described the data according to the themes and subthemes identified in the clustering process. Wherever participants' own words could deepen the reader's understanding of a participant's voice I used direct quotations.

As I inserted direct quotations into the text, I made a choice to preserve the participants' exact wording regardless of correctness. Standard quotation convention calls for either corrections in brackets or the use of *sic* to recognized language errors on the part of the person who is being quoted. In this report, however, I chose not to impose corrections on the English of the participants for two reasons. First, I recognize that Asian English has evolved differently from American academic English, and my version of English is not standard in the rest of the world. My corrections would thus impose an uncircumspect judgment on the participants' language skills which I chose to avoid. Second, leaving the participants' language exactly as it

was spoken allows the reader to experience the data in a more raw form and be closer to it, enhancing the credibility of the findings. In addition to not making corrections to the quotations, I sometimes left duplicative text and fillers in order to allow the reader to experience the tone of the participants' words.

After creating the written description, I conducted member checking by sending the document to all research team members and participants for review, and made revisions based on their comments. In the chapter that follows, I include notes from my reflexive work throughout the study in order to suggest to the reader how my subjective experience has influenced the results of the study and allow the reader to read with a more informed understanding.

Verification Procedures

My purpose for this study was not innovation in methodology or standards but achieving a level of trustworthiness that is reasonable and credible in the Western academic arena, and meaningful to the Bhutanese academic and professional communities. I recognize that the mix of traditions informing this cross-cultural phenomenological study may be new in the Bhutanese context. In this section, I use the language summarized by Hays and Singh (2012) as representing Western qualitative research standards to identify design elements of the study that enhance its trustworthiness as well as limitations to its meaning and usefulness.

Triangulation strategies in data, method, and theory supports the believability and general usefulness of a qualitative study (Hays, & Singh, 2012). Triangulation was achieved in this study by the membership of the research team, specifically representative of the two major cultures whose intersection is the broad focus of this study. Triangulation is also incorporated in the data analysis with the independent work of two or three people on each interview. Finally, it

is present to some degree in the variation of the professional settings and educational backgrounds of the Bhutanese participants.

Member checking supports the authenticity of the data and interpretation and validates the ethicality of the study methods, especially in regard to how the research process and products affect the lives of the participants (Hays & Singh, 2012). In this study, I integrated member checking in the form of follow-up interviews. I also provided two opportunities for the participants to verify the accuracy of my work: I made the recordings and transcriptions available to the participants for their review. I also submitted a written description of the findings to participants and the research team for review before finalizing this report.

Thick description of both research process and findings in the final report can enhance audience understanding and support relevance of the study (Geertz, 1973; Hays & Singh, 2012), while keeping an audit trail documenting the many details that cannot be included in a report can offer audiences opportunity for deeper understanding of the process and findings. I provide detailed description of the research process, including reflective material from my journal, as well as the synthesis of the data. The inclusion of reflexive elements adds depth and context to the findings and helps the reader to take a critical stance in understanding the study and its relevance. All of my notes made throughout the interview, follow-up, transcription, and analysis processes were included in the audit trail.

Finally, prolonged engagement with the culture of exploration enhances credibility of a cross-cultural study (Hays & Singh, 2012; Ponterotto, 2010). The 15 weeks I spent working in the National Referral Hospital's Department of Psychiatry can be considered prolonged engagement, in addition to my initial three-week visit. These visits gave me first-hand exposure to the languages, beliefs, habits, and values of both educated and uneducated Bhutanese people,

to current practices related to counseling, and to individual people and families of Bhutanese culture. My exposure went beyond observation to face-to-face, hand-to-hand immersed involvement, learning to function socially and professionally within Bhutanese culture.

Related to these strategies for trustworthiness that are embedded in the design and consistent with my underlying philosophy and broader purposes, I can identify particular strengths as well as limitations to the study. Credibility is well-supported by the presence of triangulation, thick description, and the audit trail, as well as use of notes, memos, and journaling. The same strategies support confirmability and authenticity, in addition to member checking procedures at multiple points in the process. On the other hand, dependability, which was not an aim of the study, is limited. The culture of Bhutanese counseling is evolving, and the study will represent only a slice-of-time perspective on the intersection of Western counseling and Bhutanese culture. A repeat study, even with identical methods and in the same country, would likely uncover new experiences, so dependability across time and cultures, and the likelihood of similar findings in similar studies, is limited. However, some themes in the findings do resemble findings in existing literature on the counseling profession in other Asian nations (Chomphunut & Prior, 2014; Tan, 2000; Wang et al., 2009).

I made special efforts to maintain ethicality throughout the research process. I addressed ethicality as a Western construct by prioritizing relationship, giving attention to interpersonal dynamics and the role of the study in the historical context of colonialism, and by my commitment to reflexive journaling and member checking. I kept in mind that ethicality in a Bhutanese context may be different from the Western construct, and cursorily explored my participants' perspectives on it as part of the informed consent process. The primary difference I observed was that participants had less concern for confidentiality than I did, so I considered the

confidentiality measures in my method to be at least sufficient to avoid harm. For future studies, I recommend further exploration of ethicality in research as it applies in Bhutanese culture.

Transferability of the findings of this study to other nations is limited by the unique characteristics of the small nation of Bhutan and the participant population, and the specific nature of the field of counseling. However, Bhutan does share some characteristics such as Buddhism with other Asian nations. The study is also limited in that the perspective of Bhutanese counseling clients is nowhere addressed in this study, and that population might be addressed in future research. I hope, however, that Bhutan's counselors share enough traits with other Bhutanese that the findings of the study can be useful in understanding both Bhutanese counselors and the recipients of their help. I also hope that future research with other related professionals, for example in healthcare or social services in Bhutan, might be able to draw on the experience gained in this study as well as the relationships established in the process.

Summary

In this chapter, I provide detailed description of this phenomenological study, informed by a constructivist perspective and incorporating cross-cultural research strategies to explore the experiences of Bhutanese counselors with Western counseling. I interviewed 11 Bhutanese counselors who had exposure to Western counseling, and I enlisted the help of Western and Bhutanese research assistants to distill and articulate meanings from those interviews in order to contribute to the development of an indigenous counseling profession in Bhutan and the growth of the Western counseling profession. I employed a Western research approach in the tradition of phenomenology and engaged a research team with Bhutanese and Western members. The method was structured, yet flexible in ways that supported accuracy of the findings and positive interpersonal and intercultural relationships.

CHAPTER IV

FINDINGS

As a nation undergoing a fast-paced modernization process, probably one of the fastest in the world, the Kingdom of Bhutan is experiencing dramatic social and cultural changes (Wangchhuk, 2010). As urbanization, telecommunications facility, democratization, and exposure to Western culture are increasing, so are mental health problems, social and family issues, and school and career challenges. The World Health Organization (WHO) has identified Bhutan as greatly needing mental health services (WHO & Ministry of Health Bhutan, 2006), and the Bhutanese government and non-government agencies have invited the U.S.-based NBCC-International (2012) to collaborate with Bhutanese professionals in developing a counseling profession to help meet those needs. Although counseling as a profession has strong philosophical and theoretical roots and a growing body of evidence for the efficacy of its practices, the field is dominated by Western thought in the Greco-Roman and Judeo-Christian traditions of materialism, linear rationality, individualism, and self-determination, and employs decidedly Western styles of communication and intervention. Importing Western counseling theory, practices, and training to other Asian nations has yielded mixed outcomes, leaving professionals questioning the cultural relevance of Western approaches for non-Western settings while still believing in their relevance (Arulmani, 2009; Hwang & Chang, 2009; Leung & Chen, 2009; Norsworthy, Heppner, et al., 2009; Wang, Chiao, & Heppner, 2009).

In the unique context of Bhutan, small but diverse, never colonized, deeply religious, recently democratized, and emerging on the world scene with a distinctive new approach to national wellbeing, it is crucial to take a fresh and deep look into the appropriateness of Western counseling before the practices are formally inculcated into the ways of this emerging nation.

Members of the Western counseling profession have made great strides in identifying problems and pitfalls in the profession related to the multiplicity of cultures within the U.S., and continue to develop ways to address those challenges (Corey, Corey, & Callanan, 2007; Ponterotto, 2010; Sue & Sue, 2012). A growing body of research has questioned and investigated the application of Western counseling and related professions in non-Western nations (e.g. Adekson, 2003; Enriquez, 1993; Hue, 2008; Hwang & Chang, 2009; Miller, 2009; Norsworthy, Leung, et al., 2009) and described indigenous approaches to interpersonal helping (e.g. Arulmani, 2011b; Deva, 2008; McCabe, 2007). Regarding Bhutan, however, no research has directly examined the fit between Bhutanese culture and Western counseling. Without such exploration at this unique juncture in time, the current effort to address mental health, school and career guidance, and social and family issues through counseling risks accepting assumptions and structures that are not suited to Bhutanese culture and context, possibly resulting in ineffective or detrimental interventions and programs.

This qualitative study supports the development of a relevant, informed, and effective indigenous Bhutanese counseling profession that can meet the challenges Bhutan faces in mental health, school and career guidance, and social and family arenas. The study also informs the ongoing growth of worldwide counseling theory and practice, and contributes to the important work of balancing the heavily Western character of counseling in the international context. The study is a phenomenological investigation describing the experiences of Bhutanese counselors with Western counseling. For this study, I interviewed 11 Bhutanese counselors about their experiences with Western counseling. The participants spoke to me about their conceptualizations of counseling, Bhutanese culture, the developing practice and profession of Bhutanese counseling, and the relationship between Western counseling and Bhutan. Based on

the findings, I suggest some elements that might become part of a Bhutanese counseling model, including attention to the collectivist nature of Bhutanese society and the Buddhist principles underlying Bhutanese life, and I make recommendations for the role of Western counseling in the development of a Bhutanese profession.

In this chapter, I present a description of the content of interviews with the 11 Bhutanese counselors about their experiences with Western counseling. Each interview was horizontalized into distinct units of meaning, which were then clustered into themes by a research assistant and me. After all of the interviews were coded, I joined the codebooks from the 11 interviews and developed a unified set of themes, merging duplicated codes and developing a unified set of themes. Here I present the synthesis of the data organized according to the four themes and their subthemes identified through the coding process, and I use selected quotations from the data to enrich the reader's experience and understanding.

I am aware of two participant response biases that may have affected the content of the interviews and make reference to them where the research team and I thought they were relevant in the reporting of the data. First, I had a pre-existing relationships with seven of the eleven participants. I had worked with five of them regularly for a three-month period. I had had occasional professional interactions with two others. In some of these relationships I served as an instructor and supervisor, and in all of them I was treated as a visiting expert. It is likely that participants were hesitant to criticize Western counseling, which I represented, because of those relationships. My identity as a researcher and a Westerner likely had the same effect on the other interviews. In order to counteract that bias, I told the participants I was aware of it and invited them to be critical. It is also possible that where I had pre-existing relationships they mitigated the response bias if those participants felt more comfortable with me. Another bias that may be

reflected in the interviews is an idealization of Western ideas. In addition, the education tradition in Bhutan still carries an authoritarian tone, and knowledge is treated as truth to be memorized rather than ideas to be criticized. If the participants viewed my expert role as similar to that of a teacher, they may have desired to give me correct answers rather than their true thoughts and feelings. At least one participant expressed concern for giving the right answers. In spite of possible response bias, several participants expressed criticism.

In addition to participant response bias, my comfort level with the interview process and protocol likely affected the data. Throughout the interviews I experienced nervousness. As I transcribed the interviews and worked with the data, I became aware of missed opportunities to explore important ideas in more depth or to seek connections among ideas. Over the course of the 11 interviews, I became more comfortable with the protocol so that I was more flexible in the ordering of questions and my repertoire of ways to phrase the questions grew. Within each interview I became more comfortable over time, and the interactions between the participant and me grew smoother and more genuine as the interview progressed.

I make two additional notes here about the process of analyzing the data. First, as I worked with the codes identified by the research team, I became increasingly aware of my prior knowledge of both Bhutan and the participants. In some cases, participants and I had shared a work environment, and our joint experience allowed the participant not to clarify something that might have needed explanation to an unfamiliar person. For example, one participant described a client case with which I was already familiar. I had formulated a diagnostic understanding of that client and had knowledge the client had shared with me in counseling sessions. I was especially careful in coding and then in reporting the data to read exactly what the participant had said and to examine the places where I had filled in missing details in my mind. I treated the

data as it was rather than adding details based on my outside knowledge. On the other hand, my previous knowledge may have enhanced my accurate understanding of the data that was indeed present.

Second, I was challenged in working with the data by the language differences between my American academic English and the participants' English that was learned in an international context and was a second, third, or fourth language for all of them. Although all communication between two people can involve a level of misunderstanding, in reviewing the data I found more instances than I would have expected without language differences. In some places the misunderstandings had led to disruptions in the interview process. In others they had gone unnoticed at the time and led me to see that some of my questions had not been germane to what the participant had said. Triangulation with my American and Bhutanese research team members helped to identify these instances and interpret them. In addition to their effect on the interview process, the misunderstandings affected my interpretation of the data. Throughout the process of working with the data, from transcription through synthesis, my understanding of discreet pieces as well as the data as a whole evolved. As I wrote the synthesis, I needed to revisit earlier parts of my text to make corrections and sometimes changed the labeling or clustering of codes based on new understanding.

Case Descriptions

The 11 participants (see Table 1) reflected perspectives from diverse work settings and professional roles as well as educational levels and exposure to Western counseling. They represented the fields of education, healthcare, domestic violence work, and addictions work. Their education ranged from completion of class 12 to a terminal degree. Some had been trained in counseling while others worked closely with counselors. Each participant brought a unique

perspective on counseling, and each interview had a distinct interpersonal dynamic as each elicited a different response in me. Language differences caused miscommunication in some instances and were more evident in some interviews than others. Here I briefly describe highlights of each interview.

Table 1

Participants' Experiences

Participant	Counseling specialization	Experience with Western counseling	Counseling training	Level of education
Namgay	School	2 years	diploma, RUB	Post graduate
Phuntsho	Mental health	5 years	Piecemeal	MA
Sanjay	Mental health	7 years	Piecemeal, addictions certification, professional collaboration	Post graduate
Norbu	Mental health	10 years	Piecemeal, professional collaboration	Post-graduate
Jigme	Addictions, formerly school	5 years	Diploma, RUB	Post graduate
Chimi	Addictions	3 years	Piecemeal	Class 12
Tsewang	Social services, formerly school	15 years	MA in Counseling	MA
Lhamo	School	12 years	Diploma, RUB	Post graduate
Sonam	Mental health	8 years	Piecemeal	BS

Participant	Counseling specialization	Experience with Western counseling	Counseling training	Level of education
Karma	Social services	2 years	Social services training	BS
Yeshe	Addictions and Mental health	3 years	Addictions certification	BS

Namgay

Throughout the interview, Namgay addressed the limitations of his perspective as being personal and perhaps not representing all Bhutanese counselors and at the conclusion he observed that the interview was a learning experience for him. He discussed his personal interest in Western counseling and his training in it, emphasizing his wish for more supervised experience. Counseling, he said, embodies an attitude of understanding others that answered his earlier leanings as a teacher in training. He expressed a belief that counseling is a natural practice for Bhutanese and explored its connection to elements of Bhutanese culture, including Buddhist compassion and a culturally ingrained practice of helping others. He contrasted counseling principles with the harsh style of discipline employed commonly in schools, indeed that he had experienced as a child, and talked about the slow process of convincing others of the validity of counseling and its underlying principles. Namgay defined Bhutanese culture as Buddhist, and identified two contributions it might make to the counseling field: understanding of self and understanding of suffering. He expressed both concern about and appreciation for Western individualism as reflected in counseling, viewing it as helpful to address people's problems but a possible threat to the traditional culture of community and self-control. Namgay

also described his practice of school counseling and the challenges in making counseling culturally acceptable.

Phuntsho

Phuntsho expressed his ideas about counseling in very specific terms that were consistent throughout the interview. He compared counseling to traditional helping practices in Bhutan, noting that a major difference between the two is that counseling listens while lamas and other traditional helpers give advice. Phuntsho was animated when talking about Western counseling and expressed a positive view of it and said he wanted to continue to learn about it. His only criticism was that Western counselors working in Bhutan lack cultural understanding. Phuntsho especially admired Western counselors' questioning skills, and said that the Western way of working with the individual before the family is particularly useful in Bhutan. To illustrate his ideas, he described a difficult client case he was facing, and expressed hope that a Western counselor might be more effective than a Bhutanese because Westerners are considered experts and are more credible.

Sanjay

Sanjay focused his definition of counseling on exploring the client's mind in order to understand the client. Sanjay believed that counseling is appropriate for only those Bhutanese with some Western education because of the cultural differences between the counselor and a less educated client, presuming the counselor to be working from a Western perspective. He identified particularly the Bhutanese belief in the spiritual etiology of health and mental health problems as conflicting with the modern medical model and sometimes interfering with treatment. Even with Western education, he said, some clients need counselors to bridge differences by educating themselves about traditional healing approaches, providing education

about modern views, and being flexible in their approach. Sanjay discussed the development of the counseling profession in Bhutan, saying that much progress is needed beginning with securing a government employment cadre for counselors. He compared counseling to traditional helping practices and identified the teaching of meditation as an element in common with counseling as well as something Bhutanese culture might contribute to the counseling profession. He suggested that basic Buddhist philosophy might provide new language for understanding human nature and thus contribute to the international field of counseling.

Norbu

Norbu expressed a fascination with Western psychology and a belief in the usefulness and effectiveness of counseling. He described several traditional helping practices that he believes are forms of counseling and should be considered collaborators with counseling. Norbu identified two areas in which Bhutanese culture might influence Western counseling: the Buddhist principles of compassion and karma. He contrasted compassion with Western individualism and described karma as a cause and effect logic for understanding a person's life. He proposed that these principles are naturally part of Bhutanese counseling because they underlie the culture as a whole. He believes a Bhutanese counselor should be a Buddhist. He contrasted the "structure" of counseling with its "essence," which he believes is universal. The essence of counseling he contrasted with the common Bhutanese practices of advice giving and scolding. The Western delivery structure is inappropriate in Bhutan, Norbu said, and a delivery structure will have to evolve in Bhutan, starting from a single Bhutanese counseling practice and slowly gaining visibility and credibility.

Jigme

At several points in the interview Jigme contrasted counseling with the advice giving he had expected to learn when he first entered the profession and with the scolding and harsh discipline that many teachers employ in schools in Bhutan. He described traditional helping practices and distinguished counseling from them as new and different, characterized by active listening rather than giving advice or direction. He discussed his training in counseling, highlighting a lack of supervised practice for new counselors. He described Bhutanese counselors as trying to adopt Western methods, and learning through trial and error how they need to be adapted for Bhutanese counseling. An element of counseling that he and other school counselors were struggling to both learn and adapt was confidentiality in the school setting. At several points in the interview, Jigme made reference to specific counseling theories and techniques.

Chimi

Chimi primarily described the details of her work as a counselor, and demonstrated great pride in it. As she shared with me the daily activities, she revealed a simple but insightful understanding of counseling, highlighting understanding the client and showing the client options. She viewed counseling as very different from other Bhutanese helping practices, which usually involve giving advice, and said she found it helpful and much needed. She was glad for the spread of counseling ideas especially to address substance abuse, and she described her own counseling techniques adapted from what she had learned. She also talked about personal dangers that she and other peer counselors sometimes face in working with people using substances. At the conclusion of the interview Chimi asked for my advice in handling a particular client.

Tsewang

Throughout the interview Tsewang addressed issues of culture. She compared the practices and ideas of counseling to Bhutanese culture, highlighting Western individualism in contrast with Bhutanese collectivism. She discussed adaptations of counseling that are needed to work with Bhutanese clients; in particular, she found use of the Buddhist principle of karma necessary. She discussed the practice of mindfulness and differences in its conceptualization and application in Western and Bhutanese cultures. Tsewang also talked about the professionalization of counseling in Bhutan and the need to “safeguard” the profession from inadequate training and from imposition of Western ideas and practices that are inappropriate to Bhutan.

Lhamo

Lhamo told me that she had been skeptical about counseling before receiving her training, but she came to believe firmly in its importance in Bhutan, particularly in schools, as a contribution to society. She connected the need for counseling to the rapid pace of modernization and urbanization as well as other aspects of Bhutanese culture. Although she was a believer in counseling, Lhamo was not uncritical. In particular, she said that in contrast to Western counseling Bhutanese culture has “heart,” which she connected to Buddhist compassion, and she expressed concern about the individualism reflected in Western counseling. She also discussed the need for adequate training and an employment structure for counselors in Bhutan.

Sonam

Sonam expressed a positive view of counseling even though, of all the participants, she was most openly critical. She identified cultural barriers to adopting Western counseling

approaches as well as to the growth of the practice of counseling in Bhutan. In particular, she named the difficulty of getting clients to return for more than one session. She also expressed dissatisfaction with the disorganization of piecemeal training from Westerners and the short visits of the counselors, saying most did not adjust enough to the culture to be effective in counseling or counseling training unless they stayed at least six months. She discussed her desire to work collaboratively with Western counselors to develop Bhutanese counseling and to train new counselors, but emphasized the need for cultural sensitivity. Throughout the interview, Sonam drew a contrast between counseling and the usual Bhutanese practice of giving advice. After discussing Bhutanese culture's acceptance of both men's and women's emotional expression, she described gender differences and the state of gender equality in Bhutan.

Karma

Karma defined counseling in a clear and simple way as giving clients options and talking to help them come to decisions. She explained that she had at first thought this approach would not work but is now convinced. She expressed enjoyment of her counseling job and its challenges. She used case examples to illustrate some of the choices a client might have to make and her approach to helping them. She described work that involved some individual work, some mediation, and some education. Like other participants, she distinguished counseling from Bhutanese advice giving. Unlike other participants, Karma expressed the belief that including the family in counseling was generally not helpful in cases of marital discord or domestic abuse. Following the interview, Karma asked for my feedback on a counseling case.

Yeshe

Throughout the interview, Yeshe described his practice of counseling while expressing strong opinions about it. Although Yeshe expressed respect and appreciation for counseling as

taught with a Western approach, he drew a strong contrast between Western counseling and his own approach to clients. Western counseling, even as practiced by Bhutanese, he described as “too polite.” In his own practice, he said, he must be “harsh” with clients because otherwise addicts will not respond. Yeshe characterized the counseling profession as “noble” in that it addresses people’s and society’s important problems. He expressed respect and empathy for his clients and their families as well as a strong dedication to their wellbeing. Yeshe expressed great appreciation for the research that supports Western counseling and named it as a primary reason to implement Western counseling in Bhutan, but he also identified cultural barriers to counseling in Bhutan. In particular, he believed that counseling being free in Bhutan allowed clients to be less invested in their treatment than clients in the West. He also discussed the slow progress of the Bhutanese learning about counseling and respecting counselors at least as much as traditional spiritual healers. Yeshe believes counseling should increase in Bhutan, he said, and he expressed a desire to visit the West and see Western counseling firsthand.

Synthesis of the Data

As I brought together the codebooks from the eleven interviews, four overarching themes emerged to describe the participants’ experiences of Western counseling: 1) conceptualization of counseling, 2) Bhutanese culture, 3) Bhutanese counseling, and 4) the relationship between Western counseling and Bhutan (see Table 2). Each of the themes contained subthemes that are outlined in Table 2. Although the participants addressed the themes with differing foci and emphases, each of the participants endorsed all of the themes. The themes reflect both shared ideas and unique perspectives offered by individual participants. The numbering of the themes does not represent any priority given by the participants.

In identifying these themes, I made two decisions that express my perception of the relationships among ideas. First, I considered whether the participants' conceptualizations of counseling should be considered separately or as part of Bhutanese counseling. Because the participants largely treated their definitions of and beliefs about counseling concepts differently from their descriptions of how counseling is practiced and experienced in Bhutan, I represent the conceptualizations separately from the practice and profession of Bhutanese counseling. A second decision about themes was to treat the participants' connections and contrasts between Western and Bhutanese counseling as a separate theme.

Here I make a note about my use of quotations in the data report. Wherever participants' own words can deepen the reader's understanding I use quotations. Many of the quotations contain language that does not follow the standards or conventions of either American or international English, and I have intentionally not made corrections in order to give the reader a deeper understanding of the interview and be closer to the raw data. In addition to not making corrections, I leave duplicative text and fillers in the quotations in order to allow the reader to experience the tone of the participants' words.

Table 2

Synthesized themes, subthemes, and descriptions

Themes	Subthemes	Description
1) Conceptualization of counseling		The participants' definitions and understanding of counseling

Themes	Subthemes	Description
	1a) Counseling means understanding the client	Descriptions of the core role of insight on the part of both counselor and client
	1b) Counseling is not giving advice	Descriptions of counseling as supporting client agency and choice rather than giving direction or advice
	1c) Counseling reflects specific skills and principles	Descriptions of the practice of counseling and the person of the counselor
	1d) Counseling is effective	Effectiveness of counseling to address individual and social problems
2) Bhutanese culture		Participants' descriptions of Bhutanese culture
	2a) Values, beliefs, and social practices	General descriptions of Bhutanese culture
	2b) Modernization and Westernization	Discussion of the changes taking place in Bhutanese culture through increased contact with other countries and the advent of technology
	2c) Mental health and social problems	Descriptions of mental health and social needs in Bhutan and the present efforts to meet those needs
	2d) Indigenous helping practices	Descriptions of traditional healing and religious practices used to address personal problems

Themes	Subthemes	Description
3) Bhutanese counseling		Descriptions of and beliefs about the practice and profession of counseling as it is developing in Bhutan
	3a) The practice of Bhutanese counseling	Descriptions of how counseling is being and should be practiced in Bhutan
	3b) Development of the counseling profession in Bhutan	Explanations of the relevance and growth of a formalized counseling profession, counselor training, and the needs and challenges facing the profession of counseling in Bhutan
4) Relationship between Bhutan and Western counseling		Connections and contrasts drawn between Western counseling and Bhutanese culture and counseling
	4a) Comparing Western counseling with Bhutanese counseling and culture	Comparisons among the elements and culture of Western counseling and Bhutanese practices, beliefs, and values
	4b) Role of Western counseling	Participants' perceptions and beliefs about the influence of Western counseling and its contributions to the development of Bhutanese counseling
	4c) Role of Bhutanese counseling in the worldwide profession of counseling	Potential Bhutanese contributions to the profession of counseling worldwide

Theme 1: Conceptualization of Counseling

The first question in the interview protocol after participant background asked the participant to define counseling. The responses to this question constitute a large part of the theme representing the participants' conceptualizations of counseling. Within this theme, the research team and I identified 49 distinct codes clustered around four subthemes: 1) Counseling means understanding the client, 2) counseling is not giving advice, 3) counseling reflects specific skills and principles, 4) and counseling is effective.

Subtheme 1a: Counseling means understanding the client. The idea identified by all of the participants, either explicitly or implicitly, was that counseling involves understanding the client. Counseling, the participants said, understands people, their feelings, the human mind, clients' situations, a clients' culture, and the relationship between person and problem. "To me counseling is basically almost understanding the person that you are," said Norbu. "To me that's the essence of counseling." Namgay described gaining new perspectives on the human experience:

Now what I personally learned from all these [counselor training] studies, from all these exercises that I have been through, say, has enhanced my ability to understand, you know, say our existence. And deeper, and how do I put it now, understanding other human being, more from different layers or different perspectives.

Tsewang and Dorji specified that a counselor's understanding of a client should include understanding strengths and resources as well as the problem. Norbu described counseling as distinguishing person from problem as well as understanding the problem as part of the person. The participants described eliciting information and listening empathically as the means by which the counselor gains understanding of the client and his or her situation. Phuntsho said, "First we must sit with the client, and then ask from the client's perspectives what are their

feelings.” Sonam compared counselors’ empathy to other professionals’ approaches: “I think counselors have a very good attitude compared to other health workers. They are more empathetic or show sympathy toward the client.”

Four participants specified that the client as well as the counselor gains understanding and insight through the counseling process. The counselor may help the client gain insight, Karma said, by articulating understanding that the client may not yet be able to express. Phuntsho said that client insight allows solutions to be elicited from the client, and Karma saw insight as leading to clients’ abilities to make decisions. An area of insight identified by three participants was feelings. Emotions, they pointed out, are not investigated or discussed in Bhutan as often as they are in Western counseling, and addressing them can be an important part of understanding oneself. Lhamo characterized the Bhutanese as keeping feelings “bottled up” and believed that counseling could help reduce stress by helping Bhutanese to “let out” their feelings.

Three participants identified the counselor’s understanding of the client as a basis for deciding what approaches and techniques to use with a client. “Counseling has to approach with the client based on their history... Based on their history which was given by the client, we need to set counseling topic on it,” said Yeshe. Counseling, the participants said, is flexible and must be individualized to the client. Phuntsho described flexibility: “I feel that there are many ways of approaching the client. With one approach we can go to the patients, we can do other approaches as well.” Norbu believed counseling can be done differently to meet different needs: “So it’s not one-size-fits-all. The more tools you have the better. What sort of tools you have, you can find the right tools for the individual.”

Subtheme 1b: Counseling is not giving advice. This negative qualification of counseling was directly identified by six of the participants explicitly using the word “advice.” Advice giving is a typical Bhutanese way of offering help, the participants told me, and I will offer further description of it later in the discussion of Bhutanese culture. Jigme said that advice giving is a common misconception of counseling that he held before having training in counseling:

Like any other layman, counseling was to me a kind of giving advice. Like people say, then I could counsel somebody else. If you eventually ask him or her what they did, then you would basically advise him or her not to do that. That was the position that I had before I got into really in-depth study of counseling.

Instead of giving advice, the participants said, counseling gives clients options and supports their choice and independent decision-making. Giving choices may be the simplest way of defining counseling for the Bhutanese: it was the focus of the definitions given by the two participants with the least education. “We are giving them not the advice, we are giving them options,” said Chimi. Karma described counseling:

It’s not like advising, but we give so many choices to the people and they can make the choice...just having a conversation and making them think. And they take the decision.

That’s what I feel counseling is.

Two of the more educated participants spoke directly of supporting clients’ agency in contrast to advice giving. Jigme said, “Counseling to me is helping an individual, empowering the other person to help himself or herself.” Phuntsho extended client agency to the development of solutions: “When I got attached with the Western counselor, I came to know that the solutions need to come from the patients.” Both Karma and Lhamo told me that they were skeptical at first of this indirect approach to helping, but as they observed and practiced counseling they

became convinced that it was effective. However, they pointed out, it takes more time than simply giving advice.

Subtheme 1c: Counseling reflects specific skills and principles. In addition to understanding the client and not giving advice, the participants named other components of the practice of counseling and characteristics of the person of the counselor. The specific theories and kinds of counseling named by the participants included: existentialist therapy, humanistic therapy, cognitive therapy, cognitive behavioral therapy (always called by its acronym CBT), person-centered therapy, psychodynamic theory, motivational interviewing and stages of change theory, and mindfulness, all named more than once. Namgay described psychodynamic theory as “a little too complicated,” and cited person-centered as “our focus, main area, of Western counseling.” Norbu expressed a fascination with hypnotherapy but was the only one to mention it and did not explicitly connect it to the needs of Bhutanese people. Namgay was the only participant to mention narrative therapy, which he believed would be well-suited for use in Bhutan. The participants were also familiar with different uses for counseling and identified different types: psychoeducation and preventive counseling, career guidance, addictions counseling, mental health counseling, domestic violence counseling, couples counseling, and group counseling.

In addition to naming types of counseling, participants identified actions a counselor engages in during the counseling process. These actions were characterized by the word “helping,” which served as a second aspect of counseling after understanding the person. Communication was an important part of helping. Listening was explicitly named by seven participants as a core aspect of counseling and formed a subtext for another three. Namgay said,

“Basically my understanding would be being able to just listen to what they have to say.” Jigme believed listening is the core of helping and is sufficient for helping:

So I think basically, if I can relate to my own experiences within the setting. So I think by being an active listener in fact it is enough. For instance in my role in school meeting a teacher, as subordinate, or a student when they had a problem, when we listen to their problems. The very activity is help.

Phuntsho also treated listening as the first act of counseling, the act by which solutions to problems are elicited from the client:

Just we first meet with the clients, and we encourage them to speak. The solutions need to be taken out from the clients. That is how we start with the whole thing, and then of course you also help them find solutions.”

Only Yeshe emphasized talking over listening, focusing on educating clients and persuading them to take a constructive course of action. Communication in general was named by three participants as a focus of counseling and was characterized as “two-way” by Yeshe. Norbu identified the communication skills used by counselors as helpful in other professional relationships as well:

I would use counseling tools in my own practice, mostly on an eclectic basis, mostly to enhance my communication with my patient, or just to emphasize or rather strengthen certain areas that I think that I can utilize to enhance our therapeutic relationship.

Concern for the therapeutic relationship is also evident in this quote, and three other participants discussed connecting with clients and building rapport. Another three participants described persuading clients of an understanding or the need for a course of action. Yeshe’s description was particularly vivid: “It has to reach to the client... Until my message has to reach to their heart or mind, then I think that I have done the counseling.”

Several more attributes of counseling were mentioned by only one or two participants each. Counseling is “gentle,” Chimi said. Other participants identified counseling as a process of guiding or facilitating change. In contrast to gentleness, Yeshe described invoking fear in substance abuse clients to motivate them to action:

Ya, sometimes we need to threaten the patient, sometimes we have to make fear of the patient. And even at the point of, we just tell them if you are not willingly taking the treatment we need to seek police help or legal actions.

Yeshe characterized these interventions as “harsh,” and acknowledged the contrast with Western ways of counseling, justifying harshness by substance abusing clients’ lack of motivation due to not paying for counseling services. The participants also identified asking questions, involving families, and addressing suicide as elements of counseling. They characterized counseling as different from other professional roles, specifically schoolteachers, who are typically authoritarian; psychiatrists, whose job is to assess and then prescribe medications; and religious helpers who perform rites and prescribe certain actions. Multidisciplinary teamwork, was identified by Norbu not as a defining element of counseling but as a common and effective context for addressing mental health problems.

Counseling also has requirements, the participants told me. Four participants described counseling as taking time for the process of listening and then allowing clients to work through their own decisions. Lhamo said counseling requires many meetings, in contrast to giving advice, which may take only one session with a helper. Five participants named confidentiality as a requirement in counseling, although they identified it as challenging. Single participants named other requirements: Norbu said counseling takes work on the part of both counselor and client, emphasizing client responsibility and saying of the client-counselor collaboration,

It takes two hands to clap. We call it in Bhutan two hands to clap. The therapist and the patient have to play their own part, have to take responsibility. And then the result will be good. Not one person doing all the job and the other being passive and doing nothing.

Lhamo believed counseling should be voluntary on the part of the client, although that was not always the case in her school setting because counseling was often used as an alternative to disciplinary measures. Norbu believed counseling requires that the client have some educational sophistication because of the modern and abstract concepts involved.

In speaking of the person of the counselor, participants identified a number of considerations. Four counselors discussed the need for cultural knowledge and responsiveness. Namgay said counselors understand and accept all cultures: “Counseling does not discourage anyone... It’s like the client is there, any kind of cultural background, and the counselor would, because if people understand, the counselor as someone who would be willing to understand every [culture].” Likewise, Tsewang believed that counseling should be modified in response to culture: “All these theories are so relevant to your own [pointing to herself] culture too, and how you want to adapt it and make it suit and be applicable is how, uh, flexible you are. You have to understand the culture, and equally you have to adapt it to your culture.”

In addition to being culturally informed and responsive, Norbu said counselors should be self-aware and insightful about others: “We need counselors who are like bodhisattvas, who not only understand themselves, but they should be able to understand their clients.” He believed those with advanced Buddhist practice would make good counselors. Yeshe’s thoughts about the person of the counselor were reflected in his own attitudes. He described his own experience with burnout linked to empathic understanding of the severe problems faced by substance abuse clients and their families:

I think most of people who get burnt out usually take a break. But in my case I don't feel like taking a break in between, because I think that...people need to keep on talking, and with repeated counseling sessions with that client and their family, they are really thinking of changing their [substance abuse] habits.

He also described the counselor's role as providing an unbiased perspective, and he observed that counselors are influenced in their practice by their own experiences. Chimi expressed the need for counselors to have personal strength and viewed the counselor as a model: "The counselor should be strong, no? Then only will the client be follow us."

Subtheme 1d: Counseling is effective. The final aspect of counseling as conceptualized by the participants was effectiveness. The participants perceived counseling as effective primarily because they believed it has been well-researched in the West. Yeshe spoke repeatedly about having a research base to support practice:

We always believe that Western counseling is much more effective than our own counseling approaches. Because the Western one has done a lot of research, evidence base, and they have done intense research for many years. So thereby we always want it to be scientific, so we need to be always based on the proof. However, he expressed the belief that Bhutanese counseling needs to be different from Western counseling and will need its own research to justify it to clients. Norbu had observed the effectiveness of counseling in a Western country firsthand, but also pointed out the need for cultural adaptation to support effectiveness elsewhere. Participants also cited the universality of counseling theory as a basis for believing in its effectiveness, in particular the principles of humanistic psychology. Norbu described the theories of humanistic psychology as the universal "essence" of counseling, making counseling relevant and effective in Bhutan. "Most of these are close to our culture," he said, "In essence we are not different."

Counseling is effective, the participants said, to address personal growth and problems including suffering in general, difficult situations, and addiction. Tsewang told her clients "that

counseling is about helping through listening and working on...positive personal development.”

Counseling also helps to change a person’s inner experience: “Through talking,” Phuntsho said, “the [clients] will feel better. Their tensions will come down, their worries will be lessened.”

Chimi was surprised at the emotional effect of counseling:

Yes, I was very surprised, because counseling makes them, how to, uh... Like example...if I’m very angry, if someone is counseling me, and they make me feel very relaxed, likewise I feel this relaxation...when somebody counsel me.

She cited a person’s crying when receiving counseling as evidence of being touched in a personal and positive way. Jigme believed counseling is effective in the school setting to address behavior problems. Counseling can help everyone, the participants believed, those with mental health problems, addictions, and everyday problems. Counseling has a meaningful impact, they said in addressing the individual experience of problems rather than only their communal effect.

As Jigme discussed helping students avoid suicide, he talked about the impact of counseling on individuals:

Sometimes I do come across people who are really, really, you know at the individual level they are suffering so much, they have so many problems. So I think in that terms we are able to do very much at the individual level. Maybe the head count is just a handful of students sometimes, but the effect, the impact is very much there.

Theme 2: Bhutanese culture

One question in the interview protocol asked participants to name practices that might be similar to counseling, and another asked about possible Bhutanese contributions to the field of counseling. Although no question asked them to describe Bhutanese culture more broadly, the theme of Bhutanese culture emerged in the participants’ efforts to explain to me, a Westerner, their ideas about counseling in Bhutan. To support Western readers’ understanding, I present this theme as background for the next two, Bhutanese counseling and the relationship of Western

counseling to Bhutan. The research team and I identified 83 distinct codes addressing Bhutanese culture. The cultural elements the participants described as relevant to counseling formed four subthemes: values, beliefs, and social practices; modernization and Westernization; mental health and social problems; and indigenous helping practices.

Subtheme 2a: Values, beliefs, and social practices. In talking about the values, beliefs, and social practices of Bhutanese culture, the participants described Bhutanese culture as deeply Buddhist, described Bhutanese society as collectivist and hierarchical, and named several personal traits that impact Bhutanese interpersonal interactions. Six participants referred explicitly to Buddhism during the interview, and all six described Buddhist principles as ingrained in the social consciousness as well as underlying cultural practices in Bhutan, even though not all Bhutanese engage in specifically religious practices. “Bhutanese is Buddhist,” said Namgay, reluctant to draw a distinction between religion and culture. Tsewang said, “Most of us we don't really understand what Buddhism is. But I think most of the values and the concepts that we follow are participants of Buddhism.” Yeshe characterized Bhutanese people as religious, and Tsewang described them as “very spiritual.” Norbu is an example of a non-religious Bhutanese: he said he does not engage in any Buddhist practices. However he showed an understanding of Buddhist principles and drew extensively on them to describe his understanding of psychology. For example, he described the Buddhist principle of Karma at work, affecting behavior and decisions:

Yes, the way I conduct myself, the way my ethics, my morals, my principles, that helps me to live a life that the karma that I gather will give me a smooth ride in this lifetime itself. For example, not lying or not cheating people or not getting corrupted or working hard, all these we know the results are coming. And I know that karma is something which is, we call it infallible. It will not fail.

The Bhutanese belief in the Buddhist principle of karma was the ingrained cultural trait most often discussed by the participants. Tsewang and Norbu translated the karma concept as the principle of “cause and effect,” the understanding that all life events have a cause that is specific to the person, and all behaviors have a consequence for that person. All Bhutanese see life this way, they said. One consequence of the acceptance of problems as “karma,” Tsewang said, is internalized stress:

They will always think that, oh, whatever my problems I’m going through is because of my karmic, you know, sins that I’ve done in the past, the karmic cycle. And they will take everything within themselves, you know, they will not talk it out... So I think we do have a lot of mental health issues in that context.

Norbu attributed the passiveness of many Bhutanese toward problems to their belief in karma. Karma, he intimated, if understood as current situations resulting from past life events, allows people to hold an external locus of control. However, he stated that he believed the principle of karma is at work within one’s lifetime as well and that understanding its immediacy can motivate a person to seize control of her or his own life:

Many people think that karma is a very fatalistic type of teaching...karma is just past life and future life. But it is every day, it is dynamic. It can happen any minute... I mean just look at somebody who...habitually picks up others’ things, what people you know are stealing things, and what is the consequence? They will not trust you and they will not take you seriously... That’s karma actually, you get what I mean?

Illustrating the fatalistic use of the karma concept, Namgay said that the acceptance of problems can result in people not receiving help. Speaking of suicide, he said,

It would be just like acceptable, because nobody would bother to go, you know, deeper into why somebody – because culturally, I don’t know, something happens and we are not able to do anything about it.

Even the inaction in response to the karma doctrine, however, takes place in a culture that deeply values helping, and the participants connected helping to the Buddhist principle of

compassion. Yeshe displayed the value of helping in his attitude toward his work: “I have realized that [counseling is] one of the noble professions that I am dealing with, because I am helping the addicts...” Participants identified compassion as a core Bhutanese value that leads to helping. Lhamo emphasized compassion or “heart” as something that Bhutanese culture can contribute to the field of counseling. Norbu described compassion:

You have to help other beings, not just yourself. Compassion also means not just helping somebody for a selfish reason, so it’s compassion has more to do with unconditional love and compassion, the two things go together. So that is ingrained in the Bhutanese psyche.

In addition to these Buddhist values and beliefs, the participants described Bhutanese society as collectivist and hierarchical. Tsewang described collectivism in broad terms and in the smallest of daily activities, contrasting it with Western individualism:

Basically our Bhutanese culture, the foundation is not about individualistic but being more societal and communal... It’s about family, it’s about your friends, it’s about your community... As soon as the child is born the child sleeps with the mother. And the way you [Westerners] carry your baby, you are turning your baby towards the world, whereas we are turning the baby towards us.

Later in the interview she addressed it again:

We think for the others, you know, first others then you. But in the West and in some Asian culture, it's yourself first and then the others, you know... When we eat also, you have to serve the others, then you serve yourself last. And...at home also, you always respect the elders. You don't really talk back. Whatever the elders say is right. So we have a different concept, thinking, what is right for you, you know.

Discussing the hierarchical character of Bhutanese society, Tsewang noted that “you always respect the elders.” Others the participants acknowledged as high in the hierarchy were teachers, doctors, government officials, and village leaders. Namgay described the hierarchy as authoritarian, contrasting “blunt” scolding of school children with the more egalitarian approach of counseling. Phuntsho named lack of eye contact as a practice used to show respect for

persons higher in the hierarchy. The participants' views of hierarchy, however, showed inconsistencies. Sonam discussed the gender equality that is written into Bhutanese governance and law, but admitted the traditional attitude of male authority is still evident in practice. Norbu attributed social class distinctions to modernization, viewing traditional Bhutanese society as less stratified:

You can see our society we have that sort of stratified society, it's a hierarchical society, unlike [traditional] Bhutanese. That has added the modern class, the money and the non-money and the poor.

Other Bhutanese traits described by the participants included being relaxed, not actively listening to one another, gossiping, understanding and accepting suffering, and being humble. Namgay described Bhutanese as “maybe too relaxed,” as evidenced by slow progress in acceptance and development of the counseling profession. Jigme pointed out that counseling is important in part because Bhutanese do not employ strong listening skills in their daily interactions. Participants characterized Bhutanese as a small community who gossip liberally about one another, resulting in concerns about confidentiality in counseling. Norbu described Bhutanese as valuing the usefulness of things rather than their monetary value. Namgay described Bhutanese as holding to a Buddhist acceptance of suffering. He connected this acceptance with resilience and non-competitiveness, which viewed as traditional but changing. His passion for these cultural traits was evident:

And the other thing would be understanding suffering as something that is very unavoidable and individual, this is something that I believe myself as well. Because with that knowledge, our resilience, it becomes stronger, we are able to accept uncertain things more... Most Bhutanese wouldn't – I as a Bhutanese am very resilient as an individual – able to overcome challenges, difficulties, with a little bit of ease, maybe because our culture is not very competitive. But it is now getting with competition, with wanting to be apart from others, I think all these desires... I am not preaching!

Finally, Norbu contrasted Western “arrogance” associated with high levels of education with a more humble Bhutanese disposition. “You have a doctor in the family, this family is like so-called intellectual class... We don’t have this problem per se... If the doctors are trained in Bhutan, the doctors won’t have that, I think.” Namgay’s attitude toward achievement demonstrated a similar attitude when he corrected my assumption that he would put his diploma on his office wall. He said, “Here we don’t,” and waived his hand toward the wall, casting his eyes downward and looking self-conscious.

Subtheme 2b: Modernization and Westernization. The current process of cultural change in Bhutan was evident in all of the interviews as the participants discussed the development of the counseling profession in Bhutan, adopting Western counseling, and adapting it to the Bhutanese context. Five of the participants’ descriptions of Bhutanese culture directly addressed recent changes. In addition to describing the changes, they expressed a mixture of hope and concern about them.

Four of the participants discussed or exhibited a Bhutanese idealization or glorification of Western things, sometimes to the point of devaluing what is Bhutanese. Pema expressed his belief that Western counseling is good simply because it is Western. Talking about counselors, Sonam said, “It’s the belief that people from the West are much better,” so that Bhutanese clients are less likely to believe a Bhutanese counselor than a Western one. Norbu bemoaned the idealization of Western education as a source of social class distinctions and loss of Bhutanese humility:

Bhutanese people...would like to seek some information [but instead are scolded by doctors]. And it comes from...the arrogance of so-called modern knowledge. And where does it come from? This came from the West, but it got amalgamated in this...South Asian region...where there’s almost reverence for Western knowledge... As you know you have a doctor in the family, this family is like so-called intellectual class.

In spite of this valuing of Western knowledge, ideas, and practices, the participants expressed skepticism and concern over the cultural changes. Yeshe described Bhutanese skepticism about new things, including counseling, and the need for research to justify new practices to Bhutanese people. He said,

So from the West...a lot of new things are coming up, a lot of changes... Some of the Bhutanese clients are quite intelligent, they are asking questions like that, is your counseling based on scientific studies? ...We usually protect ourselves that we have learned from the Western counseling, which they have full of evidence and a lot of research has been done... Otherwise when we talk about counseling and most of the clients are educated and they don't want to listen to all this nonsense.

Namgay identified competitiveness and individualism as traits of Western culture that are infiltrating Bhutanese thought and ways of being. He expressed concern about the risk of losing indigenous culture as a result:

...too much emphasis on individualism in the Western culture, and in Bhutan, I think culturally we are not brought up in that individual kind of thing. So I believe that thing could in some way encourage people or children or teenagers to drift away, to drift apart from our cultural norms, cultural way of understanding things. So I think I'm not too negative about...having an individual thing, but given our situation, given our culture, can be a threat in the long run in...disintegration of our whole cultural values, traditional beliefs. Slowly that might disintegrate and we lose all of it, and personally I cherish our cultural beliefs.

Lhamo became animated when she spoke about her concern for social and mental health problems that she sees coming with the isolation of individuals from family and community that comes with urbanization and with electronic devices entering Bhutanese homes. Bhutanese families, she said, are engaging in individual activities instead of joint conversation and attention to one another, a challenge to the foundational collectivism of the culture. Jigme mentioned education and the arrogance that he sees in highly educated people, especially doctors, countering Bhutanese humility. A modern social problem identified by Namgay was youth

unemployment, which he believed contributes to substance addictions and mental health problems. Sonam expressed pessimism about the economic future of the country:

If we were to do a research I think maybe in the next ten, fifteen years or so, the productivity of our country may go down. The youth are so much into substance abuse... We'll have a huge [problem], probably even if there are jobs, I don't think there will be people who are really fit for the job.

Four participants struggled to express the tension between admiration of Western things and concerns about modernization. Namgay identified cultural tension as he spoke of changing from authoritarianism and harsh discipline methods in school to a gentler more understanding Western approach. Traditional school discipline includes physical punishment, scolding, and public shaming and was described by Jigme from his own experience:

As a student, we have undergone the similar experience. Our teachers used to thrash us. Us sticks, use hands every now and then, whenever we run into problems, whenever we fail to perform in the schools or in the classrooms... If we misbehaved, we would be openly in fact reprimanded in front of the whole school assembly. We [needed] to do kind of recognition, that kind of so-called role modeling and all. So it was that those practices did exist in our time.

He went on to identify the tension: "But because counseling has come, and the child rights convention, all these things has created a bit of confusion in the education system at the moment." Traditional teachers are very skeptical, he said, of counseling, in fact some still resort to physical discipline, and many counselors feel the stigma of their profession in their work setting. They also have to work in isolation from other counselors since there is only one counselor in each school. Further describing the tension between old and new ways in Bhutan, Jigme extolled the advent of modern knowledge but identified materialism and individualism as threatening Bhutanese compassion:

Now the modern materialism is taking a toll on this compassion, becoming more selfish and greedy. And to a certain extent, I blame the Western education. Western education

encourages you to become individualistic, and to become ambitious, to become very materialistic and to take up these jobs.

Subtheme 2c: Mental health and social problems. The participants also identified beliefs about health and mental health and the changing practices addressing health problems. Traditional Bhutanese do not seek help easily, the participants told me. When they do seek help, they expect a “magic pill” from their healers, both traditional and modern. The kind of care they seek and their compliance with treatment are affected by their beliefs about disease and its etiology. Traditional belief attributes distress and illness to spiritual and natural forces beyond our control. Sanjay described them: “We have spirits, we have witches...we have so many other factors which are supposed to cause diseases... imbalance of earth, fire, phlegm, and things like that as cause of disease.” Healthcare workers must bridge the gap between their knowledge and patients’ ideas, he said, sometimes by adopting the language of a client’s belief system to explain disease and treatment. More educated Bhutanese may reject traditional beliefs and embrace modern medicine, and some hold an amalgam of beliefs. Counselors must be flexible in their approach based on clients’ level of education. Norbu and others named physiological understanding of addiction and moods as lacking, and two others identified attention to emotion as a new concept that must be explained to counseling clients.

Mental health itself is a new concept in Bhutan, Namgay told me, and he believes it is a useful concept in spite of the skepticism he sees around him: “We’re now able to understand better the problems...that are in the school. Because otherwise before this, most of those things would have gone unnoticed.” He gives the example of learning to watch for signs of suicidality. Suicide has been ignored in the past, he said, because people did not believe they could do anything about it. Now he believes counselors can help prevent it. Yeshe identified the impact

of education on people's understanding of mental health and addiction: with education comes a greater chance of taking modern treatment and becoming well, he said. Unfortunately, Namgay said, mental health problems are both taboo and stigmatized in Bhutan, either as the work of spirits or karma, or with the modern concept that something is wrong with the person: "Parents would rather hide than seeking mental health help...not talking because we wouldn't actually be able to help people with psychosis or mental health... Even going to a psychiatrist is a really tough decision."

Participants believed mental health problems can be caused or exacerbated by traditional beliefs in Bhutan. Tsewang identified not talking about problems as typically Bhutanese and associated with a karmic explanation of problems. She viewed this belief as a source of internalized stress:

[Bhutanese] will always think that oh, whatever problems I'm going through is because of my karmic, you know, sins I have done in the past, the karmic cycle. And they will take everything in themselves, you know, they will not talk it out...so I think we do have a lot of mental health issues in that context... When it does come out [it is] in other different forms of violence and abuse and...hurtful behaviors.

Sanjay described traditional and spiritual healing practices as sometimes interfering with health. Sometimes a healer proscribes certain foods, and not only can nutrition suffer, but the patient may then eat one of those foods and worry about being disobedient, causing anxiety and possibly other symptoms. On the other hand, traditional beliefs can support mental health. For example, Sonam described a traditional belief about suicide: "If a person commits suicide in this life, then for the next 500 lifetimes that person will commit suicide. Some people think that's the reason that keeps them from committing the act."

Although only three of the participants worked primarily with substance abuse, all of the participants referenced addiction as a problem in Bhutan. Addictions have increased with

modernization, Yeshe told me. He described the culture of addiction. Addicts are a burden to family, he said, have social and legal problems that stem from their substance use, and risk death from substance use. He described them as relapsing frequently using inpatient detoxification treatment as a “break” from using, with no expectation of stopping use. He identified psychoeducation as crucial to addicts’ treatment, including the understanding of the neurological basis of addiction. Sonam told me that substance abuse has become socially accepted among youth. Chimi cited the stigma of mental health care as another deterrent to treatment for substance addiction.

In addition to substance abuse, the participants mentioned mental health problems associated with HIV/AIDS and domestic abuse. Karma described problems she sees among her clients at an agency addressing domestic violence. She described the hypothetical cases of a woman whose husband might be having an affair and contemplating divorce, and a person experiencing domestic violence and finding her family taking sides and unable to provide constructive help. Her agency, she said, provides referrals for legal and law enforcement help as well as support for the client while navigating those systems.

Subtheme 2d: Indigenous helping practices. Advice giving as a Bhutanese way of helping was addressed by all of the participants in this study. It is reflected in their descriptions of all traditional forms of helping, which include consultation with Buddhist teachers called lamas, astrologers, and shamans; traditional herbal medicine; consultation with elders in the family and community; and talking with friends. All of these give advice, the participants told me, and some perform sacred rites or prescribe actions for the person to take.

The spiritual teachers and healers are respected as experts, and their advice comes with an expectation of compliance, Norbu told me. When people go to a lama for help he may

“perform many chant, mantras, and all that,” and may offer a small teaching, Norbu said. Jigme listed problems for which a person might go to a lama: “especially like if you had a very bad dream or a nightmare, and if you're not feeling well or if you're psychologically disturbed or mentally disturbed.” Norbu and Sanjay made reference to pujas, ceremonies performed by monks, at people's request and in exchange for hospitality and donations, to drive away spirits. When astrologers are consulted, they may perform a rite and give information or instructions.

Sonam gave a hypothetical example:

If they've lost something they'll go to the astrologer to ask them, where is my money and where is it gone? The astrologer will, I don't know [waves hands in front of her face], will do something and say, in the East direction, a person of this age has taken...

Sonam expressed her skepticism: “I don't know how far that is true.” In addition to receiving rites and advice, Yeshe mentioned the practice of making vows to deities as a religious approach to combatting addiction. Shamans perform rituals and prescribe actions to appease the gods. Practitioners of traditional medicine prescribe herbs and diet changes. Karma believed religious helpers do not help with marriage problems. Two of the participants expressed direct disbelief in the principles of these religious helping methods.

In spite of their disbelief, the participants said that people are helped because of their belief. Sonam illustrated with a story from her family.

My mother, she was feeling sick that day. And one of the high lama had come to our house for some purpose, and he was in a hurry to go back... And then he had this rosary with him, he was in a hurry, so he just chanted some and he just blew on that [holds her hands up to her mouth and purses her lips as though blowing] and gave blessing on my mum's head. After... a half an hour or some my mum felt better.

In his discussion of approaches to school discipline, Jigme also said that some educators believe that Buddhist teachings in school ought to serve the role of counseling. Traditional healing practices can, however, interfere with modern medical treatments and counseling. It is common

for people to seek treatment from both modalities, most often starting with traditional methods and using modern medicine only as a “last resort,” said Sonam. Sanjay said that when alcoholics come to the hospital for help, they are often already in advanced stages of liver disease.

Elders are respected members of the community who are recognized as wise because of their life experience, according to Norbu. Phuntsho called them renowned people and listed government officials and village leaders among them. Like religious figures, consulting elders comes with an expectation of compliance with their advice. Norbu described the role of elders at length, using a hypothetical situation to illustrate their multifaceted listening, interpreting, negotiating, and advising role:

For example, their family, the elderly always counsels the younger ones. Grandparents are always doing counseling to the young children, for example. The elderly, the matriarch will be counseling in most of the families, extended families, the elderly in the village will be doing counseling of the other members in the community. So it is like almost part of the whole culture actually. And you know, even conflict resolutions and negotiations, done by so-called elders in the village, they are all doing counseling. For example, there is a marital conflict, a couple, and then you get some of the elders in the village, of course it starts in their own family, when things happen. But then they get the elders in the community to come over, and they will talk, they will talk individually, they will talk together, those are all counseling. They will talk individually because they want to find out individual versions of the story, what they would actually wish for, whether there is room for negotiations, what this person really wants, what is the root cause of this issue. They will go to the other person and, what is this person on the issue? Are they on the same lines? Is there some miscommunication, or is there some misunderstanding? Or are there some other areas which are influencing their relationship that is so bad that their relationship is untenable? Or there is room for negotiations with other family members. In which case the so-called people, the mediators, the arbitrators, the negotiators or whatever you call them, they will go to the family, they will negotiate with the family and they will say we don't think there's an issue with the couple there, they just love each other. They just seem to be all the trials and situations that a young couple they go through. It's just that you people, you making their life miserable. You are putting unnecessary demands, unexpected issues that they can't fulfill. So you have to decide if that's what you want. So they will do this.

In addition to religious figures and elders, peers, friends and family members of the person's generation, provide opinions in response to disclosure of problems, but they have less

authoritative influence than the others. Sonam illustrated the sharing of problems among friends: “We had five girlfriends and everyone would tell me their secrets and I would feel burdened and could never let it out! [Sonam laughs.] And then they asked for opinion on that.” She went on to illustrate the importance of confidentiality in this country known for its gossip. “And even now among friends, they know that they can trust me with their secrets and so they just tell me.”

People will choose their confidants carefully, she said.

Theme 3: Bhutanese Counseling

In the course of the interviews, the participants seemed eager to tell me what they knew not only about the general principles of counseling but also about counseling specific to Bhutan. In essence they were describing Bhutanese counseling to me. The research team identified 130 distinct codes addressing the Bhutanese counseling theme. Two sub-themes emerged as I merged the coding: how Bhutanese counseling is being and should be practiced, and the development of counseling as a formalized profession in Bhutan.

Subtheme 3a: The practice of Bhutanese counseling. The participants described to me how counseling was currently being practiced in Bhutan. Much of what they told me was about their own counseling work, but all of the participants also referenced other counselors and forms of counseling in Bhutan. They told me about types of counseling they knew were available, the characteristics of Bhutanese counseling practice, and the challenges and limitations inherent in the practice of Bhutanese counseling.

The participants named the following types of counseling being practiced in Bhutan: school counseling, addictions counseling, mental health counseling, domestic violence counseling, and HIV counseling. These included the practices in which the participants themselves were involved as well as other practices of which they were aware. HIV counseling

was only mentioned with no explanation. Several of the participants also described counseling as addressing adolescent issues in multiple settings. None of the participants tried to fully describe any one of the types of counseling, but they discussed specific aspects of their professions.

School counseling, the participants told me, has been practiced in schools for several years. First, select teachers were given training and offered counseling in addition to their teaching duties. Later, full-time job positions were developed for school counselors. Three of the participants had school counseling experience. Jigme, had been a teacher-counselor and school principal at the same time, then moved on to a full-time school counselor position, and finally moved to agency work; Namgay had been a teacher-counselor and then a full-time school counselor; Lhamo had been a teacher-counselor before her current work as a school principal, and continued to practice counseling in that position. In the participants' discussions of school counseling, their language varied between school counseling and career guidance. Lhamo and Namgay spoke about the work of integrating counseling and the principles of counseling into the school context. Lhamo believed the principles of counseling should permeate the school culture in her own school and in all of Bhutan. Jigme spoke about the difficulty of reconciling his disciplinarian role as principal with his counseling role:

I was trying to play a double role, in fact a triple role: the role of a teacher..., the role of a counselor, and the role of a school principal, as a manager... It was very difficult... Sometimes as a school principal I had to be a little strict with the students, keeping aside my counseling thing, you know. But...even as a strict disciplinarian, I always made sure that I did not scold my students... I would always call a student first to my office one on one and talk to them and try to be a little hard at times, and maybe at the same time try to counsel them.

Namgay also spoke of the disapproval voiced by his teacher colleagues, who believed that counseling would “spoil” the children, and the difficulty of the professional isolation he experienced as the only one in his workplace to believe in the validity of his role.

Addictions counseling was the professional role of both Yeshe and Chimi, Jigme’s agency position involved supervising addictions counselors, and Chimi worked as a peer counselor for addicts. (I make a note here about language: “addictions” and the label “addicts” are the words used by the participants.) Peer counselors, Chimi told me, are people who have had an addiction problem in the past but are now recovered. “I give counseling to those persons who are into addiction,” she told me, “helping them to get out from their addiction and getting the right track.” She described her outreach work going into the streets, sometimes in the evenings, to find and talk with people who were using substances. She would counsel them on the street and offer them counseling sessions at the agency where she worked. She had previously worked in a drop-in-center where her work was all done at the center, seeing two to three individual clients per day. Yeshe told me about the inpatient detoxification offered at the hospital, saying there are 10 beds designated for addicts. He described the counselor’s role there as primarily persuading detox patients to enter a rehabilitation program after discharge.

Five of the participants worked in a mental health setting, and mental health counseling was mentioned by most participants. The interviews did not contain much description of the addiction services offered, probably because I had worked with them in the setting and the participants did not see a need to describe what I already knew. Domestic violence counseling was described by two participants as helping both victims and perpetrators make decisions about their safety and relationships. In addition to individual counseling, domestic violence counselors engaged in social work activities, including obtaining legal consultations for clients,

communicating with police, and accompanying the clients to appointments. Although domestic violence was usually between a husband and wife, marriage counseling with both parties present was rare, Karma told me.

Throughout the interviews, the participants made an effort to tell me how counseling was being conducted: the approaches and skills being used, the characteristics of counseling work that they view as specific to Bhutan, and ideas for the development of a Bhutanese practice of counseling. They named several Western counseling models that were being used in Bhutan, and others that they thought might be useful. Yeshe observed that Bhutanese counselors have a limited repertoire of models. Most of the participants mentioned psychoeducation as an important part of counseling.

Specific theoretical approaches the participants believed were being used were cognitive behavioral therapy, narrative therapy, and person-centered therapy. Jigme also mentioned two manualized models, one called FAST, in which the F stands for Family, and the Matrix Intensive Outpatient Model for substance abuse work, which he was hoping to implement for prisoners being released from jail. Three participants identified multidisciplinary collaboration as important in Bhutan. Yeshe described the importance of group work, which was not part of the Western counseling instruction he had been exposed to:

I heard most of the counseling in the West is mostly in one-on-one, not in a group. But here in Bhutan, we are always doing in a group counseling. Because in a group we can cover maximum people affected, and we are always having a shortfall of time... And when we do have group counseling, there are a lot of advantages such as sharing of feelings of the client so that most of their hesitance or not able to talk will be coming out. So they feel more comfortable and more confident to have a long recovery life.

In addition to specific forms of counseling, the participants described many components and attributes of counseling that they view as especially important in Bhutan. Counseling is

short-term because clients are unlikely to return for repeated sessions, and should be conducted as single-session work, said Sonam. Inclusion of family in counseling is an assumption in Bhutan and should continue to be, as all problems should be seen in the community context. Family can be an essential component in achieving recovery from addiction, Yeshe said. Phuntsho, however, recommended that the client always be seen individually before bringing in family members because the person will be more likely to disclose history that the person wants to keep from family members. Ensuring confidentiality, Phuntsho said, is essential for gaining clients' trust in this small country where "everybody talks."

Norbu and Namgay believed that basic counseling skills as taught by Western counselors are important and much needed in Bhutan. To my question about what aspects of counseling are most helpful in Bhutan, Norbu said,

I think to me it is basically the process and the skills...of counseling. For instance like when we try to talk to a person, how do we approach a person? How to be sure we are actively listening to the person, make sure that the person feels that he or she is being listened to.

Phuntsho specifically named eye contact as important in Bhutan. Eye contact, he said, needs to be taught to clients who may avoid it out of respect for the counselor. Eye contact, he said, helps the counselor and client to understand one another better. Participants believed the basic skills could be useful outside of formal counseling practice in other roles such as medical staff and teachers.

Persuasion, Phuntsho said, is a part of Bhutanese counseling related to psychoeducation. Clients simply don't understand their mental health problems, and they may need convincing of a modern understanding of their problems. Yeshe advocated for persuasion as well. Western counseling, he said is "too polite," and Bhutanese, particularly addicts, need to be convinced of

their addiction and the steps to take for recovery. He said he sometimes threatened to call police in order to persuade a client to take action. He attributed this need to the fact that counseling is free of charge in Bhutan: “So when they don’t need to pay for it, they don’t take it seriously... When I talk with...our Bhutanese client, not so much of politeness.” Chimi gave a particularly rich description of how she persuades her clients to engage in the counseling. (When reading this quote, read “use to” as usually.)

Actually in the counseling I used to...first listen to their stories, then I use to say - what to say now - pressure them to open up so that I came to know his or her story, then I know how to deal with them, no? So first I used to pressure them to open up, and I use to receive their stories. For one person I use to do two to three days counseling to open up their mind. Because firstly they never use to open their mind and they are always in denial stage. They never use to say, I have done this and that. [making wide gestures with her hands] They only use to sit there, always blaming their parents first time I talk with them. Then I use to say come next time at the same time so we'll talk and we have some coffee, I use to tell them come tomorrow. And then, then I use to [gesturing with both hands making a large circle] polish, no? [laughs] - I use to say polish them, to open up their mind.

She qualified this description by quickly adding that she would tell the client this was a choice, not a demand, her effort to be true to her counseling training by not giving advice.

Counselors in Bhutan, Tsewang said, must be culturally responsive. Both Westerners and Bhutanese are providing counseling in Bhutan, and Sanjay emphasized that the counselor must always have knowledge of the culture in order to be credible and relevant. Yeshe referred to the cultural diversity within Bhutan and specified that counseling needs to be individualized to each client according to culture. Tsewang addressed cultural responsiveness throughout the interview, recognizing both the variation among Bhutanese subcultures and the difference between Bhutanese culture and the culture of counseling. She articulated the need to adapt counseling approaches to the Bhutanese setting rather than adopting them without changes or adjustments:

Through my understanding, counseling is very culturally sensitive. What is counseling in the West, what works in the West, it's adaptable too. And you cannot really adopt the Western concepts of counseling in Bhutan. Why? ...Because it's culturally very sensitive. And what works there does not work here.

Distinguishing theory from practice, she said, "The concept remains the same. How you apply it is the difference." Later in the interview she elaborated:

I don't see any problem in studying the Western concepts of counseling. I think the problem comes when you don't realize how to incorporate that within your own culture. It's there [waving her hand away from herself], but how much do you want to put it here [bringing her hand back to herself]? How do you want it to interconnect?

Norbu said something similar: "In essence we [Bhutanese counselors] are not different. It's just how we do it is the different, and that can be modified. We don't have to really follow what the Westerners are doing."

Specific aspects of Bhutanese culture that require responsiveness on the part of both the counseling profession and individual counselors were the collectivist character of Bhutanese society and belief in Buddhist principles as foundational elements of Bhutanese culture. Sanjay suggested that counselors incorporate the client's religion into counseling, and other participants talked about using Buddhist concepts as a counseling tool. Norbu identified similarities and shared ideology between counseling and Buddhism, which will be discussed in more detail as part of the next theme. He suggested that the Buddhist understanding of karma and compassion might be useful tools in counseling in Bhutan. In fact, he said, "You don't really have to incorporate [Buddhism]. I mean it's part of our culture, actually." Tsewang described how a counselor might use the doctrine of karma:

When we counsel also a person who is not literate, come from the rural part of the country, or women, you know? When you talk to them, they understand, they are able to make connection when we talk about their issues in connection to the karmic cycle, cause and effect. And then only, from that, keeping that as the base, then you move forward. You know, otherwise, if you do not mention the karmic cycle, if not this, then they are

not able to make sense. So that's why it's important that we talk about where their problems come from, why is it coming from, and what is happening to them, and how can they, you know, free themselves from this.

Buddhism, Jigme said, teaches compassion, and compassion teaches empathy, and he believed

Buddhism should inform the foundations of Bhutanese counseling.

Bhutanese people as such I would say are very religious minded, and are very compassionate. These two things I think are right in Bhutanese society. So maybe these can help in taking counseling forward in the country... Our religion is in fact totally against killing of the sentient beings...you respect the life of [an] ant and make sure that we don't harm that ant. So that way basically I think ourselves we tend maybe to empathize with those things.

These counseling models and techniques, the participants told me, are part of an evolving practice of Bhutanese counseling. Two participants identified a significant part of their work as learning by trial and error. Some of this trial and error begins with a Western model and results in adaptation for the Bhutanese context, while some of it comes from the practice of an individual counselor. Chimi described a technique that she had developed through her four years of work as a peer counselor to help a client move past denial of an addiction.

I used to say example [holding up a pen in one hand and a rolled paper in the other] this is a social drinker [raising the pen], and this an alcoholic [raising the paper], no? I used to keep this, two pens, whatever, with me, and I used to give like example... The social drinker, he used to drink three to four packs a week, I used to say like that, whereas those who have an addiction, they don't know how to [raises voice and pauses in the style of a Bhutanese schoolteacher] drink. So I give example and say, the social drinker, once they open the lid, they know how to close. I say like that. But whereas those who have an addiction problem, once they open the lid they don't know how to close it. I used to compare these two [continuing to gesture with pen and rolled paper] and then I used to do some like this.

She would go on to talk about specific differences between the social drinker and the addict, and then ask the client to identify with either the social drinker or the addict. Chimi presented this technique as consistent with what she had been taught about counseling.

Finally, the participants told me that the counselor's nationality matters in Bhutanese counseling. Norbu believed that Bhutanese counseling should be done by a Bhutanese Buddhist, one who is trained in Western counseling but in whom Bhutanese culture is ingrained. Tsewang also emphasized the need for deep cultural understanding that is possible only for a Bhutanese. Phuntsho, on the other hand, observed that a Bhutanese counselor may not be credible to clients. A Westerner, however, is considered an expert and may be more convincing to clients. Sonam believed clients might also be more likely to disclose sensitive information to a foreigner because that person is not part of the Bhutanese community and is less likely to divulge secrets to other Bhutanese.

All of the participants identified challenges in the practice of counseling in Bhutan. The most frequently addressed challenge was confidentiality. Participants saw confidentiality as important to Bhutanese clients, especially given the ease with which they said information is spread in Bhutan. Ensuring confidentiality, they said, is important to earn clients' trust. Mental health problems, Namgay said, are taboo, and people do not want their help-seeking to be disclosed. Keeping information secret from family members goes against cultural expectations, Phuntsho said, but is very important for clients who do not want to reveal their true feelings even to family. Jigme also expressed concern about needing exceptions to confidentiality in the school setting where teachers and parents may expect to be informed of children's information without restrictions. Guidelines for confidentiality, he said, are much needed.

Participants also identified client attitudes that pose a challenge to counseling. Clients expect advice from counselors, Karma pointed out, and it is difficult to engage them as active participants in their own counseling. Yeshe believed clients expect the counselor to do all the work. He also believed Bhutanese clients are less motivated than Western clients because they

do not have to pay for services. Although they expect advice, he said, they don't listen to counselors. Three participants said that clients must be educated in order for counseling to be effective. For instance, Sanjay pointed out that the medical understanding of mental illness and addiction is far removed from the Bhutanese disease concept linked to spirits and karma, and clients without some higher education are unlikely to be able to understand their problems and address them effectively. If clients are educated, however, the counselor's credibility becomes an issue, and Yeshe believed research on Bhutanese counseling is needed in order to justify its practice to clients. A part of education is English language, and Yeshe pointed out the difficulty of translating counseling concepts into Dzonkha and other regional languages. Phuntsho believed that Bhutanese counselors in particular may not be trusted as experts, and that Western counselors might be more credible. Yeshe also pointed out the difficulty of working with clients who do not have family support and are less likely to follow through on counseling decisions such as avoiding alcohol. He described feeling emotionally burdened on behalf of them and other difficult clients, and spoke of feeling burnt out.

Issues of client access to counseling were also identified as challenges. The stigma of mental health problems, Chimi said, has extended to the profession of counseling, and this stigma adds to clients' reluctance to seek help. Participants also identified logistical problems with access. Counseling is available only in the city, Sonam pointed out, so distance adds to the limitations of work and school schedules. Norbu challenged the concept of holding set appointments, saying it is not the Bhutanese way, and Sonam said that even clients who come for an appointment generally do not return, so counseling must be done in a single-session format.

In addition to the challenges with clients, participants identified needs and problems related to counselor preparation. In addition to the need for practice guidelines addressed by

Jigme, participants said more training is needed for counselors. Those who completed the school counseling program need mentoring once they are in practice. Lhamo believed counselors need more training than they are receiving in order to avoid practicing advice giving instead of counseling. Norbu specified that because of the high rates of alcoholism and other addictions, counselors need substance abuse training in particular. Phuntsho named challenging mental health cases as difficult for counselors, and he described clients with obsessive-compulsive disorder, somatic symptoms, and self-injury as challenges he was facing at the time. He expressed self-doubt as a counselor, intimating that additional supervision and clinical training would help him. Chimi described challenges she faces in keeping herself safe while doing street outreach, especially at night, and working with drunk clients who may be violent. At the close of the interview, she requested my advice in coping with a particular client.

3b) Development of the counseling profession in Bhutan. As the participants described the Bhutanese practice of counseling and its challenges, they also told me about the development of counseling as a profession in the country. The research team and I identified 63 distinct codes in three subthemes: 1) relevance and growth of the profession, 2) counselor training, and 3) needs and challenges facing the profession.

All of the participants were aware of the newness of counseling to Bhutan and told me something about its status and growth as a profession. Counseling, the participants told me, is relevant in the social context of Bhutan and can be useful to everyone in Bhutan: students, people with mental health problems, people with social problems, and all people facing everyday struggles. Jigme said,

I think counseling is very much relevant. Not to a particular group of people, no. Maybe I would say to any sections of society...be it at home, be it at school...because sometimes we have a lot of problems, like maybe taking place at home. Maybe the people don't

know how to cope with problems. So we have the counseling services, for these people I'm sure it would be better.

The society as a whole will benefit from the profession of counseling, they said. Lhamo, Namgay, and Jigme believed counseling can have a positive impact on school culture, particularly by offering an alternative to traditional school discipline, as well as on the wellbeing of individual students. A counseling approach to personal experiences, Lhamo said, can help Bhutanese students and society learn to open up about problems and change the habitual internalizing of stress. Sanjay believed counseling can complement other health professions in meeting mental health needs more effectively. Yeshe said counseling is important to address the rise in substance addictions in Bhutan, particularly drug addiction. Tsewang stated the relevance of counseling to the Bhutanese national goal of Gross National Happiness:

We want to bring in the concept of Gross National Happiness through counseling and providing mindful practices. We want to inculcate and promote Gross National Happiness in order to make our children productive, and women and men and young boys and girls, more productive with self-realization.

Counseling is particularly important, Lhamo believed, in addressing the problems that are coming with modernization, including increasing individualism and family disintegration.

The participants described the profession of counseling in Bhutan as new and growing. Counselors have begun working as full-time employees in schools, and counseling has a beginning presence in mental health care, practiced by staff in psychiatry. Counselors are comfortable with the ideas of counseling, they said, but are still learning. "We are still in the process of learning things, and just trying to put things into practice, just trying to see what is best for us," said Jigme.

Although counselors are enthusiastic about counseling, the broader culture is not, the participants told me. Many Bhutanese are not aware of counseling at all, and educating the public about it is a work in progress, according to the participants. Tsewang discussed the beginning of education about counseling, prior to the implementation of the first counseling programs:

We had consultants from Canada, the U.S. coming, so...I took the best opportunity when they were here to take them around the country...educating the schoolteachers on what is counseling...how it is going to work, what do we need. Then that education...opened a lot of the people's mind. And we also started giving that education to people and started writing about counseling in Bhutan, and wherever possible giving examples. Those kind of things helped.

Chimi described ongoing education as part of her job at a drop-in center for addicts (read "used to" as usually):

I used to outreach to those people. I used to talk to them about the [drop-in center] and what they will profit from [it], so I used to talk more like that so they will come.

The participants discussed the growth process of counseling in Bhutan. Norbu and Karma described it as a word-of-mouth process. Chimi illustrated the influence of counseling through school children by talking about her own family:

In the school the teacher used to counsel them, and then when the children reach to the home, by...doing the examples, and the children use counseling to those family... It's real with me also, because I have a brother and he is attending [name of school]. And then my mother is an alcoholic, and he received counseling from schools and he used to take to home and he used to counsel my mum... She used to cry and she used to say, oh my children is caring...about me, and he used to say all the time 'don't drink...the alcohol, it is very bad for the health.'

Jigme and Namgay described encountering skepticism among schoolteachers, and Jigme said getting clients can be difficult as a result. Norbu and Sonam described counseling as a last resort for addressing mental health and addiction problems, even for those people who are aware of it.

Training, although quite diverse and mostly from outside the country, is a particular element of the counseling profession to which the participants gave special attention. One of the questions in the interview protocol asked about the participants' training in counseling, and participants referenced their training at other points in the interview as well. The participants enumerated a number of types of training they had received in addition to other training they provided themselves or were aware of. Most of their training experiences had been theoretical, and several expressed a need for more supervised clinical experience. Participants also expressed thoughts and hopes for counselor training in Bhutan in the future.

Participants had received counseling training in Bhutan, in Western countries, and in other Asian countries. Most participants mentioned training offered in Bhutan by visiting Western volunteers. These experiences were usually brief and piecemeal, and were deemed less effective by the participants. Two participants were members of the first group to earn the Bhutanese diploma in school counseling, the highest level of counseling training available in Bhutan. The diploma program involved three-week intensive sessions at the Royal University of Bhutan's College of Education alternating with on-line coursework. Two participants had received on-the-job training through their Bhutanese employers in substance abuse and domestic violence counseling. The substance abuse training was being provided by a Bhutanese holding the diploma in school counseling as well as having outside substance abuse training. The domestic violence training was being provided by a Bhutanese with a Western master's degree in mental health counseling as well as some experienced counselors she had trained. Outside Bhutan, trainings included week-long events, three-month programs, and one master's degree program, and had taken place in Western countries, Bangladesh, and Thailand. An additional substance abuse training program was through the Colombo Plan's Asian Centre for Certification

and Education of Addiction Professionals, and involved nine units taken in separate brief visits to Sri Lanka.

With the exception of the local on-the-job trainings, most of the participants' education in counseling had been primarily theoretical, and included the approaches listed under the conceptualization of counseling theme: existentialist therapy, humanistic therapy, cognitive therapy, cognitive behavioral therapy (always called by its acronym CBT), person-centered therapy, psychodynamic theory, motivational interviewing and stages of change theory, mindfulness work, and narrative therapy. Of these, humanistic psychological understandings and person-centered techniques were most evident in the participants' descriptions of their knowledge and practices.

All of the participants discussed some form of experiential training, but four were concerned about insufficient or inconsistent supervised clinical experience. Karma said that her domestic violence training had included the opportunity to observe other counselors at work, but that observation was no longer permitted because of confidentiality concerns, so counselors would have to rely only on in-class skills practice for experience. Norbu and Sanjay had received experiential training in related fields, but not specifically in counseling. Sanjay said his experiential training had been limited by language differences: He had received his education in another South Asian country where he did not speak the indigenous language and could not work with clients. Tsewang described anxiety as a new counselor trying to apply theoretical knowledge with little experience in the face of high expectations and professional isolation in this new field:

I was, in fact, very overwhelmed, intimidated, because it was a very big task. You were the only one who knew - now it was your training, your education, your background - you're supposed to know everything. But...I didn't have any experience! ...I believed it

will work, because I was very positive. But I was also very scared. Because if I needed, you know if I was burnt out, stressed out, I needed supervision, there was no one to give you that!

As part of the diploma in school counseling, Namgay described receiving feedback on recorded sessions: Jigme, however, felt this preparation to be less than adequate for practice:

A concept about counseling was made very clear, because what we thought of counseling and what actually it was, it was made very clear. And with other critical backgrounds. So basically trying to put counseling into practice was very difficult without proper mentoring. We had to work alone in the school setting with what little knowledge that you have gained from the training was in fact the biggest challenge that I personally faced in the school.

Phuntsho and Sonam talked about observing and receiving supervision from visiting Western counselors, but said it was limited in part by the counselors' unfamiliarity with Bhutanese culture. In spite of the limitations, Phuntsho believed it was very helpful:

I feel that it was a very wonderful experience, because the Western counseling can able to influence our patients. Because previously we did not had much experience on the counseling. But after the interaction with the Western counselor, and after learning the styles of counseling, we have gained, I would like to say it's a very good opportunity where I would could able to get an opportunity to interact with the Western counselors. And it give us lots of instances how we should go and then do the interactions in a better way.

Consistent with other participants' reflections on their learning experiences, Sonam expressed opinions about how training should be done for Bhutanese counselors. Beyond the general need for more clinical training, Western trainers, she said, must be qualified: They need both cultural knowledge and cultural sensitivity. They would be more effective after spending at least six months in Bhutan, she believed. One volunteer had spent enough time there, she said:

For some...counselors, I feel probably they were getting adjusted to the culture here, trying to find their feet on a new ground. But Dr. George, I think he had been here previously for about seven or eight times, so he's used to, I think, how things work here. He knows what to ask, where to probe and all that...

Trainers staying longer in Bhutan and working together would also allow Bhutanese counselors to have more consistent training: “What we are getting here... is bits and pieces, somewhat disorganized. It’s like a salad kind of thing.” Ideally, for training to address the needs of Bhutanese counselors working with Bhutanese clients, she said, Bhutanese and Westerners need to collaborate to develop methods and to train counselors: “I think it could be done together. Especially counseling maybe from the Western side, but how it can be modified...regarding how [drawing circle with hand] in our aspect.”

In addition to the challenges evident in these descriptions of the counseling profession, participants explicitly named specific needs of the profession and hopes for its future. As part of counselor education, Yeshe hoped more Bhutanese might be sent to Western countries to see counseling at work rather than having to rely on Westerners’ attempts to apply the concepts to Bhutan. Namgay cited a specific need for school counselors and teachers to be trained to work with learning disabilities. Norbu identified the need for good leaders to unify the stakeholders with varied experiences, ideas, and loyalties. Counseling needs to be established, the participants said, not only as a practice conducted by individuals but as a unified profession with standards and a scope of practice and training, practice guidelines (including those desired by Jigme for confidentiality), an ethical code, a delivery structure, and an identity. Defining and regulating Bhutanese counseling, Tsewang hoped, will safeguard the profession and protect Bhutanese from possible harm by inadequately trained counselors as well as from counseling practices that are not relevant or effective in Bhutanese culture. Defining Bhutanese counseling, she believed, will bring some cohesion to what is a piecemeal and sometimes incongruous practice:

We are so scattered at the moment. We don't even know what it means to be certified. So therefore it's very important for us to have this before we really move on now... Otherwise we will be coming from so many different, you know, we'll have trainings from so many different countries, and we'll be thinking like, "Oh, mine is the best." It's already happening. People... who haven't had a full training in counseling... started talking about, "Oh, social focus is the best... and this brief therapy is best, narrative is best," you know? Everybody's talking informal, disjointed topics and techniques...

To deliver counseling to the Bhutanese people, Bhutanese counseling needs an organic structure, Norbu believed, that fits the social customs and values of Bhutanese culture. Strict appointments and schedules, he said, work in the West but are a barrier to access and to effectiveness in Bhutan. He and Yeshe also said Bhutanese counseling will need its own research base in order to establish credibility as well as to ensure effective practice.

In the face of these complex needs and challenges, the participants told me that advocacy for the counseling profession is taking place. Lhamo had been involved in promoting counseling in schools, and Norbu described a proposal that had already been proposed to the government, a three-tiered counseling profession with a highly educated tier; a professional tier that might include teachers, professional counselors, and even monks; and lay-level counselors such as peer counselors in addictions work and health workers trained in basic mental health skills. Sanjay pointed out that some Bhutanese would be able to pay for services if a private counseling center could be established.

As they spoke of progress and advocacy, participants also expressed hope and optimism for the development of the counseling profession in Bhutan. After speaking of the challenges he faced as part of the first graduating class in the school counseling diploma program, Namgay said, "But it's a very positive step, I think, very, very positive. In the long term, I know, counseling is going to be very well established, counseling is going to have very competent professionals." Speaking of this study, Norbu said,

I hope...with your publication that it might validate some of this, that counseling is something that we need to start here in Bhutan soon, so that this would be an additional sort of step toward this trajectory, to have so-called counseling careers and maybe a counseling association and maybe in the long run a tradition. So I'm hoping that this will be a step in the right direction.

Theme 4: Relationship Between Western Counseling and Bhutan

The final theme that emerged from the 11 interviews was the relationship between Western counseling and Bhutan. This theme directly addresses the conceptual framework of this study, viewing Bhutanese counselors' involvement with Western counseling as an intersection where the culture and setting of Bhutan meet the culture of Western counseling. Although not all participants explicitly identified counseling as a Western profession, nine of them either compared counseling to elements of Bhutanese culture or compared Bhutanese counseling to Western counseling. Only the two least educated participants did not explicitly distinguish Western counseling from Bhutanese counseling or culture, but they did recognize counseling as new to them and to many Bhutanese. The research team identified 82 codes addressing the relationship between Western counseling and Bhutan, and three sub-themes emerged as I explored them: comparing Western counseling with Bhutanese culture and counseling, the role of Western counseling in developing Bhutanese counseling, and the role of Bhutanese culture in the development of the worldwide practice of counseling.

Subtheme 4b: Comparing Western counseling with Bhutanese counseling and culture. In their efforts to explain counseling in Bhutan to me, seven of the participants described distinct differences and similarities between Western and Bhutanese counseling. They also compared counseling with existing helping practices in Bhutanese culture. Again, some of the content here overlaps with the material in the Bhutanese counseling and Bhutanese culture

themes, but in this section I explore the points of comparison drawn by the participants, beyond the simple descriptions of Bhutanese practice.

Bhutanese counseling is different from Western counseling, the participants told me. First, Western counseling is practiced from an individualistic perspective while Bhutanese counseling reflects the collectivist nature of Bhutanese society and the compassionate values of Buddhism. As part of the collectivist character of Bhutanese society, Namgay believed Bhutanese culture puts limitations on individual behavior that are not reflected in Western culture.

We've read so many things about people there having lots and lots of freedom, to an unimaginable extent...so I think we'll actually be working differently there than we'd be working here because sometimes we have our own boundaries.

Tsewang saw in Western counseling a focus on the individual's internal experience from an abstract perspective, while Bhutanese counseling focuses on a practical understanding of the situation:

In the Western, you are talking about what is my experience in the Western, in the Western you are so concerned about here and now, and behavior, you know cognitive – and you're going into all these scientific concepts or whatever. But here, ours is very simple. We are not talking about your thinking and feeling and what you're doing. Immediately you are talking about your situation, and then you are relating it to your faith cycle, the karmic cycle, cause and effect.

Participants also compared aspects of Buddhism with Western counseling. In apparent contrast to Tsewang's observation about Bhutanese focus on external situation and behavior, Namgay viewed Western counseling as looking outward while Buddhism looks inward: "It is written Buddhist theory, Buddhist philosophy and Western psychology, I think the only difference is that Western culture, they always look beyond themselves, and Buddhism always looks inward...it's like an inward journey." Namgay's focus, however, was on the

understanding of a person, whereas Tsewang was addressing the person's situation. Tsewang and Norbu compared the Westernized practice of mindfulness with Bhutanese Buddhism. Norbu observed that Buddhism is more structured in the United States than in Bhutan where it is a natural part of the culture: Mindfulness practices are taught as part of psychology, and those trainings are packaged and being sold in a systematic way as books and paid trainings. Tsewang observed that the teachings themselves have been Westernized and reflect a focus on the individual as opposed to the individual in connection with others and the environment.

For us, mindfulness means much more than being aware of yourself. It's more than that, you know. For us it's mindful, and at the same time it's also like how can I be...of help and support to others, you know, and your environment. So we are not looking at our behaviors, but we are also looking at our surroundings. But I think Western concept of mindfulness is being able to be aware of your breath, and through your breath I think you are also learning how to really focus on yourself and your understanding of who you are. I think it's very individualized. From the Buddhist perspective, how I understand – my understanding of mindfulness is a little different, because it's not individualized, but it's also very, uh, broader [moves hands in a wide circle around herself] than who you are.

Norbu and Yeshe both discussed economic differences between Western countries and Bhutan and their effect on counseling. Counseling is a business in the West, Yeshe said, and counselors can be motivated to seek clients in order to make money. Clients may also be more motivated in Western countries than in Bhutan, he said, because they have to pay for the counseling services. He believed counseling is more effective in the West because of the economic difference as well as the credibility of counseling based on research. Norbu observed that the money focus and capitalist system in Western countries mean access to counseling and counseling training is very different. Although he appreciated the structure of the profession with many opportunities for training, he viewed it as centered on monetary value. The core value Bhutanese will apply to counseling is usefulness:

Our value is completely different, so we can't do everything with money, so that's the problem. Many people can't pay money also... And that's the good thing in the capitalist society, that you can sell everything for a price tag with money, but we can't do it here actually... They will have to know that it is worth buying it. 'Cause we have to have this long, long history, culture of knowing that this is useful to you.

Norbu identified other differences in the delivery structure as well. Strict appointment times arranged in advance also do not work for the Bhutanese, he said. Sonam pointed out that Western counseling expects clients to return for multiple appointments, whereas Bhutanese counseling needs to deal with clients in a single session. Western counseling also has highly structured procedures for access, Norbu said, and Bhutan will need to develop a more organic delivery structure, one that evolves as Bhutanese counselors begin to practice and gain credibility.

Two of the participants identified Western counseling as less personal and more technical than Bhutanese counseling. Lhamo referred to the many techniques and specific methods taught in Western counseling, and compared them to Bhutanese "heart," the presence of a warm and caring person. Tsewang described Western counseling as impersonal:

Everything that we do, we do it in a very different way, so I think the contact that you... Like it's your way of counseling, the Western way of counseling, is so impersonal...whereas I think our way of counseling is more personalized...more connection. The contact is a big difference, very, very big difference. For you, a counselor has to be [places hands on lap and sits straight, leaning slightly back]... When you are talking to somebody, you have to follow that strict framework, you know [hands facing each other about an inch apart, moving them up and down], that strict ethical guidance, very strict [continues gesturing with hands] you have to conform to the norms of that profession. Whereas in the Bhutanese context, if you follow that, the client is going to run away and not see you again. Run away. That's why for us we have to be a little bit more personal, you know, be more human, have the humility, you know? Whereas in other Western counseling you go there, you sit [places hands on lap and straightens back] like a statue, nod your head [pause, both laugh], smiling the whole time! ...I have learned that you have to let yourself not be conformed by all these norms but be more...closer to the client.

She went on to try to explain the connection to cultural principles but, in spite of her fluent English, could not find the words: “it is so difficult to explain to you because this is so Bhutanese, you know?”

Yeshe believed Western counseling is “too polite” and gentle for Bhutanese clients who do not have to pay for services and who believe the counselor will do all the work for them. Bhutanese counseling, he said must be more confrontational than Western counseling when confronting addictions.

In Bhutan our clients do not need to pay...so that’s why they take advantages on the counseling if we follow the principles of Western counseling. So thereby, I do respect the Western counseling, but I...sometimes be quite hard with the Bhutanese clients, because if I don’t be so much hard, then my message doesn’t reach to the client. So sometimes I have to harden the heart in order to reach to the client... Western counseling is always pleasing the...clients, but here in Bhutan if we please the clients, we won’t get any good clients who want to take treatment, because most of the clients who come here are mostly brought here by almost forcefully. And once they are here with us...they are granted that the treatment is free...so they never take seriously.

Finally, participants described not only counseling practices as different but counselors and their skills as well. Phuntsho believed that Western counselors are more skilled than Bhutanese counselors in every aspect of counseling because they have been fully trained. In particular, he said, they are more skilled in asking questions:

We tend to ask about the family members and then how he is feeling and then what made him come to the hospital. So ours is quite narrow-minded. We do not go in the broad aspects. But what the Western counselor does, is they have a lot of ways and means to ask the questions. Like ‘How would you feel if the day could be changed?’ Or some other ways like, ‘What do you like the day could be?’ or ‘what are the things you like most to happen in the day?’ ...Bhutanese ask practical questions, but the Western counselors they ask many other ways. If one question is suitable they ask many ways.

Although other participants viewed Bhutanese counselors as warmer, Namgay viewed Western counselors as more empathic and understanding. He spoke of finding his own Buddhist

compassion lacking compared to Westerners' ability to intellectually understand clients'

perspectives:

One thing that really surprises me, because there's so much about being compassionate, and as a Buddhist myself, sometimes I'm sitting there with my client and sometimes I'm asking myself, that thing doesn't happen. Sometimes you just have to pretend that it's there. Now in that terms, I feel the Western counselors are really, really way ahead, advanced, and...more advanced in their intellectual capacity in their understanding of human nature and behavior.

Bhutanese helping practices, the participants said, are broadly characterized by giving advice, as described in the Bhutanese culture theme. Counseling, on the other hand, supports client agency and choice. Sonam said,

Counseling means - it differs from advice giving. Advice is like you have to take, it's kind of like, you know, and authoritative kind of form, but counseling says that you give options. You lay down the advantages and disadvantages of many options, and you let the person decide for herself the best solution or whatever that person feels that is right for that particular individual.

Lhamo believed the contrast between advice giving and supporting people in finding their own way is the principal difference between the two practices. She also characterized counseling as supporting expression of emotions while Bhutanese culture focuses on physical experiences and behavioral decisions.

Lhamo and Jigme also believed counseling is different from Bhutanese helping in that it provides an alternative approach to school discipline. Traditional Bhutanese school discipline is harsh and authoritarian, Jigme said, while counseling does not scold or punish but is empathic. He described the harsh discipline he had experienced as a school child and said that from early in his teacher training days, he had hoped for a different way:

So that way [using harsh physical discipline] I was getting trained as a schoolteacher. I always had that experience in my mind, and I never, although that time I did not know anything about counseling, deep down in my heart I always had the feeling that once I

complete my teacher training and go on to become a full-fledged teacher, I would never become like those teachers who used to thrash us up... I had those things in my mind.

Lhamo said traditional school discipline addresses behavior while counseling addresses the students' inner experience.

Participants also compared counseling to Bhutanese spiritual practices. Yeshe and Norbu said spiritual healing practices are not like counseling, in that spiritual healers do not talk with the person about making decisions as in counseling but simply give instructions and perform rites. Others believed traditional helping practices are quite similar to counseling. Phuntsho believed they are similar in their results but not in their methods. Participants believed both spiritual healing and counseling can be effective if the client believes in the approach. Norbu described Buddhist practice and teaching as being similar to counseling. Speaking of psychodynamic counseling, he said,

I think there are similarities and differences, I suppose. I think the similarities is basically being reflective, I think also being a bit mindful of the outside. That is a Buddhist perspective. But the difference is how you look at yourself. That may be quite different from how Buddhist would look at yourself.

Humanistic psychology, he said is quite similar to Buddhist philosophy in its essence; he believed it is universal to all people and cultures. Speaking of Buddhist teachers, he said, "Some of them are very accomplished counselors. At that level, the things they discuss may be a little more sublime than mundane, but I mean that is quite close to what a counseling position could be." However, both counseling and Buddhist practice, he said, require some education on the part of the client.

Finally, the participants compared counseling to the way family, community, and friends help one another in Bhutan. Norbu saw elders as fulfilling many counseling roles:

Grandparents are always doing counseling to the young children, for example. The elderly, the matriarch will be counseling in most of the families, extended families, the elderly in the village will be doing counseling of the other members in the community. So it is like almost part of the whole culture actually. And you know, even conflict resolutions and negotiations, done by so-called elders in the village, they are all doing counseling.

He went on to give an example of a couple experiencing marital discord. The family might invite community elders to come and function as mediators. On the other hand, he acknowledged differences from counseling. It is not a professional relationship, he said, and elders exert influence from a position of power, expecting compliance with their advice. This traditional counseling, he also pointed out, is a one-time event rather than a series of meetings as is expected in Western counseling. Sonam compared friends' helping one another to the practice of counseling and found a similarity in that trust and confidentiality are an important factor: both friends and counselors are trusted if they are known to be able to keep a secret.

Subtheme 4b) Role of Western counseling in developing Bhutanese counseling. All of the 11 participants believed that Western counseling has an important role in addressing the present-day challenges facing Bhutan. Tsewang recognized that Bhutanese counseling has originated in the Western counseling paradigm, and pointed out the high expectations Bhutan had for counseling when the first Bhutanese counselors were being sent to Western countries for training. She said she felt at times overwhelmed by the expectation that she as a new counselor should be able to resolve many societal problems, but in spite of her own feelings of inadequacy she believed counseling to be vitally important to addressing individual and social problems in Bhutan. The participants addressed two questions about the role of Western counseling in the development of Bhutanese counseling: how it should be adopted or adapted for Bhutan, and

whether or not Western counseling poses a threat to Bhutanese culture. They also discussed the role of visiting Western counselors in Bhutan.

None of the participants said that Western counseling should be unconditionally adopted in Bhutan, but they did believe imitating it can be helpful. “Western counseling...is in fact taking care of whatever is being practiced in Bhutan,” said Jigme. Namgay suggested that Bhutanese counseling needs to imitate Western counseling during this early phase in its development, and that adaptations will take place as Bhutanese counselors learn through trial and error. Jigme agreed:

Just now we have not really tried to come up with any new ways of merging things, but we are definitely trying to borrow what we learned, maybe put into practice, and just basically trying to see how best we can fit those theories or maybe strategies into our system.

Others pointed out specific parts of Western counseling that are suited to Bhutan and should be adopted by Bhutanese counselors. In their descriptions under the Bhutanese counseling theme, participants identified the basic counseling skills and eye contact as elements that Bhutanese counseling should adopt. Norbu identified humanistic counseling and Namgay named narrative therapy as fitting Bhutanese culture. Adopting Western ways, however needs justification to the Bhutanese people, Namgay said:

There are so many things we can learn from Western counseling. Right now the problem would be for us as professionals, biggest challenge is bringing the Western counseling techniques into our cultural context, and you do you make it really relevant? ...Other people they say, “The Western thing, why do you borrow the Western thing? We’re Buddhist, it should come by our, from our nature.”

Yeshe used the strong research base that supports Western counseling to justify its use: “We usually protect ourselves that we have learned from the Western counseling, which they have full of evidence and a lot of research has been done.”

For the most part, however, the participants spoke of the challenge of adapting Western practices to suit Bhutan rather than simply adopting them as they are taught by counseling professionals from outside Bhutan. Adapting is a necessary challenge, Tsewang said:

I don't see any problems in studying Western concepts of counseling. I think the problem comes when you don't realize how to incorporate that within your own culture. It's there [gesturing away], but how much do you want to put it here [brings hand back to center]? How do you want it to interconnect?

Adapting happens based on the judgment of the counselor, said Yeshe. He expressed a tension between wanting to be faithful to the research base while making counseling effective in the Bhutanese context. Western counseling is not always effective he said, so “we always want it to be scientific, so we need to be always based on proof... But we usually do something like, although we have learned from the Western counseling but then we apply to our own Bhutanese patient, there we need to justify ourselves. We need to make a judgment there.” He went on to describe his use of harsh persuasion tactics to confront addicts rather than the “polite” approach of Westerners. Karma supported making adjustments to Western counseling when she said that although counseling usually supports clients' choice, she believed the counselor sometimes must give advice.

Four participants spoke of blending cultures rather than making small changes to a fundamentally Western framework. “When you teach Bhutanese counseling,” said Phuntsho, “we need to teach from the Western perspective as well as from the Bhutanese perspective.” Namgay spoke of bringing Western counseling together with Buddhist philosophy, “...infusing some Buddhist philosophy of existence, of people suffering, and you fuse it together with some of the theories...” Norbu believed this fusion does not necessarily need to be done intentionally because the culture is in the counselor. Culture, Tsewang said, is hard to explain but is deeply

ingrained and cannot be separated from the person, so a Bhutanese counselor will naturally make counseling applicable to Bhutanese people. The ideal Bhutanese counselor, Norbu said, would be a Buddhist.

You don't really have to incorporate it. I mean it's part of our culture actually. We just have to apply the principles of counseling psychology, of Western counseling techniques, and it blends in so well with our belief system, you get what I mean, so there's not a big effort.

In addition to the ideological and practical influence of Western methods on Bhutanese counseling, the participants discussed the presence of Western counselors in Bhutan and their work of providing counseling to Bhutanese clients as well as training to Bhutanese counselors. The participants told me that Western counselors can be effective with Bhutanese clients but are not always. Phuntsho believed that Western counselors can be more effective than Bhutanese counselors with Bhutanese clients, not only because they are more skilled than Bhutanese counselors but also because they are more credible to the Bhutanese. He cited a particular case in which he felt his own counseling was not being effective because the client did not believe him. A Westerner could convince this anxious client, he believed, that the negative HIV test results he had received were valid and he no longer needed to worry that he might be sick. Lhamo viewed Western counselors as having more knowledge, experience, and expertise in counseling. Sonam believed Bhutanese clients are more responsive to a Western counselor because the counselor is not part of the local community and will not tell the client's secrets to others. She also observed that clients would return for two or three appointments with a Western counselor, whereas they would come only once to see a Bhutanese counselor. "It's the belief that people from the West are much better," she said.

Although Western counselors were seen to be more effective in some ways, the participants said they may be less effective for other reasons. Lhamo found Western counselors to be intimidating because they give the impression they can see into the person's secrets. She believed this could hinder the work of a Western counselor with a Bhutanese client. The participants also told me Western counselors are lacking in cultural knowledge and sensitivity. Phuntsho pointed out that Western counselors sometimes misunderstand clients' lack of eye contact as an indication of pathology instead of respect:

The Western people think that when we go down [points and lowers eyes to the floor], they think that we are not maintaining eye contact, but for the elders, we respect each other. And they think that we do not see the persons directly.

He also noted that the normal procedures in a hospital environment were unfamiliar to visiting Western counselors. Western counselors must also get used to the likelihood that clients will not return and learn to practice single-session counseling, Sonam said. She believed that visiting counselors need at least six months to adjust to Bhutanese ways and learn enough cultural knowledge to be effective. Only one visiting counselor had, in her opinion, managed to become somewhat effective with Bhutanese after several annual two-month visits. She also pointed out the limitations imposed by language since English is not a first language for the Bhutanese, and some Bhutanese do not speak English. To overcome some of these cultural limitations, Phuntsho said that having a Bhutanese counselor work with the Westerner can be effective and can also help to further develop a Bhutanese approach to counseling. Norbu simply believed Bhutanese counseling cannot be done by a Westerner:

I want our Bhutanese so-called counselors to come back [from training] with this essence [of counseling]... And in order to transcend this knowledge and then imbed or transplant in another culture, it's a challenge, yes, but somebody has to do it. You can't expect a Western woman to come and do this for us. We need a Bhutanese to do it.

In addition to working with Bhutanese clients, visiting Western counselors are involved in training Bhutanese counselors. Collaboration in work with clients becomes a form of mentoring, and Westerners often offer training events. Participants expressed appreciation for the trainings and supervision. Phuntsho called his exposure to Western counselors “a very wonderful experience,” saying

Because previously we did not have much experience on the counseling. But after the interaction with the Western counselor, and after learning styles of counseling, we have gained... It gives us lots of instances how we should go and then do the interactions in a better way.

Sonam said she would rather be trained by a Westerner than a Bhutanese because she trusts the Westerners’ expertise. “At this moment, I don’t think I can really look up to any Bhutanese counselor,” she said. “Maybe in the future we will have some Bhutanese counselors to whom we can look up and respect.” However, Sonam also indicated that the short-term nature of the visits affects the teaching relationships just as it does the counseling. Trainings are also disconnected and piecemeal, making them less effective.

While all the participants acknowledged counseling is relevant and useful in Bhutan, three also recognized that counseling represents part of the Westernization of Bhutanese culture. Tsewang identified the individualism inherent in Western counseling as having potential to harm Bhutanese clients and culture, especially if the counseling is being done by a Westerner:

Without understanding [Bhutanese culture] you just come here and just start talking to people, it could be damaging... Westerners...teach our students to be very individualistic, which is again a conflict as to, a confusion to them. Because they have been brought up in such a way, and then the Westerner comes here and says, it’s okay, think about yourself, first you then others. But we have been brought up to think about others first and then yourself, you know?

Answering my question about aspects of Western counseling that might be problematic in Bhutan, Namgay also addressed individualism:

In Bhutan I think culturally we are not brought up in that individual kind of thing. So I believe that thing could in some way encourage people or children or teenagers to drift away, to drift apart from our cultural norms, cultural way of understanding things. So I think I'm not too negative about the being, about having an individual thing, but given our situation, given our culture, can be a threat in the long run, in...disintegration of our whole cultural values, traditional beliefs. Slowly that might disintegrate and we lose all of it, and personally I really cherish our cultural beliefs.

He acknowledged, however, that Western influence is already present in Bhutan, and counseling may not make the situation any worse. The participants believed that counseling can be used without introducing problematic culture changes if counselors practice from a Bhutanese perspective. Counseling is a method, Namgay said, not a belief system. Bhutanese culture is ingrained in Bhutanese counselors, Tsewang and Norbu said, and that culture will be supported because it will be infused in their approach to counseling.

Subtheme 4c: Role of Bhutanese culture in the development of the worldwide practice of counseling. As part of the interview protocol, I asked the participants to tell me of ways they thought Bhutanese culture or counseling practice might contribute to the worldwide profession of counseling. Three of the participants did not appear to understand the question even though I rephrased it. Four did not believe Bhutan could make any contributions. For Phuntsho, counseling was already a well-developed and useful practice that did not need improvement:

We Bhutanese have a lot of kind of cultural aspect, where the Western people can learn from areas, there is nothing much, but whatever the Western influencing is a good thing, and we need to learn more of the Western style of counseling.

Jigme responded that Bhutanese practices had nothing new to offer: "I think I personally feel there is nothing much the Westerners should be learning from the Bhutanese, because I think Western counseling, it is in fact taking care of whatever is being practiced here in Bhutan."

Two participants named aspects of Bhutanese culture that might benefit the Western profession of counseling. Both spoke of Buddhist principles. Namgay believed the Buddhist understanding of self as well as acceptance of suffering could be Bhutanese contributions to the profession of counseling. Acceptance of suffering, he said, can foster resilience:

I believe in terms of helping other people understand themselves, maybe, getting a deeper insight into oneself. And the other thing would be understanding suffering as something that is very unavoidable and individual, this is something that I believe myself as well. Because with that knowledge, our resilience, it becomes stronger, we are able to accept uncertain things more... I as a Bhutanese am very resilient as an individual, able to overcome challenges, difficulties, with a little bit of ease...

When I asked whether these things are lacking in Western counseling, he said he would encourage Western counseling to give more attention to self-reflection as well as acceptance of suffering:

What I see most of the counseling issues in the West, most of the problems that you have, people that, basically boils down to you're suffering with something. And our understanding of our suffering could actually help ease our own problem, actually, being able to accept. To some extent, I feel it is very much lacking, in the rest of theories, if I may... So those two elements if you bring them into counseling, because with contemplative psychotherapy, there is a lot of emphasis on like you said, raising our self-awareness, and with that comes understanding our desires, our suffering, what causes suffering. It's very, very reflective what you're doing. So more reflective, your acceptance problems, being able to accept.

Sanjay also viewed Buddhism as bringing something new to counseling. Mindfulness, he observed, is already being imported, and is useful. The basic philosophy of Buddhism can also contribute, he said, and he expanded on the Buddhist understanding of suffering as an explanation for mental illness:

What are the causes for mental illness? Buddhism has an explanation. Like we have desire. Desire is the cause of suffering... There are five of them: one is desire, another is ego, another is arrogance, another anger... Buddha used to say that these are the causes of suffering. If you have these, there is always going to be suffering. So many times, it so happens that all these stresses that we create in our mind, all the stresses of life, can be related to all the five components. So I think if all these Western counselor can learn

these words and use in their counseling, and then talk to people, I guess that is going to help them.

He then said that these Buddhist ideas are similar to the psychoanalytic understanding of personality formation but that the two thought systems use different language.

Summary

The Bhutanese counselors interviewed for this study provided detailed articulation of their conceptualizations of counseling, their explanations of Bhutanese culture, their views of Bhutanese counseling as it is being developed, and their perspectives on the relationship between Western counseling and their own nation and culture. First, they explained that counseling does not mean giving advice but means understanding the client and using specific skills and principles to give effective helping to individuals and groups. Understanding the client, they said means understanding the person, the problem, and situation, bringing insight to the client as well as the counselor so that the client can make decisions about her or his own actions. Counseling is not giving advice as do most Bhutanese helpers, but supporting clients' choice and empowerment. Counseling, they said reflects specific theories and approaches and uses listening and persuasion to help clients. They identified psychoeducation; prevention; career guidance; and addictions, mental health, domestic violence, couples, and group work as forms of counseling practice. Counseling can be gentle they said, and one participant said it may need to be harsh to address the specific challenges of addiction. Counseling is different from the usual role of teachers, doctors, and religious helpers, but it can involve multidisciplinary teamwork. Counseling requires time, confidentiality, education, and work on the part of both counselor and client. The counselor must have cultural knowledge and be culturally responsive, self-aware, empathic, unbiased, and strong. Counseling, the participants believed, is effective because it is

based on research and on universal essential principles. It can be effective in addressing personal growth, suffering, difficult situations, addiction, and school behavior and individual problems.

Bhutanese culture, the participants told me, is primarily and fundamentally Buddhist, characterized by belief in karma and a compassionate character. Bhutanese society is collectivist and hierarchical, and Bhutanese people are relaxed, talk about one another, accept suffering, and are humble, non-competitive, and resilient. Modernization and Westernization of Bhutanese culture are both desirable and of concern. Some Bhutanese are skeptical of Western ideas and practices, while some idealize them and use them to bring knowledge and credibility to the counseling profession. Some Bhutanese counselors are concerned that individualism and materialism might be a threat to traditional culture and might be transmitted through the practice of counseling, while others believe the heart of Bhutanese culture resides in the person and believe that Bhutanese people practicing counseling will transform the practice to make it genuinely Bhutanese. Bhutanese culture includes some beliefs about mental health that include spiritual explanations and a tradition of not seeking help. Modern mental health care brings new concepts and must bridge the cultural knowledge gap in the face of increasing substance abuse and awareness of domestic violence and other social and personal problems. Indigenous helping practices include the work of lamas, astrologers, shamans, community and family elders, and friends, and some counselors believe these relationships can be effective in addressing at least some mental health and personal problems.

Participants also told me about both the current practices in Bhutanese counseling and the development of counseling as a profession in Bhutan. The practice of Bhutanese counseling, they said, is relevant to Bhutan for addressing social and personal problems, can be helpful to all kinds of people, and is new and growing in Bhutan. Counselor training, they told me, comes

from Western and other South Asian countries, with some training taking place in Bhutan, including the diploma program in school counseling, training in domestic violence counseling, and varied piecemeal trainings offered by visiting Western counselors. Training has been characterized by primarily theoretical knowledge and needs to include more experiential training as well as specific training in learning disabilities for school counselors and teachers. In order for training to become more thorough and consistent, more Bhutanese need to train in Western countries, and a unified and formalized profession needs to develop with defined standards, guidelines, and scope of practice; an organic delivery structure; and a clear identity and public awareness. The profession needs to be safeguarded from both inadequate training and visiting counselors and trainers with inadequate cultural knowledge. Advocacy for the profession is taking place, the participants told me, and they hold hope and optimism for the development of the profession.

Finally, the participants told me about the relationship between Western counseling and Bhutan. They compared Western counseling with Bhutanese counseling and culture, and they discussed the role of Western counseling in the development of Bhutanese counseling as well as the contributions Bhutanese counseling might make to the worldwide profession of counseling. The participants told me that Western counseling carries a distinct individualistic character, while counseling as practiced by Bhutanese reflects Bhutanese collectivism. Western counseling, they said, focuses on a person's internal experience while Bhutanese counseling focuses on the external situation and behavior. On the other hand, Buddhist philosophy describes the inward experience while Western counseling explains people using outer environmental factors. Western counseling has adopted mindfulness practice from Buddhism, but Western mindfulness is structured and self-focused while Bhutanese mindfulness is organic

and reflects compassion for the world around. Western counseling functions, the participants told me, as a business and is structured and valued in terms of money, while Bhutanese counseling is part of government-provided care and is valued in terms of usefulness. Western counseling is delivered with a high level of structure, but Bhutan needs an organic structure in which timed appointments and regular repeat visits may not be the norm. Bhutanese counseling, the participants said, is personal but can be harsh, while Western counseling is more technical than personal and more polite than harsh. Western counselors are viewed as more skilled and more intellectually empathic than Bhutanese counselors at present.

When the participants compared counseling to traditional Bhutanese helping practices, they repeatedly said that counseling is not the advice giving that is so common in Bhutan but supports client choice and agency. Counseling also provides a valuable alternative to harsh traditional school discipline, giving attention to the inner experience rather than responding directly to student behavior. Counseling, they said, is both like and unlike traditional spiritual helping. Bhutanese spiritual helpers most often give directions and perform rites, while Western counselors talk with clients. However, some lamas do offer conversations, and community elders can fulfill a role of understanding and mediating that can be similar to counseling.

Participants discussed the role of Western counseling in developing Bhutanese counseling, saying that counseling is important and relevant in Bhutan for addressing personal and social problems. In order to be culturally relevant and effective, Bhutanese counselors, the participants told me, can adopt select parts of Western counseling including the basic skills and eye contact, which may need to be taught to Bhutanese clients as well as counselors. Adopting Western techniques is especially appropriate for the early learning phase of developing Bhutanese counseling. Mostly, however, Western approaches need to be adapted for use in

Bhutan. Individual counselors need to use their judgment in implementing counseling strategies, and to develop their own techniques for counseling. Adaptation must take place, the participants said, by blending the cultures of counseling and Bhutan, which have strong commonalities, especially in the Buddhist philosophy of karma as application of the logic of cause and effect. Western counselors visiting Bhutan must be culturally alert and knowledgeable, and should be aware that they can be intimidating. On the other hand, the Bhutanese counselors view them as very skilled and trusted because of their ability to maintain confidentiality. Bringing Western counseling to Bhutan also raises concern for the preservation of Bhutanese culture, especially because Western counseling reflects Western individualism. Three participants, however, believed that when Bhutanese practice counseling, the concern is lessened because the culture resides in the person.

Finally, the participants shared with me contributions that Bhutanese culture might make to the worldwide counseling profession. Although some participants could not identify anything Bhutanese culture might add to the Western ways they had been taught, others believed Buddhist principles might enhance the practice of counseling. In particular the Buddhist understanding of self might support increased reflectiveness, Buddhist acceptance of suffering might foster resilience, and serve as a way of explaining mental illness.

The data from these 11 interviews provides new knowledge about the intersection of counseling with Bhutan and its people and culture. The Bhutanese counselors I interviewed shared liberally with me their experience with and perspective on counseling as it is being advanced in this developing nation in response to mental health and social problems. The experience of interviewing them and exploring the content of those interviews in depth has changed my understanding of myself as a counselor, researcher, and cultural being, and created

new knowledge especially relevant to the profession of counseling as it develops in Bhutan and internationally.

CHAPTER V

DISCUSSION

This study of the experiences of Bhutanese counselors with Western counseling was intended to support both the development of an indigenous counseling profession in Bhutan and the development of the counseling profession worldwide. To address these goals, I asked the following research question: What are Bhutanese counselors' perceptions of Western counseling? I also asked two sub-questions: 1) How do Bhutanese counselors perceive the relationship between Western counseling and Bhutanese culture? 2) What limitations, if any, do Bhutanese counselors perceive in the application of Western counseling in Bhutan? The participants expressed ideas and experiences regarding four major themes: conceptualization of counseling, Bhutanese culture, Bhutanese counseling, and the relationship between Western counseling and Bhutan. Although the participants are not necessarily representative of all Bhutanese counselors, the participants share the Bhutanese culture, knowledge of counseling, and experience with Western counseling with others like them. Because I discovered significant saturation in the data, I suggest that these findings can be considered at least part of the perspectives of Bhutanese counselors in general. In this chapter, I first discuss the perspectives of Bhutanese counselors in regard to the research questions, and I then address implications for the Bhutanese counseling profession and its meaning in the broader international context.

Perceptions of Western Counseling

As reflected in the findings of this study, Bhutanese counselors perceive Western counseling as a defined profession with specific underlying theories and specific strategies and techniques of practice that require training and are supported by evidence, at least for practice in Western countries. Bhutanese counselors perceive the theories of Western counseling to be

based on universal principles of human nature that allow counseling to be useful in Bhutanese culture. Counseling, according to counselors in Bhutan, is viewed as humanistic, solution-focused, and individualistic. Humanism is reflected in their view of counseling as operating from a phenomenological perspective, both insightful and accepting of individual people's experiences, with special attention to inner experiences. The findings also show a focus on solution-finding, with the distinct characteristic of eliciting solutions from clients rather than providing solutions by giving advice. Western counseling appears to Bhutanese counselors as individualistic in that it considers the interests of the individual before those of others, in contrast to the collectivist orientation of Bhutanese society in which the self is defined by relationship to family and community so that the interests of others are considered first.

These Bhutanese understandings of Western counseling are generally aligned with the tenets and current practice of Western counseling, but differ in some ways. The theoretical base they perceive is primarily humanistic and solution focused, in contrast to the relatively wide variety of existing Western theories (Somers-Flanagan & Somers-Flanagan, 2012). In particular, psychodynamic, Adlerian, Gestalt, feminist, and family systems theory are not reflected in Bhutanese counselors' understanding of counseling. It is possible that the attention to humanism and solution-finding reflect the relevance and adaptability of these perspectives for use in Bhutan, and trainers of Bhutanese counselors might do well to focus on them. Given the importance and ever-presence of family in collectivist Bhutanese culture, it is surprising that principles of family therapy are not reflected in Bhutanese counselors' knowledge. It is possible that systems theory does not reflect Bhutanese familial orientation, so is being left aside. It appears, however, that family has simply not been emphasized, in spite of the immediate

relevance to the cultural setting, and Bhutanese counselors are requesting that family work be addressed in trainings (J. Durham, personal communication, October 18, 2015).

In addition to theoretical foundations, Bhutanese counselors perceive Western counseling as using specific strategies, and techniques and as being effective. Bhutanese counselors believe Western counseling employs particular skills for listening, understanding, and helping. Some of those skills include artful questioning, intentional and attentive questioning and listening, and eliciting solutions from clients, thus promoting client choice and agency. Bhutanese counselors understand Western counseling as requiring work on the part of both counselor and client. The skills of Western counseling, they believe, also make it complementary to other helping professions and appropriate for interdisciplinary teamwork. The particular skills and strategies referred to reflect humanistic underpinnings and a particularly person-centered approach to the counseling relationship, alongside of the practical orientation of reality therapy or solution-focused brief therapy (Somers-Flanagan & Somers-Flanagan, 2012). Bhutanese counselors also understand Western counseling as taking place in a series of set appointment times in a private office space. They are aware that counseling in Western countries is a service for which clients must pay.

Bhutanese counselors view these strategies, techniques, and structures as effective in addressing personal and social problems in the West, but are aware of a lack of research on counseling's effectiveness in Bhutan. However, they consider Western counseling as potentially effective in Bhutan with adaptations. The adaptations that Bhutanese counselors perceive as necessary for Bhutan are related to criticisms of Western counseling as well as beliefs about how counseling functions in Western countries. Bhutanese counselors find Western counseling to be impassionate, impersonal, and regimented in comparison to Bhutanese interpersonal warmth and

relaxed character. This perception of Western counseling, which Western counselors might consider inaccurate, may be due to the newness of counseling in Bhutan, where the learning of guidelines and instructions may at first obscure the soft elements of personal presence and relationship that Western counselors consider central to counseling practice (Somers-Flanagan & Somers-Flanagan, 2012).

Bhutanese counselors see several areas of regimentation in Western counseling. One of these is the preclusion of advice giving, while advice giving is not only a characteristic of indigenous helping in Bhutan but considered compassionate and necessary for helping. This preclusion is an exaggeration of the caution taught in Western counseling training against advice giving, and may also reflect an early stage in the development of counselors. Bhutanese counselors also view Western counseling as highly structured and requiring prescribed lengths of time, repeated visits, confidentiality, and other ethical guidelines, in contrast to the expectations of most Bhutanese, who are more event- than time-oriented and who share personal information liberally among one another. Western counseling, Bhutanese counselors believe, works in Western countries because of existing social and economic structures: People pay for counseling services and are thus motivated to engage in the work necessary for their own wellness, people expect timeliness and return repeatedly for healthcare and psychological services, and people are familiar with and practice rules of confidentiality.

In addition to underlying theories, strategies, and structures, Bhutanese counselors perceive Western counseling as evidence-based and requiring training. They believe the research evidence supporting Western counseling methods to be comprehensive and sound. However, some recognize that this evidence does not yet extend to the effectiveness of counseling in Bhutan. Bhutanese counselors also perceive Western counseling as a specialized

profession necessitating specific and lengthy training. They believe that counseling expertise requires both theoretical and experiential training elements, with emphasis on the experiential. Their beliefs about training reflect their own experiences of training, and may reflect an underlying valuing of Western practices and education.

Perceptions of the Relationship Between Western Counseling and Bhutanese Culture

Beyond showing a perspective on the Western practice of counseling, Bhutanese counselors see some distinct connections and contrasts of Western counseling with their own culture. Bhutanese counselors view Western counseling as being both relevant to Bhutan and compatible with Buddhist philosophy and practice and traditional Bhutanese helping practices. They perceive counseling as bringing new and useful concepts and practices into Bhutanese culture, and some also perceive the Bhutanese culture as having valuable contributions to make to Western counseling.

Bhutanese counselors view counseling as relevant to Bhutan in two ways: It addresses current needs in Bhutan, and is compatible with Buddhism. Counseling, they believe, can help Bhutan to address the many mental health needs; it can help address the problem of keeping distress internalized; it can help school culture to become more supportive of individual students' needs; and it can help Bhutan in its efforts to enhance Gross National Happiness.

Counselors also view the philosophies underlying Western counseling as compatible with Buddhist philosophy, in particular Buddhist understanding of compassion and karma and Buddhist self-exploration, mental discipline, and meditation practices. A humanistic, phenomenological understanding of people and their experiences allows for empathy for clients that is easily connected with Buddhist compassion. Bhutanese counselors connect understanding

of problems and personal responsibility with the principle of karma, which reflects a cause and effect understanding of all of an individual's life events and experiences. Karma is a necessary component in discussing problems with a Bhutanese client. The insight-orientation of some Western counseling also resembles Buddhist self-exploration in practice, if not in language. Buddhist mental discipline shares common ground with cognitive therapy techniques, and Buddhist meditation practices, which the counselors believe is being already being integrated into some Western counseling (e.g. Mindfulness-Based Cognitive Therapy, Somers-Flanagan & Somers-Flanagan, 2012). In spite of these connections, Bhutanese counselors find that Western counseling does not address suffering with the same depth and understanding as Buddhism, thus not supporting the connection of suffering with karma or the interconnectedness of all beings. Also in spite of the connection with Buddhist mental discipline, a Bhutanese counselor outside of this study shared with me that his cohort in the school counselor diploma program did not find the Westernized teaching of meditation and mindfulness approaches as particularly relevant in Bhutan. I suggest two possible reasons for this disinterest: It may be related to the Westernization of the Buddhist concepts and practices that has occurred as a result of their inclusion in Western culture, which some might say could trivialize them. It may also reflect the Bhutanese belief that meditation practices are for monks and the more highly educated and not useful in the general population. All of these connections and comparisons with Buddhism suggest elements that might become part of a Bhutanese model of counseling and have relevance for Western counselors working and teaching in Bhutan.

Bhutanese counselors also compare Western counseling with traditional Bhutanese helping practices, finding both similarities and differences and believing the two might be compatible or even complementary. The beliefs underlying religious helping practices, the

counselors believe, are quite different from Western counseling's understanding of people and problems. Belief in spiritual forces and their impact on people's experiences and behavior, based in Bon religion, provides the Bhutanese with an explanation for mental distress and illness, while Western counseling assumes biological and psychological explanations. Also in direct contrast to Western counseling, traditional helping practices in Bhutan involve much advice giving and prescribing. In addition to the contrasts, however, counselors also see similarities in the way Bhutanese elders and family members listen to multiple perspectives on a problem and provide mediation. Some Bhutanese counselors see respecting traditional beliefs and collaborating with religious and lay helpers as supporting the efficacy of counseling with Bhutanese clients and perhaps as a way to bring credibility to the new profession of counseling. These comparisons and connections provide a basis for further adaptations to craft Western counseling into a Bhutanese practice, and for the structure of a Bhutanese counseling profession.

Bhutanese counselors perceive the influence of Western counseling as part of the modernization and Westernization of Bhutanese culture, potentially bringing with it individualistic social attitudes and a Western delivery structure. Some Bhutanese counselors believe the influence of counseling can be only helpful in Bhutan, while others are concerned that it may create problems. The advent of individualistic social attitudes in Bhutan, some believe, can offer a new and valuable perspective for the Bhutanese, allowing people's internal suffering to be acknowledged and addressed where the usual Bhutanese practice would be to ignore emotion, resulting in somatic and behavioral problems. On the other hand, the individualistic leanings of Western counseling are also viewed as threatening to the collectivist culture of Bhutan, encouraging Bhutanese to think of their own interests before those of others, thus contributing to the disintegration of the foundations of the indigenous culture. In addition to

individualism, Bhutanese counselors find the Western delivery structure of timed appointments, recurring visits, and confidentiality uncharacteristic of Bhutan: In Bhutan, people typically come at any time to a place of service and expect a one-time solution to their problems. Bhutanese people also care for others communally, including talking about them and working collectively to give care. Awareness of their role in Westernization and modernization should give Western counselors in Bhutan reason to be cautious about imposing their views and methods and to be receptive to Bhutanese perspective and adaptations when training counselors and providing counseling in Bhutan.

In addition to seeing Western counseling as influencing Bhutanese culture, some Bhutanese counselors are able to view Bhutanese culture as contributing to the Western profession of counseling. In particular, they view elements of collectivism and Buddhist philosophy as useful to the Western counseling framework. Considering people as part of a social whole, Bhutanese counselors believe, may bring added meaning and effectiveness to the perceived individual focus of Western counseling. They also believe that an understanding of suffering as karmic may support acceptance of suffering and thus increased resilience for clients of Western counseling. Many Bhutanese counselors, however, have difficulty identifying contributions Bhutanese culture might make to Western counseling. This difficulty may reflect the early stage in the development of Bhutanese counseling or it may reflect the humility that is typical of Bhutanese people; alternately, it may be part of a general glorification of things associated with the West.

As Bhutanese counselors think about bringing together the culture of Western counseling with the culture of Bhutan, they have two different perspectives on how counseling will become a genuinely Bhutanese profession. Some believe that counseling will have a Bhutanese character

when it is learned and practiced by Bhutanese people: Culture resides in the person, they believe, and will naturally infiltrate the practice of counseling, even if counseling is taught by Westerners in its Western form. Others believe that intentional changes and adaptations need to be made based on the cultural differences and a new and distinctly Bhutanese model of counseling must be developed and taught in counselor training. Both of these perspectives are important considerations for Western counselors supporting the development of counseling in Bhutan.

Perceived Limitations in the Application of Western Counseling in Bhutan

When asked directly about potential problems in the application of Western counseling in Bhutan, Bhutanese counselors did not respond with limitations but by describing challenges being faced in the development of a Bhutanese profession of counseling. The challenges are directly connected to differences between the cultures of Western counseling and Bhutan, and have direct implications for the application of Western counseling in Bhutan. Challenges in working with clients include working with traditional beliefs about mental health, working with differences in language, and preserving Bhutanese culture while using Western concepts and methods. Challenges facing the creation of the profession include increasing public awareness and the credibility of counseling, developing standards and guidelines for practice, creating a delivery structure that is amenable to Bhutanese people, and training of Bhutanese people to practice counseling in a genuinely Bhutanese way.

Bhutanese counselors see clients' traditional beliefs, the preservation of traditional culture, and the multiplicity of languages as challenges to be faced in the practice of counseling in Bhutan. Bhutanese who hold traditional beliefs may attribute problems either to the activity of spirits or to karma from a former life. This may result in clients of counseling expecting a counselor to prescribe a medicine, diet, or activity that would cause the problem to go away,

while the counselors expect clients to work to overcome their problems. A second concern that Bhutanese counselors have about working with their clients is the goal of preserving traditional culture while offering new approaches to problems. In particular, Bhutanese counselors believe they should modify counseling's focus on the individual to include or prioritize the interests of others. However, counselors also believe that some aspects of traditional culture need to be addressed in order for counseling to be effective. For example, some believe clients should be taught to make eye contact with the counselor in spite of the presumed hierarchical relationship. Finally, Bhutanese counselors view the many languages within Bhutan as a challenge to counseling, especially when working with older clients from rural areas who may have little exposure to the national language or to English. Even where the counselor and client share a language, and even if that language is English, the concepts of counseling are often unfamiliar to the Bhutanese, and often expressed in unfamiliar words.

Bhutanese counselors also have some concerns about the development of a formalized Bhutanese counseling profession. Developing public awareness of counseling and establishing its credibility are challenges that Bhutanese counselors believe will take time as well as concerted efforts. Bhutanese counselors also believe that counseling needs to be standardized in Bhutan in order to protect the integrity of the practice and the wellbeing of Bhutanese clients. They are seeking guidelines for practice as they encounter challenges and choices in their work with clients. Bhutanese counselors are also anxious to increase the number of trained counselors in Bhutan. With the still small number of mental health and counseling professionals, they experience professional isolation, and find the number of counselors inadequate to meet the needs of the population. Bhutanese counselors are also concerned with preserving Bhutanese culture in the development of a Bhutanese counseling profession. In particular, collectivism and

the hierarchical social structure are viewed to be at risk in the practice of a fundamentally individualistic and egalitarian counseling practice. Bhutanese counselors are also challenged to create a delivery structure that suits the Bhutanese time orientation, which does not support pre-scheduled appointments at precise times or even on specific days. Understanding of these challenges is crucial in designing a Bhutanese model and profession of counseling.

Implications for the Development of an Indigenous Counseling Profession in Bhutan

In spite of vast philosophical and cultural differences, the perceived threat of individualism, and differences in the approach to service delivery, Bhutanese counselors consider the principles and practice of Western counseling to be generally desirable and adaptable for work in Bhutan. However, none of the participants in the study said that Western counseling should be unconditionally adopted in Bhutan. Indeed, some said emphatically that it should not. They believed, however, that imitating many aspects of Western counseling can be useful as part of a Bhutanese model of counseling, especially in the early stages of development. Bhutanese counseling, they suggested, might be a blending of Bhutanese culture with Western counseling.

It is with great humility and the recognition of the limits of my Western perspective that I make suggestions for the development of an indigenous profession of counseling in Bhutan. I am particularly aware of my struggle to envision a collectivist perspective, and Bhutanese readers might find my suggestions regarding family and community awkward at best. In spite of these important limitations, I write these suggestions to provide a bridge between the cultures of Western counseling and Bhutan. It is a bridge being built from the Western side of the culture gap and designed using Western principles, but I hope it will serve to inform both Bhutanese and Westerners in the development of Bhutanese counseling.

Incorporating knowledge from literature and experience with the voices of the study participants, I suggest several elements that might be considered by Bhutanese counselors and Western supporters for inclusion in a Bhutanese model of counseling. After presenting elements of a counseling model, I discuss the implications of the study's findings for the delivery of counseling services, the training of Bhutanese counselors, and the development of the profession. I hope these contributions will not be understood as firm guidelines, but that they will be useful in informing the development of an indigenous Bhutanese model and profession of counseling.

Suggestions for a Bhutanese Model of Counseling

The participants in this study expressed strong and clear views of what counseling should be in Bhutan. I describe here elements of a possible counseling model that I hope are both consistent with those views and meaningful to Western readers. I suggest that Bhutanese counseling might be defined as the practice of interpersonal helping through conversation that addresses internal distress, mental health disorders, social and behavioral problems, and people's responses to difficult circumstances. Counseling for all these purposes should be suitable to help Bhutanese people of all social and cultural groups in healthcare, education, and social services settings. To these ends, I describe here several elements that might become part of this model. Some of the elements of this model may be self-evident to Bhutanese counselors, but are included for the benefit of Western readers, and because I am aware that I do not understand Bhutanese culture deeply enough to know what can be assumed. I present the model in terms of foundational principles, the goals of counseling, and the actions of counseling.

Foundational principles of counseling. A Bhutanese model of counseling must be based on assumptions that reflect universal principles of humanistic psychology and are consistent with Bhutanese culture. The following assumptions are proposed based on the

contributions of the study participants and an understanding of Western counseling. These are written from a Western perspective and may need to be rearticulated by Bhutanese theorists in order to avoid the imposition of Western philosophies. I propose four principles: collectivism, personal agency, karma, and compassion.

The first principle proposed for Bhutanese counseling is collectivism, the consideration of the individual as an integral and inseparable part of family, community, and nation. The collectivism-individualism spectrum is considered the deepest and most defining element of culture, and is foundational to how individuals think, behave, and define themselves (Triandis, 2002). It is an essential cultural difference between Western counseling and Bhutanese culture. Collectivism provides social structure and a foundation for individual identity in Bhutanese culture (Durham, Andrews, & Lester, 2012), therefore it must be at the core of an understanding of Bhutanese counseling. Understanding collectivism is essential for understanding the problems clients bring to counseling as well as the goals, client-counselor relationship, and strategies of counseling in Bhutan. As in other collectivist cultures, Bhutanese people tend to function interdependently, prioritize family or community needs and ambitions, take the advice of the group, behave according to group norms, and concern themselves with relationships with others (Chen et al., 2015; Triandis, 2001). These tendencies stand in direct contrast to the individualist assumptions underlying Western counseling: personal goals are sought before group goals, personal rights and attitudes underlie behavior, relationships with others are contractual and based on personal satisfaction (Chen et al., 2015). These tendencies, according to the study participants, can leave people's individual problems and distress unaddressed, so the attention to the individual brought by Western counseling can be helpful. However, collectivism is also the means by which individuals grow and receive care and nurturance. As part of the collectivist

assumption, Bhutanese counseling should assume the value of the social hierarchy in which elders are honored and obeyed. In the collectivist context, this means that the group norms are maintained by older people. Without the underlying assumption of collectivism, it is possible that the individualism of Western counseling might endanger clients' basic functioning and identities. Because of this danger, it is vitally important that Bhutanese define counseling and select and create its techniques. The principle of collectivism in Bhutanese counseling means that counseling must always address families and communities, and always address individuals as embedded in those communities.

The second principle I suggest is that people have agency and are responsible for their own decisions and actions. Belief in personal agency should represent not independence from others but the functional and psychological autonomy of individual selves within the social collective. Autonomy can be considered to exist within collectivist cultures in that, although the social collective is a defining feature for individuals, the collective attributes unique sets of characteristics to individuals, and they experience the existence of a self (Rao, 1998). Agency functions within the structure of the whole, and the agency of the whole depends on the agency and responsibility of individuals (Rao, 1998). Within the context of collectivism, each Bhutanese person brings unique and individual internal experiences, patterns of functioning, and perspective and contributions to the family and community.

To understand personal agency in a Bhutanese way, counseling might also assume that the karmic cycle of cause and effect governs the events in a person's life. Although the doctrine of karma can be seen as fatalistic and detrimental to self-efficacy (Chencho Dorji, personal communication, September 2012), it should be seen in counseling as a motivator toward change and good actions (Arulmani, 2009). One of the study participants proposed that, in addition to

imbuing people's actions with meaning for future lives, karma implies consequences in this life, likening it to the Western understanding of cause and effect. The doctrine of karma supports acceptance of suffering when it cannot be changed. It has been integrated into Western counseling in areas such as facing grief and death (Wada & Park, 2009) and understanding family relationships (Shaneman, 2008). Use of an indigenous concept of karma in counseling has been recommended for South Asians (Rustagi & Choi, 2014).

The fourth principle is Buddhist compassion that one participant described as “unconditional love” and another associated with having “heart.” One of the study participants told me that compassion provides meaningfulness to the work of helping others and underlies the warmth and empathy that are desirable for a counselor to demonstrate. Compassion might be understood as an altruistic attitude of being that is at the heart of a person's social interest and essential to healthy functioning. In addition to being a part of many iterations of mindfulness meditation, Buddhist compassion has been conceptualized as an approach to Western psychotherapy, addressing shame and self-criticism through compassion for self and others (Gilbert, 2009), and has been integrated into several Western counseling interventions including group theory, caregiving, compassion-focused therapy, and work with eating disorders (Cheng & Tse, 2014). However, a Western understanding of compassion may not be accurate or sufficient to inform Bhutanese counseling. I suggest that a dialog between Bhutanese lamas and counselors might provide a basis for a definition and an understanding of the place of compassion in the counseling act as well as the understanding of human nature.

Goals of counseling. Bhutanese counseling must address the needs of a diverse population in multiple setting and with varied goals. Although Bhutanese share many core elements of culture, the Bhutanese population includes people of different social classes and

cultural and ethnic subgroups, including royalty, government workers, and common people. I suggest that counseling must reach people of all subcultures and groups in remote areas as well as in cities, and although most Bhutanese are Buddhist, counseling must address the smaller populations of Hindus and Christians as well. Counseling must also be designed to serve children as well as adults and to work with entire households and families. To serve the needs of this diverse population, counseling has begun to be offered in the healthcare, education, and social services contexts.

Based on the perspectives of the study participants, I suggest that the primary goal of counseling across contexts and populations might be to support the healthy functioning of families and communities in Bhutan. This suggestion reflects a direct contrast to the individual focus that so often characterizes Western counseling (Somers-Flanagan & Somers-Flanagan, 2012), and concerted efforts should be made to adjust training curricula accordingly. In order to accomplish this broad goal, I suggest several specific goals for the practice of counseling: reducing individual distress and the symptoms of mental illness, supporting individuals' healthy engagement in the social collective, resolving family problems, supporting students' academic success, supporting career decision-making, resolving behavior problems, and educating clients and the public about mental health. Some of these goals focus on the individual. I suggest that work with the individual can support personal wellness and autonomous self-understanding, agency, and decision-making without necessarily promoting individualistic independence.

Actions of counseling. In order to achieve the goal of supporting diverse, healthy families, I suggest that Bhutanese counselors develop specific conversational skills and interventions. These might include active listening; understanding families, community systems, and individuals; solving problems; and educating. The skills of active listening might reflect an

attitude of compassionate empathy. Holding that attitude, counselors might ask questions with therapeutic intent, use encouragers and reflection to support self-expression, and encourage eye contact when necessary to enhance the therapeutic relationship.

Active, compassionate listening might serve a therapeutic purpose by allowing clients to express feelings and explore their own thoughts, and also an informative purpose, giving counselors perspective on their clients. Individuals might be supported in understanding of self and family contexts, and families might be supported in expressing feelings and perspectives to one another. Bhutanese counselors may need to give particular attention to skills that support expression of feeling, as direct expression is not a common practice in Bhutanese culture. With active listening as the foundation, the mental act of understanding clients would require that counselors have a foundational knowledge of a variety of theoretical perspectives on human functioning and experience. These might include a biological perspective on psychiatric conditions, a humanistic and phenomenological perspective on human needs and subjective experiences, a systems theory of family and community functioning, and a Buddhist understanding of life's karmic cycle and the role of suffering. Understanding clients might also involve understanding the mind, which might be done through both Buddhist and cognitive therapy perspectives. Understanding clients would serve two purposes. First, understanding clients would give them the opportunity to feel heard and validated. Second, understanding or conceptualizing clients and their situations would serve as assessment and a basis for creating a counseling plan. As the counselor listens to gain understanding, the client might also gain insight.

Solving problems in Bhutanese counseling would be built on the counselor's understanding of the family or client and might involve three distinct skills: eliciting solutions,

offering choices, and giving advice. Eliciting solutions from the client would require that counselors use active listening and some focusing skills to support clients in exploring their own thoughts. Solutions, whether from the client or suggested by the counselor, might be practical and external or cognitive and internal. To offer choices, counselors might help clients identify a list of desirable options or a choice between healthy and unhealthy options. Offering choices may require that counselors be aware of community and government resources available to clients as well as understand clients' immediate situations in their cultural context. Once options are identified and evaluated, giving advice might be practiced in a way that supports client agency and empowerment, using suggestions rather than directives. For individual clients, the advice might sometimes be given in conjunction with other figures of authority in the client's family and community. Giving advice might include persuasion, which is not part of any Western model of counseling and would need to be developed conceptually from a Bhutanese perspective.

Finally, educational interventions might be needed at family and individual, community, and national levels. At the family and individual level, education may be needed to help clients understand a modern perspective on their problems or to teach them skills for use in everyday life. Understanding of problems might include explanation of the role of both biology and emotions. Skills might include coping, decision-making, or interpersonal skills. At the community level, education may be needed to help families and others function in healthy ways or make joint decisions. Community education may also help family members and others to understand the needs or condition of an individual with a disability or mental illness. Those others might include teachers, doctors, law enforcement officers, and employers. At the national level, education is needed to help Bhutanese identify and understand mental illness, disability,

and social and cultural differences. Although not all counselors would be involved in education at the regional or national level, all counselors might be prepared to answer questions or provide information to the public in order to help dispel misinformation or stigma surrounding mental health and help-seeking.

Challenges counseling presents to Bhutanese culture. In creating this brief description of counseling, I recognize that even a fully Bhutanese model of counseling, as derived from the perspectives of the study participants, would challenge traditional Bhutanese culture in several ways. First, the phenomenological perspective on individuals, according to the participants in this study, is not generally taken in Bhutan. Although more educated Bhutanese may explore the mind and employ acceptance strategies based in Buddhism, counseling goes beyond understanding and acceptance to expression and strategies to create change in the internal experience. In addition, the attention to the experience of individuals challenges the collectivist focus of the Bhutanese. Where Bhutanese expect to tend to the needs of others first, counseling asks clients to tend to their own needs. Even the counselor, who is attending to the needs of another, is challenged to listen in new, individually focused ways to the experience of that other.

Counseling also challenges the hierarchical structure of Bhutanese society in two ways: by training a lay person to act as a wise person, and by inviting collaboration between client and counselor in spite of different social levels. Counselors may be called on to work with people who are either above or below them in the social hierarchy. If a client is in a superior position, the counselor faces the challenge of either establishing trust and rapport without eye contact or breaking social norms and requesting permission to make eye contact. Working with clients who are lower in status, counselors must either expect no eye contact or use their authority to teach

clients to make eye contact in spite of the difference. Eye contact is not, however, the heart of the challenge, which is to both establish the counselor as wise and elicit wisdom from the client.

In addition to calling for a focus on individuals, and challenging the social hierarchy, counseling challenges fatalism and the sharing of personal information. Counseling challenges the fatalism that some Bhutanese, according to the participants, derive from their understanding of karma. Although acceptance of suffering is one aspect of problem-solving, counseling asks individuals and groups to take responsibility and to make choices that affect their own and others' destinies rather than accepting the unfolding of life as the result of actions in past lives. Counseling also raises the question of confidentiality, challenging the Bhutanese practice of sharing others' stories and information with one another. Bhutanese counselors may not be trusted by clients because clients do not believe the counselor is capable of keeping confidentiality. They may also not be trusted by others if they do not reveal clients information at least to others of higher social status.

In spite of these cultural challenges, I hope that a Bhutanese model of counseling will be developed. I hope that these suggested elements will provide at least some inspiration for Bhutanese counselors to develop their own model as well as inform Westerners in their approach to doing counseling and training counselors in Bhutan. In the meantime, Bhutanese counselor training and counseling continue to imitate Western counseling. However, I hope that involvement of Bhutanese counselors in modifying existing approaches, developing their own interventions, and creating training curricula will result in a well-rounded Bhutanese model of counseling that is useful in school, healthcare, and social service settings to serve the needs of a diverse population.

Recommendations for the Bhutanese Counseling Profession

Based on my understanding of Bhutan and of the Bhutanese voices represented in this study, I offer here some suggestions for the ongoing development of the Bhutanese counseling profession. Although I have tried through this study to listen to a Bhutanese perspective, I recognize that my interpretation is through my American academic lens, and I have surely missed or misunderstood important content. I hope that Western readers will recognize that my recommendations should not be carried out without the full engagement of the Bhutanese stakeholders, and I hope that Bhutanese readers will use this document not as a list of next steps but as a catalyst for further thought and development of a truly Bhutanese plan. I present here suggestions for the delivery of counseling services, training of Bhutanese counselors, and the advancement of the counseling profession.

Delivery of counseling services. At present, counseling in Bhutan is offered in some schools, in one hospital psychiatric unit, in one social service organization, and in several agencies addressing substance abuse problems. Plans are being explored for engagement of counselors in colleges as well. Counselors are employed in the education sector, and a proposal is being considered for employment of counselors in the healthcare system. I suggest that the delivery structure of Bhutanese counseling may be different from that in Western countries, and that the delivery structure may take somewhat different forms in the school, healthcare, and social service arenas. I do not attempt here to provide a comprehensive plan or even concrete suggestions for delivery of counseling services in Bhutan, but present some necessary considerations regarding family involvement, location and timing of counseling, language differences, payment for service, and number of sessions.

Individual clients attending counseling in the healthcare and social service settings in Bhutan, whether inpatient or outpatient, usually have one or more family members or friends with them. I suggest that Bhutanese counseling sessions in those settings routinely begin with a brief family meeting to hear the concern from a family perspective, assess family relationships and functioning, and educate the family about the nature and process of counseling. Counselors might then decide to proceed with the group or to hold an individual session and then rejoin the group for a concluding discussion. In schools, students are separated from their families during the school day and may be seen alone. A counselor might then decide with the student how and when to inform and involve family. In addition to family, other professionals may be concerned with a client's counseling. Counselors might involve others such as teachers, medical doctors and caregivers, and law enforcement officers with the consent of their clients.

Counseling in Bhutan is presently delivered in schools, hospital psychiatric inpatient and outpatient units, social service agencies, and substance abuse rehabilitation facilities, and takes place on both a set appointment and a drop-in basis. Counselors in all of these settings sometimes go to families' homes to provide counseling, and counselors working in substance abuse go into public places for outreach. I suggest that the profession of counseling in Bhutan continue to support in-home services as well as outreach. Discussion of the parameters of such offsite work may be needed, and finding private spaces for counseling may be a challenge. In both localized and offsite services, counseling is delivered on both a set appointment and drop-in basis. I suggest that counseling continue to be offered on a drop-in basis, and that pre-scheduling appointments be an option for clients who are accustomed to functioning by the clock. Drop-in sessions, although less predictable for counselors, make counseling more accessible to more Bhutanese by not requiring a high level of cultural modernization.

Delivery of counseling services in Bhutan must be accessible in regard to language. Given the multitude of languages spoken in Bhutan and that counseling is seen as most effective when conducted in a client's first language, counselors might be placed in positions of service according to their language abilities. For work in cities, counselors with more than three languages might be preferred. Also, several counselors in one location might be chosen with a variety of languages in mind, and counseling training might include practice and theory of working with a translator and across language differences.

Delivery of counseling in schools, healthcare, and social services is presently free of charge to clients, provided by the government in education, healthcare, and public regulatory bureaus, and by civil service and non-governmental organizations. Counseling in Bhutan may remain part of free services only or may also come to be offered in private practices, although none is yet in existence and a paying client base may not be possible until after counseling has become known and trusted in Bhutan. Whether or not paid counseling becomes available, the impact of the lack of fees on client motivation should be considered in conducting counseling.

Finally, the number of counseling sessions expected with a client is also an important consideration in Bhutanese counseling. Where attending counseling depends on the initiative of the client, single-session counseling might be considered the norm, and training of counselors might focus specifically on single-session work. Where the counselor or another authority is responsible for initiating counseling, as in residential rehabilitation, the psychiatric inpatient unit, and in schools, counselors have the option of planning for multiple sessions. In addition, some voluntary clients may wish to attend counseling repeatedly over a prolonged period of time, and counselors should be prepared for multiple sessions. In training, counselors should be prepared to work in both single-session and more prolonged formats.

Suggestions for training Bhutanese counselors. In view of the present situation of counseling in Bhutan, knowledge of Bhutanese culture, and the contributions of the participants in this study, I suggest that counselor training might be modified from the usual Western models to address the particular needs of Bhutanese counselors and their clients. I suggest these changes in direct response to the study participants' enthusiastic assertion that counseling and counselor training must be culturally sensitive and responsive. These suggestions are intended to address present training of counselors as part of the development of Bhutanese counseling practice and of future training. I make suggestions for a culturally responsive and intentionally developing training system; the development of Bhutanese instructors; a focus on experiential education; and curriculum adjustments in the areas of family inclusion, number of sessions, Buddhist principles, multiculturalism, psychoeducation, collaboration with other helpers, and specializations.

First and foremost, I suggest that the systems of training counselors in Bhutan incorporate program evaluation that is collaborative with practicing counselors and responsive to student feedback. Training of Bhutanese counselors has already begun using a Western model of counseling and Western pedagogical methods. If Bhutanese models of counseling and counselor training are to be developed, it must be in consideration of the experiences of Bhutanese who are employing the principles of counseling in the Bhutanese context. These practicing counselors provide in essence a trial-and-error learning format for testing and modifying the Western principles in which they have been trained. Without their input, Bhutanese counselor training is almost certain to impose Western values on both counselors and clients, making counseling less relevant and effective for the people of Bhutan, and perhaps doing harm. I hope that instructors and those developing curricula will maintain active relationships with practicing counselors and routinely conduct interviews with them to ascertain the usefulness of the curriculum and

suggestions for change. I anticipate that curricula might undergo major changes in response to this feedback. Incorporating reflective response assignments in coursework in order to elicit student feedback might be a first step in program evaluation and responsiveness. Use of the reflective material to influence curricula would need to be formalized in a system of review between semesters or teachings of each course. I believe this ongoing exchange is the most efficient and effective way that a truly Bhutanese approach to counseling can be developed and maintained.

In addition to having an ongoing exchange with Bhutanese counselors, I recommend that counselor training be conducted, as soon as possible, by Bhutanese instructors. For the immediate time period when Bhutanese instructors are still few, I suggest that Western counselor educators make every effort to immerse themselves in Bhutanese culture before and during curriculum development work and teaching. In addition to this cultural training, I suggest that the Western counselor educators work collaboratively with Bhutanese, submitting all curriculum for review, questioning, and modification before teaching, and co-teaching as much as possible with Bhutanese counselors. This co-teaching would serve not only to ensure that adequate adaptations be made but also as a mutual mentoring: the Bhutanese counselor being mentored in the teaching of counseling and the Western educator in Bhutanese culture. Existing master's level Bhutanese counselors might be sought for both teaching and co-teaching roles. These relationships would form part of the system exchange supporting the development of a Bhutanese curriculum and teaching methods.

I recommend that the experiential aspect of training be prioritized, and that ongoing supervision be arranged for all counselors as they graduate from their programs. Given the limited number of potential supervisors in Bhutan, ongoing supervision might be conducted in

the form of peer consultation with an open line of communication to specific counselor educators. Counselor educators and supervisors might also travel to counseling sites to provide periodic in-person consultation opportunities. Conferences of the Bhutan Board of Certified Counselors might provide periodic opportunities for continuing education with experiential components and time for specific consultation with one another and visiting experts. All of this post-diploma supervision could also be an avenue for gathering feedback from practicing counselors to influence the training curriculum. In addition, training in supervision for senior counselors would allow for increased mentoring for new counselors.

Even before the implementation of a system of exchange between the cultures of Western counseling and Bhutan, I suggest several areas of the curriculum that may warrant modifications or additions: family focus, single-session focus, Buddhist principles, multiculturalism, teaching, collaboration, and specialization. I suggest that Bhutanese counselors be trained in a balance of individual work and family and group work, examining individual counseling principles in the context of family systems theory, family interventions, and group dynamic and interventions. Attention should also be given to the counselor's decision about when to use individual sessions in addition to family sessions. I suggest that training in both family and individual work might focus on single-session interventions first, without neglecting the possibility of longer term counseling. Training for multiple sessions may need to address variation in the family group who attend the sessions.

In response to the study participants' descriptions of Buddhist principles as part of counseling, I also suggest that Bhutanese Buddhist teachers be invited to train counselors in Buddhist thought and practice. Although Western counseling has incorporated and researched the Buddhist practice of mindfulness, I believe that a Westerner teaching indigenous principles

would involve unnecessary cultural translation of the ideas from indigenous to Western and then to Bhutanese thought. Buddhist teachers engaged to teach counselors might first be offered exposure to the principles of counseling. A similar arrangement has been implemented in Thailand, and a curriculum in Buddhist counseling has been developed (Chomphunut & Prior, 2014). The Thai curriculum may provide a source for development of Buddhist content for the counseling curriculum in Bhutan. The engagement of religious leaders in counselor training would offer yet another avenue for infusing Bhutanese culture not only in the specific teaching of Buddhist principles but in the entire curriculum.

In addition to consideration of families and Buddhism, Bhutanese counselors must address a diverse population. Leung and Chen (2009) caution that the multiculturalism movement has been primarily an American movement and reflects individualism as it is aimed at democracy and individual rights-oriented social justice. However, counselors in Singapore have been able to adapt multicultural counseling theory to address the diversity there (Tan, 2009). I suggest that Western training in multiculturalism be modified to reflect the specific realities of the Bhutanese population. In Bhutan, regions have distinct cultural differences. Counselors also need to be prepared to work with educated Bhutanese as well as uneducated. They should adjust their practices according to a group's degree of rurality, a person's connection to royalty or government, and religion in order to serve Hindus and the small number of Christians in the country. Perhaps the most challenging aspect of diversity in Bhutan is the multiplicity of languages. Bhutanese counselors might benefit from practice articulating the ideas of counseling in multiple languages during their training. They should also be prepared to consider the complications in counseling that arise when working through a translator.

Bhutanese counselors may also need preparation to teach others about counseling. Because counseling is not yet understood or accepted by most Bhutanese people, counselors will need to educate clients, other professionals, and the population at large about the nature of counseling, about some psychological principles (possibly founded in Buddhist thought), and about the biological basis for mental illness and other psychological problems. Counselors may initiate this education with clients and collaborators, and they may also be called upon by communities and organizations to provide expert education. Counselors should also educate Western volunteers about Bhutanese counseling as well as the broader culture.

Given the variety of modern and traditional helping services in Bhutan, counselors may also need preparation to work with other helpers for the care of a family or individual. Collaboration may require some understanding of the roles and expertise of those in other professions. Counselors will need to know and understand the variety of support services available to their clients and consider the potential role of traditional resources in therapy. Especially during this developmental phase of the profession, Bhutanese counselors should also be prepared to work alongside of Western counselors and educators. The challenges of working with outsiders were alluded to, but not fully addressed by the study participants, and I am confident that Bhutanese counselors have experiences and advice to share with one another about this cross-cultural collaboration. This element of the curriculum might be most effective when taught or led by a Bhutanese instructor.

In addition to these modifications and additions to a Western counseling curriculum, Bhutanese counselors may need training in specialty areas of counseling. These may include developmental disorders and learning disabilities for school counselors, domestic violence, and addictions. Learning disabilities assessment and intervention was an area of need for school

counselors identified by the study participants. Domestic violence counseling is already taking place in Bhutan. With 77% of women in the capital city reporting experiencing violence (Durham, Kraus, & Nirola, in press), I recommend it be extended to all counselors. Training in addictions counseling is also already taking place, but given the prevalence of substance abuse (over half of all psychiatric ward admissions), I suggest that it be given attention as part of the core curriculum for all counselors.

In addition to these suggestions, three issues were raised in my interviews with Bhutanese counselors that might require decisions by the Bhutanese counseling profession. First, a Bhutanese model of counseling should address the use of giving advice and persuading in counseling. Considering that giving advice is a natural part of Bhutanese helping, the profession of counseling will need to decide what role advice has in the act of counseling. Counseling might be treated as different from traditional helping, and thus use advice only minimally. Alternately, traditional Bhutanese helping might be considered to be an essential part of Bhutanese counseling and thus giving advice would not be avoided. In either case, a Bhutanese counseling model might specify directives for how and when to provide advice as a therapeutic intervention. Related to advice is the question of persuading clients to take a particular course of action. Persuasive techniques were employed by two of the counselors I interviewed, and Bhutanese counselors might decide whether giving advice should extend also to persuading clients to accept the advice. Persuasion is generally seen in Western counseling as counter-productive and detrimental to a client's agency and self-efficacy. If adopted as part of Bhutanese counseling, persuasive techniques would need to be defined and delimited in relation to the other elements of the counseling model. Finally, a Bhutanese model of counseling might include a distinctly Bhutanese definition of psychosocial wellness. It is because of the wellness orientation

of the counseling profession that it has been chosen for implementation in Bhutan, and adapting this aspect of counseling theory is especially important given the individualistic goals of Western counseling. I suggest that Bhutanese counselors from different areas of the profession work together to create a Bhutanese definition of healthy family and individual functioning.

If a system of program evaluation and response can be implemented and a culturally relevant curriculum and pedagogy be crafted for counselors in Bhutan, a culturally appropriate approach to counseling might be created. Even before that system is in place, curricula might be modified from the usual Western framework in the areas of family inclusion, Buddhist training, multiculturalism, psychoeducation, inter-professional collaboration, and specific specialty areas. With the engagement of practicing counselors, not only would curriculum be informed by practice, but experiential training might be emphasized and counselors in the field might experience less professional isolation and remain engaged in ongoing learning. With systems in place to adapt counseling for Bhutan at the training level, the Bhutanese counseling profession might have a platform for developing an indigenous approach to counseling that resonates with counselors and effectively helps Bhutanese families.

Suggestions for advancement of the Bhutanese counseling profession. The profession of counseling in Bhutan is still in the early stages of development. Both school counseling and domestic violence counseling have established delivery systems, and those counselors are receiving training in Bhutan. Addictions counseling is taking place through multiple avenues, and the first counselors are being formally trained outside of Bhutan through the Colombo Plan's Asian Center for Certification and Education of Addiction Professionals. Mental health counseling has yet to be formalized, but a structure for employment of counselors in the healthcare sector has been proposed. The Bhutan Board of Certified Counselors has also been

founded, so that a governing body exists to foster the advancement of the profession of counseling. Based on the voices of the participants of this study, I make here suggestions for the development of the Bhutanese counseling profession in regard to a Bhutanese model of counseling, standards of practice, an ethical code, guidelines for referrals and collaboration, and accessibility of counseling to the Bhutanese public.

First, I hope that Bhutanese counselors will develop a Bhutanese model of counseling that upholds Bhutanese culture while addressing the needs of a modernizing nation. I have suggested some elements that might be included in such a model. In addition to a Bhutanese counseling model, I suggest the profession of counseling develop standards of practice that identify not only professional counselor behaviors but also qualifications required for a person to provide counseling in Bhutan. Both training and personal qualifications might be addressed. The variety of existing training sources, both inside and outside Bhutan, might be evaluated for suitability to the Bhutanese counseling model. Standards for training may need to be reviewed frequently as the profession evolves with an indigenous counseling model and more Bhutanese training. Two of the participants in this study were concerned not only with the wide variety of training levels of Bhutanese counselors presently, but also with the suitability of foreigners to practice in the Bhutanese setting, and as the profession grows, requirements might be made for foreigners' cultural training. In addition to specifying training, the profession might establish recommendations for the personal qualities desirable in a person selected for training in counseling. The personal factors of therapeutic presence and personal Buddhist practice were identified by Thai counselors to be necessary for the counseling role (Chomphunut & Prior, 2014). Based on the participants' descriptions of counselors and their roles, desirable qualities

might include cultural responsiveness, self-awareness, interest in and understanding of human nature, compassion, Buddhist practice, and resilience for working in a demanding profession.

The Bhutanese counseling profession might also require an ethical code. One of the study participants from the school sector provided an example of the need for ethical guidelines by describing the dilemma he faced in deciding whom to inform about a student's emerging mental health problems. Both teachers and parents believed they should be informed, and the counselor struggled to uphold his understanding of confidentiality. All of the participants, in fact, mentioned confidentiality as important to counseling, but four acknowledged difficulty or confusion about implementing it. Confidentiality is an important ethical consideration in Western counseling, and its place in Bhutanese counseling should be determined by the Bhutanese counseling profession. Another question raised in Western ethical codes is that of multiple role relationships. Given that Bhutan is a small nation with small communities within it. It is very likely that counselors will find themselves in multiple roles in relation to one client, and guidelines for engaging in counseling with relatives and other community members may need to be established. Considerations of the school, healthcare, and social services settings as well as the role of information sharing in the context of the interconnected and hierarchical Bhutanese society should be taken into account.

Bhutanese counselors might also benefit from guidelines for referral and collaboration with other helpers. Bhutanese counselors are already collaborating with both modern professionals and traditional helpers. Modern professionals include at least medical doctors, the police, and public defenders. Traditional helpers might include village elders as well as lamas. Another important group of collaborators are the Western counseling professionals who volunteer in Bhutan. It is reasonable to believe that Westerners will continue to serve in both

educator and counselor roles in Bhutan for some years ahead. As the counseling profession becomes stronger in Bhutan, Bhutanese counselors might benefit from guidelines for working with Western counselors. These guidelines might include educating Western volunteers in elements of culture that are especially relevant to counseling as well as suggestions for identifying counseling cases that are most appropriate for Western intervention.

I suggest that Bhutanese counseling continue the concerted effort being made toward accessibility and credibility among the Bhutanese public. School counseling is already reaching to multiple districts in the country, and the public school system provides a framework for expanding services. Likewise, domestic violence counseling is part of a nationwide network of services. Mental health counseling has been practiced only in the capital city, but might be further incorporated into the national healthcare delivery system as was the plan at the start of the National Mental Health Program in 1997 (Pelzang, 2012). As counseling becomes part of the healthcare and school systems as well as social services, word of mouth is certainly serving to advance knowledge of counseling and its benefits. Other elements of this effort might include public media announcements and documentaries. Special educational efforts might be targeted at other helping professionals such as law enforcement officers, all levels of health workers and medical doctors, schoolteachers, and monks and lamas. All of these might be educated not only about the existence of counseling but also in basic methods of counseling, just as I have suggested that understanding of these other helping roles be incorporated into counselor training. Understanding of one another's work might support effective referral and collaboration among helpers, and perhaps expand their capabilities while spreading knowledge about counseling and cultivating trust.

Finally, I suggest that a record keeping system be designed for Bhutanese counselors. Keeping records for the sake of treatment continuity may not be a strong consideration with most of the counseling being single-session. However, records for prolonged counseling and to inform referrals to other helpers may be needed. Beyond the need for records to support client care, a consistent record-keeping system would serve as a basis for much-needed research to establish an evidence base for the effectiveness of counseling in Bhutan.

Leung et al. (2009) call for indigenization as part of the definition of the internationalization of counseling. Western counseling has a role in the development of counseling to meet mental health needs in non-Western countries, and Bhutan's situation illustrates this role. However, choices about the nature of the role of Western counseling are still being made. In Bhutan, development of the counseling profession has begun using Western approaches as a starting point. Although Bhutanese counselors, as shown in this study, are adapting what they have learned to their situations, Bhutan's process so far can be seen as primarily adopting Western approaches to counseling, with no formal modifications being made to align with Bhutanese culture. If this practice continues, Bhutan might continue to adopt Western approaches virtually unchallenged. However, if suggestions from this study are incorporated into the development of counselor training, and if a responsive system of program evaluation is implemented to formalize the changes being made by practitioners, Bhutan might move from a purely receptive position to an *indigenization from without* framework (Sinha, 1997), in which Western methods are imported and then adjusted to fit the cultural context. However, Leung et al. (2009) recommend that indigenization from without be conducted in combination with *indigenization from within* (Sinha, 1997). For this to occur, Bhutanese counseling must draw on traditional helping practices and cultural beliefs such as the teachings

of lamas to develop a practice that aligns with indigenous culture and collaborates with existing helping practices. Because of the power imbued by internalized psychological colonialism (Norsworthy, Heppner, et al., 2009), the indigenization of counseling in Bhutan, both from within and without, requires that the Western counseling profession listen carefully and constantly to indigenous people.

Recommendations for Western Counselors in Bhutan

It is reasonable to anticipate that Western counselors will be involved in both counseling and counselor training in Bhutan for some years to come, until Bhutanese counselors are being trained at a sufficient rate to meet the needs of the country and until enough Bhutanese counselors have been deemed qualified to train those counselors. In view of the role of Western counseling in the broader Westernization and modernization of Bhutan, and in view of the risk of perpetuating a psychological colonialism (Norsworthy, Heppner, et al., 2009), Western counselors working in Bhutan must be cautious about imposing Western culture on Bhutanese counseling. Here I offer recommendations for avoiding the imposition of Western values and social structures in the process of helping Bhutan to develop a practice and profession of counseling. These recommendations address acculturation, expectations about counseling, and mentorship of Bhutanese counselors.

One of the study participants believed that Westerners are not ready to provide counseling in Bhutan for about six months. Knowing that visits are often much shorter, I suggest that Western counselors begin to learn about Bhutanese culture and customs well before traveling to Bhutan. A training workshop might also be developed for Western counselors arriving in Bhutan. On arrival, I recommend that they spend at least two weeks simply observing Bhutanese counselors at work, asking questions and some cultural experience specific to the

counseling setting. During that time, Western counselors might ask their Bhutanese counterparts to teach them about Bhutanese culture and counseling. Even after that learning period, when the Western volunteer is permitted to conduct counseling unassisted, I suggest that counseling be conducted by a Bhutanese whenever possible and that Western counselors maintain a relationship with a Bhutanese cultural consultant. Western counselors should also allow Bhutanese to determine which clients are appropriate for work with a Westerner. Regardless of how and when they formally learn about Bhutanese culture, Western counselors must come with an attitude of not-knowing, much as counselors consider their clients to be the experts on their own lives, and should maintain that learning attitude throughout their stay.

When Westerners come to Bhutan to offer counseling services, they should expect many differences from Western practice. They should expect counseling to take place often outside of the counseling office, in other institutions or homes. They should expect counseling to be single-session most of the time, and appointment times to be flexible, including drop-in clients. Western counselors should also expect to routinely include family in counseling. They should seek to develop a more collectivist perspective of individual wellness, following the example of Bhutanese counselors. They should expect to work with translators. Western counselors should prepare themselves by learning about the challenges of doing counseling through a translator in any culture. Finally, Western counselors should expect the Bhutanese delivery system to reflect a more organic approach to providing services than in Western countries, including record keeping.

Western counselors and counselor educators are often considered to be the experts and the teachers in Bhutanese counseling, but they should not take the role of model or trainer unless asked. When Western training is in fact requested, I suggest conceptualizing that role as a

tentative mentorship that might resemble a peer supervision relationship in which the parties bring different but equal expertise to the table. When Westerners serve as mentors to one another, the mentor models particular behaviors and the person receiving mentorship can reasonably expect success by imitating many of those behaviors. In the cross-cultural mentorship proposed here, the cultural distance between the Western mentor and the Bhutanese mentee adds dimensions of uncertainty and of mutuality to the relationship that are not necessarily present in a Western-only mentorship. The mentor must recognize that Western counseling methods may not be effective in Bhutan, must learn Bhutanese culture, and must be open to new and different methods in order to adapt the counseling as well as develop the mentoring relationship. They should collaborate with Bhutanese counselors and educators to develop curriculum content as well as teaching methods. Western educators as well as counselors should ideally be well-inducted into Bhutanese culture before beginning to teach. Knowing that acculturation is a gradual process, Western counselors providing training should seek feedback regularly from their trainees, consistently raising the question of cultural fit of both content and teaching methods. If involved in an enduring training context such as a university diploma program, they should become fully invested in a responsive curriculum development system.

With adequate preparation, Western counselors can and must support the development of counseling in Bhutan. Planned acculturation time and efforts might support smooth adjustment for both Western counselors and the Bhutanese with whom they work. Knowledge of the current situation and practice of counseling in Bhutan might allow Western counselors to tailor their skills and expectations to the needs of the host organization and their clients. Finally, a tentative approach to mentoring of Bhutanese counselors might allow them to develop culturally

appropriate ways of counseling. Beyond these three recommendations, I suggest that a comprehensive preparation strategy for Western volunteers be developed so that they might be truly helpful to Bhutanese counseling and avoid imposition of Western systems and values.

Relevance of the Study in the International Counseling Context

Research regarding the cultural compatibility of counseling with Asian cultures is diverse in both approach and findings. The unfolding process of counseling development in Bhutan is illustrated in the voices of the Bhutanese counselors in this study, as is the cultural relationship between Western counseling and an Asian culture. Although Bhutan is unique in its long-time isolation from the Western world, it is precisely this uniqueness that amplifies the meaningfulness of these findings for the development of counseling in other cultures, particularly those with collectivist and Buddhist foundations. The voices of these participants contribute to understanding of the advent of Western counseling in a context of rapid modernization and urbanization, a diversity of cultures, and efforts to preserve indigenous cultures.

In the context of the development of counseling professions in other Asian nations, Bhutanese counseling shows some points of similarity and some points of difference. Bhutanese counseling is unique in that it can be seen as the counseling profession with the most recent beginnings, although counselor education is still recent in some places (Arulmani, 2009; Hou, Leung, & Duan, 2009). Bhutanese counseling echoes the processes of other Asian nations in that it reflects a need for collectivist and Buddhist understandings and practices, and takes place in a context of cultural change. The central themes identified in this study all speak to the cultural distance between Western counseling and Bhutanese culture. Although a similar cultural distance has proved problematic in some Asian countries (e.g. Arulmani, 2009; Kim, Dong, Seo,

& Kim, 2009), adopting and modifying Western approaches has been considered effective in others (Tan, 2009).

The participants in this study suggested that cultural values and practices must be incorporated and exhibited in the practice of counseling. These values include social structure and religious beliefs and practice. This need is evidenced in several other Asian nations, including India (Arulmani, 2009) and Singapore (Tan, 2009), where the development of counseling on primarily Western foundations has resulted in a division between traditional helping and modern counseling. In Southeast Asia, the Western assumption of individualism has been seen as limiting the applicability of Western counseling (Duan et al., 2011), and in Singapore, the individualistic foundations of counseling have led to a hesitance to use counseling as a source of help (Tan, 2009). Counselors in South Korea have pointed out that adopting a collectivist framework can be complicated by differences among collectivist cultures (Kim et al., 2009). This study's findings strongly support the importance of making adaptations for cultural relevance as well as supporting the development of indigenous approaches as counseling is developed in non-Western countries.

Among the cultural values most discussed by the study participants and most examined by Asian counseling professions are religious and spiritual beliefs. In several countries, religious beliefs and practices are being incorporated into Western methods of counseling, and in some places new approaches to counseling are being developed starting with a religious foundation. In Pakistan, counselors have begun to infuse Quranic principles into the practice of cognitive-behavioral therapy (Suhail & Ajmal, 2009), while in Malaysia, a practice of Islamic counseling is being developed (Mey, Othman, Salim, & Din, 2009). In Singapore (Tan, 2000), Taiwan (Wang et al., 2009), and Thailand (Chomphunut & Prior, 2014), counseling scholars have

developed Buddhist counseling based on the Four Noble Truths of Buddhism, which offer a foundational understanding of human suffering. These models might serve to inform Bhutanese counseling, and Bhutanese counselors might eventually contribute to the development of a broader Buddhist approach to counseling, including the Buddhist principles of karma and compassion that were identified by the study participants as essential for inclusion.

This study contributes to the literature on international counseling in four ways. First, it presents a view of the development of a counseling profession in a unique context of rapid modernization and Westernization. In Bhutan, the first roads were paved only 50 years ago, and Western media have been available only in the last 15 years. Bhutan has never been colonized by a Western nation, and the nation is endeavoring to preserve indigenous culture. Second this study supports the need for both adaptations and new theory to be developed in counseling to make it culturally relevant (e.g. Chomphunut & Prior, 2014; Leung & Chen, 2009) in a combination of indigenization from within and indigenization from without (Sinha, 1997). In the Asian context, for example, China (Hou et al., 2009), South Korea (Kim et al., 2009), Taiwan (Wang et al., 2009), Thailand (Chomphunut & Prior, 2014), Malaysia (Mey et al., 2009), and other countries are struggling to develop culturally relevant counseling professions. Third, as part of indigenization, the study supports the need to incorporate religion into counseling (e.g. Arulmani, 2009; Chomphunut & Prior, 2014; Wang et al., 2009). In particular, Buddhist principles are seen as compatible with humanistic counseling (Chomphunut & Prior, 2014). Finally, the study supports the need to adapt counseling from its individualistic framework to a collectivist one (Wang et al., 2009). Individualism pervades the theory and practice of Western counseling, and this study suggests that new work needs to be done to develop one or more collectivist models of counseling.

Finally, this study suggests the need for further research in the areas of Bhutanese counseling and the internationalization of counseling. The perspectives of Bhutanese counselors might be further investigated in a qualitative study to elicit specific suggestions for counselor education curriculum modification and indigenous approaches being developed in the field. As the practice of Bhutanese counseling expands, Bhutan also needs quantitative effectiveness research to support further development and credibility with both government and the general population. Regarding the internationalization of counseling, investigation of the constructs of collectivism and individualism in counseling might support either adaptation of Western counseling for use in collectivist societies or the need for new models of interpersonal helping for those societies. Research might also be conducted on the effectiveness of the existing Buddhist counseling models as well as their applicability to Bhutan in particular.

Conclusion

Bhutan is a small Himalayan nation that has only recently opened its doors to outside influence. In the context of fast modernization, needs in mental health, education, family, and society are increasing. The U.S.-based National Board of Certified Counselors-International has been invited to support the development of a counseling profession to address those needs. A few Bhutanese have received counseling training outside the country, and Western volunteers visit regularly to provide both counseling and counselor training. School counseling training and some substance abuse training are already in place in Bhutan, and plans are being made to train mental health counselors within the country as well. In order to support a profession that is culturally relevant and effective in Bhutan, this study addresses the cultural differences between Western counseling and Bhutan, adding to the knowledge about the internationalization of counseling and showing that adaptations need to be made to Western counseling in order to be

effective in Bhutan. In particular, Bhutanese counseling must be distinct from Western counseling in its collectivist and Buddhist underpinnings, and Western counselors and educators supporting the profession must be prepared to learn a new culture and new approaches to counseling

In order to explore cultural differences and their relevance to the developing profession of counseling in Bhutan, I posed the following research question: What are Bhutanese counselors' perceptions of Western counseling? In addition, I asked two sub-questions: 1) How do Bhutanese counselors perceive the relationship between Western counseling and Bhutanese culture? 2) What limitations, if any, do Bhutanese counselors perceive in the application of Western counseling in Bhutan? To seek answers to these questions, I conducted 11 semi-structured interviews with Bhutanese counselors and analyzed the transcripts according to the phenomenological tradition of qualitative inquiry. In order to support the trustworthiness of the findings, three Western and two Bhutanese research assistants examined the data with me. I also engaged in reflexive journaling throughout the study process in order to support bracketing of my biases and assumptions, which were many, given my personal interest in Bhutan and experience there.

The research team and I discovered four broad themes among the 11 interviews, and several sub-themes. The participants expressed their conceptualizations of Western counseling as understanding the client, avoiding giving advice, employing listening and problem-solving skills, and being effective to address individual, family, and societal problems. In the second theme, we discovered the participants' experiences of Bhutanese culture: the values, beliefs, and social practices of Buddhism and collectivism; the process of modernization and its effects; existing mental health and social problems; and existing indigenous helping practices. Third, the

participants described Bhutanese counseling as it is and should be practiced in Bhutan, and the development of a formal counseling profession in Bhutan, including training of counselors and the challenges being faced. Finally, we discovered the participants' expressions of the relationship between Bhutan and Western counseling: They compared the culture of Western counseling with Bhutanese culture and counseling; they discussed the role of Western counseling in the development of counseling in Bhutan; and they ventured suggestions about the role of Bhutanese counseling in the worldwide profession of counseling.

Addressing these research questions, the findings suggest that Bhutanese counselors perceive Western counseling as primarily humanistic and solution-focused and compatible with Buddhist beliefs and concepts, but individualistic in contrast with Bhutanese collectivism and more rigidly structured than typical Bhutanese flexibility. They believe that Western counseling is relevant to Bhutan, but that it must be adapted for application in Bhutan in response to these cultural differences. Rather than limitations in the application of Western counseling in Bhutan, the participants described challenges including adjustment for cultural differences, working with traditional beliefs and approaches to mental health, and the need to formalize the profession and educate the Bhutanese public about counseling.

Based on the findings, I suggest that development of an indigenous counseling profession will require collaboration between the Western and Bhutanese counselors and educators to adapt counseling foundations and practices to align with Bhutanese culture. I suggest that the profession develop a culturally responsive Bhutanese model of counseling and guidelines for practice and continue to work toward a framework for delivering counseling in healthcare and colleges as it is in schools and social service agencies. I suggest that counselor training curricula be developed collaboratively and in response to feedback from Bhutanese students and practicing

counselors. As Western counselors continue to support Bhutan's counseling profession, I strongly recommend that they seek and incorporate feedback from Bhutanese counselors and students into their practice and curricula.

Leung et al. (2009) call for equal partnerships between nations, between counseling and helping professionals, and between researchers of different cultures. In spite of my best efforts to employ cross-cultural research strategies, this study is limited in that it does not represent a full and equal partnership between Bhutanese researchers and this Western researcher. The study was my initiative rather than a joint one and the design was entirely Western. In addition, and likely because of those factors, I was unable to secure the engagement of enough Bhutanese research assistants to contribute to the interpretation of all of the data. In spite of this cultural limitation, I hope that this study provides a bridge between the cultures of counseling and Bhutan that might support a culturally relevant profession of counseling.

Internationalization of counseling, according to Leung et al. (2009) means an egalitarian approach to ideas, inviting the older Western counseling tradition to be informed by newer and non-Western helping practices. This mutual learning might "elevate the substance and standing of the counseling profession locally and internationally," they contend (p. 112). Although Bhutan is presently in a position of receiving counseling ideas and strategies from Western professionals, this study provides a beginning step in mutual exchange. Not only are the perspectives of Bhutanese counselors shown to be crucial to the development of an effective Bhutanese counseling profession, but they must be seen as contributing to Western counseling knowledge. In particular, the voice of collectivism in this study's findings, although weakened by my Western lens, challenges the individualistic underpinnings of Western practice, even in family systems approaches. In addition to collectivism, the voices of the participants show the

importance of including religion in counseling and the potential for Buddhism to inform, enhance, and even alter Western counselors' understanding of the human experience and of the practice of counseling.

The overarching theme of this study, from design through findings, is connecting the culture of Western counseling with the culture of Bhutan in order to develop a fully relevant profession of counseling in Bhutan. The findings of this study support the need for great cultural humility (Hook, 2013) on the part of all Western counselors and counselor educators who engage with Bhutanese in the development of the Bhutanese counseling profession. The heart of my recommendations is receptiveness on the part of Western counselors to learn from Bhutanese counselors who, although new to the profession and eager to learn, are experts in Bhutanese counseling. My own increasing awareness throughout the research process of the limitations of my Western perspective illustrates the difficulty and perhaps impossibility of Westerners creating a Bhutanese practice. Therefore, Bhutanese counselors must take up the task and utilize Western support within its cultural limitations to create their own model of counseling, practice guidelines, and the other elements essential to the creation of a unified and effective profession of counseling. I hope that this study, in spite of its Western form and perspective, contributes to the development of that profession, which is much needed in the unique, proud, and compassionate nation of Bhutan.

CHAPTER VI

MANUSCRIPT

As a nation undergoing a fast-paced modernization process, probably one of the fastest in the world, the Kingdom of Bhutan is experiencing dramatic social and cultural changes (Wangchhuk, 2010). As urbanization, telecommunications facility, democratization, and exposure to Western culture are increasing, so are mental health problems, social and family issues, and school and career challenges. The World Health Organization (WHO) has identified Bhutan as greatly needing mental health services (WHO & Ministry of Health Bhutan, 2006), and the Bhutanese government and non-government agencies have invited the U.S.-based NBCC-International (2012) to collaborate with Bhutanese professionals in developing a counseling profession to help meet those needs. Although counseling as a profession has strong philosophical and theoretical roots and a growing body of evidence for the efficacy of its practices, the field is dominated by Western thought in the Greco-Roman and Judeo-Christian traditions of materialism, linear rationality, individualism, and self-determination, and employs decidedly Western styles of communication and intervention. Importing Western counseling theory, practices, and training to other Asian nations has yielded mixed outcomes, leaving professionals questioning the cultural relevance of Western approaches for non-Western settings while still believing in their relevance (Arulmani, 2009; Hwang & Chang, 2009; Leung & Chen, 2009; Norsworthy, Heppner, et al., 2009; Wang, Chiao, & Heppner, 2009).

In the unique context of Bhutan, small but diverse, never colonized, deeply religious, recently democratized, and emerging on the world scene with a distinctive new approach to national wellbeing, it is crucial to take a fresh and deep look into the appropriateness of Western counseling before the practices are formally inculcated into the ways of this emerging nation.

Members of the Western counseling profession have made great strides in identifying problems and pitfalls in the profession related to the multiplicity of cultures within the U.S., and continue to develop ways to address those challenges (Corey, Corey, & Callanan, 2007; Ponterotto, 2010; Sue & Sue, 2012). A growing body of research has questioned and investigated the application of Western counseling and related professions in non-Western nations (e.g. Adekson, 2003; Enriquez, 1993; Hue, 2008; Hwang & Chang, 2009; Miller, 2009; Norsworthy, Leung, et al., 2009) and described indigenous approaches to interpersonal helping (e.g. Arulmani, 2011b; Deva, 2008; McCabe, 2007). Regarding Bhutan, however, no research has directly examined the fit between Bhutanese culture and Western counseling. Without such exploration at this unique juncture in time, the current effort to address mental health, school and career guidance, and social and family issues through counseling risks accepting assumptions and structures that are not suited to Bhutanese culture and context, possibly resulting in ineffective or detrimental interventions and programs.

This study is a qualitative investigation in the phenomenological tradition describing the experiences of Bhutanese counselors with Western counseling in which I interviewed 11 Bhutanese counselors about their experiences with Western counseling. The participants spoke to me about their conceptualizations of counseling, Bhutanese culture, the developing practice and profession of Bhutanese counseling, and the relationship between Western counseling and Bhutan. Based on the findings, I suggest some elements that might become part of a Bhutanese counseling model, including attention to the collectivist nature of Bhutanese society and the Buddhist principles underlying Bhutanese life, and I make recommendations for the role of Western counseling in the development of a Bhutanese profession. Before describing the study, it is important to understand both Bhutanese culture and the culture of counseling.

Bhutan

The Kingdom of Bhutan, about the land size of Switzerland and with an estimated population of 754,000 in 2013 (World Health Organization, 2014), comprises Himalayan heights in the north and sub-tropical valleys in the south, 19 distinct languages (this figure differs among reports), and three major ethnic groups (Wangchuk, 2010). According to Wangchuk (2010), Bhutan maintained strict isolation from the surrounding world until the 1960's. Balancing modernization with preservation of indigenous culture, the Royal Government has now established cultural norms for Bhutan, and provides universal healthcare and education. All education is conducted in English. Buddhism is the national religion of Bhutan, and the government, comprising secular and religious branches, honors practice of all religions and forbids proselytizing (Wangchuk, 2010). The practice and principles of Buddhism are an inextricable part of the daily living and being of the Bhutanese, evident in their language, in their navigation of life's challenges, and in their way of being in relationship with others and nature. Animistic beliefs and practices of the ancient Bon religion remain part of Bhutanese Buddhism.

Bhutan has distinguished itself among the nations of the world by adopting a standard of Gross National Happiness (GNH) for evaluating national success, in direct contrast to the measure of gross domestic product (GNH Commission, n.d.). The four principles of GNH are drawn from Buddhist values that include relationship, contemplation, collectivism, and the interdependence, compassion, and the sanctity of all living things (Burns, 2008; Wangmo & Valk, 2012). A small part of this communal view of human experience, individual psychological distress is caused by concern for one's own pleasure over that of others (Wangmo & Valk, 2012). Burns (2010) identified counseling as most relevant to the good governance principle of GNH, in which the democratic structure of government is considered important to the happiness

individuals experience, and one of the measurement domains associated with good governance is psychological wellbeing (Ura et al., 2012).

Accelerated westernization, as seen in other Asian nations (Leung & Chen, 2009), is providing both new choices and new opportunity for struggle in Bhutan. Westernization in education has led to changes in language, and many Bhutanese are required to be at least trilingual. With 65% of Bhutanese living in family clusters practicing subsistence farming, both education and modern forms of employment are disrupting generations-old social patterns (Wangchuk, 2010). The fastest and most visible changes on the streets of the capital city of Thimphu are related to popular access to television and the Internet, which were first introduced by the government in 1999 (Wangchuk, 2010). Bhutanese citizens spoke to me about problems they view as stemming from westernization, including the loss of a communal and agrarian way of life; parenting and relationship challenges; and a shift away from a compassionate and collectivist culture of caring for others.

Associated with modernization, mental health problems are a growing concern in Bhutan, evidenced by increases in suicide and substance abuse, and increased awareness of domestic violence (Durham et al., 2012; Pelzang, 2012). The prevalence of mental health problems in Bhutan has not been measured or estimated, but Bhutan is classified as a lower middle-income country, and in low- and middle-income countries, between 76% and 85% of people with mental disorders receive no treatment for their disorder (World Health Organization Regional Office for South-East Asia, 2012). Mental health services began in Bhutan in 1997 when the government initiated the National Mental Health Programme as part of the national healthcare system, funded by the World Health Organization and a Danish non-governmental organization (Pelzang, 2012; World Health Organization, 2013). Substance abuse, domestic violence, and a rise in the number

of suicides are considered major problems and are being addressed through government and non-government agencies. There is no mental health legislation in Bhutan (Department of Mental Health and Substance Abuse, World Health Organization, 2011).

Bhutanese explanations and treatment of mental health and illness vary with location and exposure to modern medicine, but stigma exists regardless of modernization (Pelzang, Summer 2010b). Unusual behavior or mental or emotional experiences are viewed traditionally as resulting from the action of spirits, black magic, or karma, and treatment most often involves paying a monk or shaman to give advice or perform rituals, and may also include use of herbal and natural treatments (Calabrese & Dorji, 2012, Pelzang, 2012). An estimated 99% of Bhutanese people seek religious intervention for physical or mental illness (Pelzang, 2010). The national traditional medicine practice of *sowa rigpa*, or healing science, which is supported by the government alongside of modern medical care, is a sophisticated system adapted from traditional Chinese, Indian, and Persian systems and based in Buddhist principles (Pelzang, 2010b; Wangchuk, 2008). *Sowa rigpa* does not draw a clear distinction between mental and physical illness. Family or regionally developed expertise in addressing mental health problems may include storytelling rituals, herbal medicines, and consulting shamans (Dorji, 2010).

Counseling in Bhutan is presently provided in the arenas of school, healthcare, and social services, and counselors' levels of preparation range from a few brief trainings to master's degrees earned outside the country. The public education system employs counselors in many schools, and a graduate level diploma program is in place for school counseling. A similar degree program is being developed for counseling in the healthcare and social work contexts. A proposal has been submitted to government to create a cadre for employment of counselors in the national health system, and mental health training is provided to an increasing number and

variety of health workers. The arena of social services does not exist as a distinct cadre of government focus or employment, but social work activities, including counseling, take place around recognized needs including substance abuse and domestic violence, supported by non-government organizations. The Bhutan Board of Certified Counselors was established in 2014, and stakeholders with an interest in counseling are working together to formalize the profession, and this study is intended to support its ongoing development.

Counseling as Culture

Culture has many definitions that generally include elements of social transmission, collective knowledge, common behavior, shared experiences, and a shared symbolic system (Geertz, 1973; Gerstein, 2011). Although cultures have usually been associated with geography, Canniford (2005) considers some cultures to exist without geographic specificity. Western counseling can be considered such a culture. Because of its historical roots in European and American psychology, Western counseling embodies elements of Western culture such as individualism, rationalism, and materialism. Western of counseling is serving as a foundation for the development of counseling practices internationally, and scholars have articulated concern not only about the cultural relevance of Western counseling but also about the potential colonizing effect of imposing the profession's theories and practices in an effort to help other nations (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009a; Leung et al., 2009). To avoid imposing Western cultural values while supporting counseling in non-Western nations, scholars distinguish between adapting the Western profession (Leung et al., 2009) and formalizing an indigenous profession in a particular setting in a way that can mix outside and inside practices (Enriquez, 1993; Leung & Chen, 2009).

Identified as distinct cultures, Bhutan and Western counseling can be described as having cultural distance between them, and each being in some way culturally prepared to interact with and inform one another. Bhutanese counselors' experiences with Western counseling can be considered a meeting point for the two cultures of Bhutan and Western counseling, potentially providing a bridge across the cultural distance between the two (Norsworthy, Heppner, Ægisdóttir, Gerstein, & Pedersen, 2009). Understanding this intersection is crucial to the development of a culturally relevant profession of counseling in Bhutan to meet mental health, school, and social needs, and supports the self-awareness of Western counseling in the context of the internationalization of the profession. This study explores this intersection with the goal of supporting the development Bhutanese counseling as an indigenous profession.

Method

In this study I sought to answer one primary research question about Bhutanese counselors' perceptions regarding Western counseling: What are Bhutanese counselors' perceptions of Western counseling? Two related sub-questions are: 1) How do Bhutanese counselors perceive the relationship between Western counseling and Bhutanese culture? 2) What limitations, if any, do Bhutanese counselors perceive in the application of Western counseling in Bhutan? Although I conducted data analysis from an open stance and identified meaning that surfaced in the data without pre-established categories, the questions provided direction for the application of the findings.

I conducted the study in the tradition of phenomenology, using a constructivist approach to knowledge and incorporating ethnographic strategies to strengthen both the study and the relationships developed in the process. The phenomenological method outlined by Moustakas (1994) guided the steps of handling data: epoche and bracketing of researcher bias, reduction of

data for a textured description, variation (interpretation) of data, and synthesis. The research team consisted of five assistants, of whom two are Bhutanese, all of whom provided independent coding in the data analysis process. During the analysis process, my role as primary researcher was both administrative and facilitative. Throughout the study, the research team and I sought to recognize our biases and subjective experiences as contributing to the interpretation of the data.

Eleven Bhutanese counselors, all having completed at minimum a high school education and having at least three months' experience with Western counseling, participated in the study. Data consisted of the transcriptions of 11 interviews, and analysis was informed by research team notes and my reflexive journaling about the research process. Each interview was coded independently by myself and one research assistant, and I sought consensus with each research assistant on the interpretation of the data. I then merged the coding of the interviews and developed interpretive themes for the entire data set. Finally, I used rich descriptive text to describe the experience of these Bhutanese counselors with Western counseling using the themes and meaning identified through the analysis process.

I employed several strategies for trustworthiness including triangulation of data and researchers, member checking, thick description, and prolonged engagement with Bhutanese counselors. In addition to two research team members coding each interview, the findings were described at length and the Bhutanese participants had the opportunity to review the findings and confirm them. Although the study can be described as credible, confirmable, and authentic, limitations exist. First, the findings may not be transferable because of the unique context of Bhutan, the specific characteristics of both the field of counseling and the study participants, and the changing nature of counseling in Bhutan. Second, the study was conducted by a Westerner using Western research strategies, so the findings represent a primarily Western perspective on

the intersection of the two cultures. However, the 15 weeks I had spent in Bhutan before conducting the study may have mitigated the cultural one-sidedness to some extent.

Findings

As we immersed ourselves in the data, the research team and I discovered four themes: conceptualizations of counseling, their explanations of Bhutanese culture, their views of Bhutanese counseling as it is being developed, and their perspectives on the relationship between Western counseling and their own nation and culture.

Theme 1: Conceptualization of Counseling

First, the participants described their conceptualizations of counseling in four subthemes: counseling means understanding the client, counseling is not giving advice, counseling reflects specific skills and practices, and counseling is effective. Understanding the client, the participants said, means understanding the person, the problem, and the situation, bringing insight to the client as well as the counselor so that the client can make decisions about the client's own actions. The participants also said that counseling is not giving advice as do most Bhutanese helpers, but supporting clients' choice and agency by eliciting solutions from clients and offering options. Counseling, they also said, reflects specific skills and principles. The skills they described focused on listening and persuading. The specific theories and kinds of counseling named by the participants included: existentialist therapy, humanistic therapy, cognitive therapy, cognitive behavioral therapy (always called by its acronym CBT), person-centered therapy, psychodynamic theory, motivational interviewing and stages of change theory, and mindfulness, all named more than once. They identified psychoeducation; prevention; career guidance; and addictions, mental health, domestic violence, couples, and group work as forms of counseling practice. The participants also believed that counselors should be culturally

knowledgeable, self-aware, and insightful about others. Finally, the participants believed that counseling is effective for addressing personal growth and problems, including suffering in general, difficult situations, and addiction. They believed counseling has been proven to be effective in the West, but research is needed to show its effectiveness in Bhutan.

Theme 2: Bhutanese Culture

The participants spoke of Bhutanese culture, describing values, beliefs, and social practices; modernization and Westernization; mental health and social problems; and indigenous helping practices. The primary values, beliefs, and social practices that the participants described included deeply ingrained Buddhism and collectivism and social hierarchy. The Buddhist belief in karma, the participants told me, often supports fatalism, but also might be seen as supporting personal agency. Buddhist compassion, they said, is an essential element of helping. The participants described the collectivism of Bhutanese culture as an other-orientation that saturates even the smallest of daily activities. Bhutanese social hierarchy, they said, places elders in a position of authority and respect, often being the ones to give advice. Other Bhutanese traits described by the participants included being relaxed, not actively listening to one another, gossiping, understanding and accepting suffering, and being humble.

In addition to values, beliefs, and practices, the participants told me about modernization and Westernization, mental health and social problems, and indigenous helping practices. Although they talked about a general assumption that all that is Western is better, they also expressed concern that Western competitiveness and individualism that are infiltrating Bhutanese culture may lead to the disintegration of traditional Bhutanese values. Modernization, they said, is bringing isolation of individuals from families and unemployment, both of which are leading to increased mental health problems including substance abuse. They also identified a tension

that is being felt in Bhutanese society between old and new ways. Bhutanese culture, the participants told me includes some beliefs about mental health that include spiritual explanations and a tradition of not seeking help. Modern mental health care brings new concepts, they said, and must bridge the cultural knowledge gap in the face of increasing substance abuse and awareness of domestic violence and other social and personal problems. Indigenous helping practices, the participants said, include the work of lamas, astrologers, shamans, community and family elders, and friends. Some participants said that these relationships might be effective in addressing some mental health and personal problems. However, they also said that traditional beliefs might be sources of mental health problems.

Theme 3: Bhutanese counseling

The participants told me about both the current practices in Bhutanese counseling and the development of counseling as a profession in Bhutan. Regarding the practice of Bhutanese counseling, they told me about types of counseling they knew were available, the characteristics of Bhutanese counseling practice, and the challenges and limitations inherent in the practice of Bhutanese counseling. School counseling, addictions counseling, mental health counseling, domestic violence counseling, and HIV counseling were the types of counseling the participants identified as taking place in Bhutan.

The characteristics of Bhutanese counseling identified by the participants included the counseling approaches being used in Bhutan, cognitive behavioral therapy, narrative therapy, and person-centered therapy. They described Bhutanese counseling as collaborative with other professions, short-term because clients are unlikely to return for follow-up, including family, and centered in basic listening skills. They told me that counselors in Bhutan must be culturally responsive, particularly in regard to the collectivist character of Bhutanese society and belief in

Buddhist principles as foundational elements of the lives of Bhutanese clients. They also described Bhutanese counseling as new and developing through a process of trial and error. They said that Western counselors and Bhutanese counselors are different from one another, and that the ethnicity of the counselor impacts the client's attitudes.

The challenges and limitations in Bhutanese counseling described by the participants included confidentiality, client attitudes, client access to counseling, and counselor preparation. Confidentiality, they told me, is challenging because of the expectation of family involvement and because Bhutanese are very interconnected and used to sharing information about one another. At the same time, they said, Bhutanese clients value confidentiality because of the stigma of mental health problems. Client attitudes that pose a problem, the participants said, are the expectation of advice or a cure from counselors, a "magic pill," and low levels of motivation associated with counseling as a free service. Clients must also have some level of education, the participants told me, but those with education expect evidence of counseling's efficacy. Access issues were related to stigma, geography, and the unfamiliarity of the practice of holding set appointments. Counselor preparation was also identified as a challenge because of the lack of training programs in Bhutan and the need for specialized and higher level training.

The participants also told me about the development of the counseling profession in Bhutan. They expressed belief in the relevance of counseling for students, people with mental health problems, people with social problems, and all people facing everyday struggles, and they told me about the growth to date. They told me about the need for public education about mental health and counseling in the face of both stigma and traditional beliefs. They also told me about the various forms of training they had received, including having been clients themselves, piecemeal trainings by visiting experts, training being conducted by trained Bhutanese

counselors, master's programs and addictions training outside the country. They told me about the need for more experiential training and clinical supervision. They told me that Westerners who train Bhutanese should first be well acquainted with Bhutanese culture and willing to collaborate with Bhutanese in understanding Bhutanese counseling. In addition to describing these challenges, the participants expressed hope for the development of a unified profession with standards and a scope of practice and training, practice guidelines, an ethical code, a delivery structure, and a professional identity.

Theme 4: Relationship Between Western Counseling and Bhutan

Finally, the participants told me about the relationship between Western counseling and Bhutan. In doing so, they compared Western counseling with Bhutanese counseling and culture, discussed the role of Western counseling in the development of Bhutanese counseling, and suggested contributions Bhutanese counseling might make to the worldwide profession of counseling. The participants told me that Western counseling carries a distinct individualistic character, while counseling as practiced by Bhutanese reflects Bhutanese collectivism and that this difference might cause problems in the application of Western counseling in Bhutan. Western counseling, they also said, focuses on a person's internal experience while Bhutanese counseling focuses on the external situation and behavior. On the other hand, Buddhist philosophy describes the inward experience while Western counseling explains people using outer environmental factors. Western counseling has adopted mindfulness practice from Buddhism, but Western mindfulness is structured and self-focused while Bhutanese mindfulness is organic and reflects compassion for the world around. Western counseling functions, the participants told me, as a business and is structured and valued in terms of money, while Bhutanese counseling is part of government-provided care and is valued in terms of usefulness.

Western counseling is delivered with a high level of structure, but Bhutan needs an organic structure in which timed appointments and regular repeat visits may not be the norm. Bhutanese counseling, the participants said, is personal but can be harsh, while Western counseling is more technical than personal and more polite than harsh. Western counselors are viewed as more skilled and more intellectually empathic than Bhutanese counselors at present.

In addition to comparing cultural values and social factors, the participants compared counseling to traditional Bhutanese helping practices. They repeatedly said that counseling is not the advice-giving that is so common in Bhutan but supports client choice and agency. They also said that counseling provides a valuable alternative to harsh traditional school discipline, giving attention to the inner experience rather than responding directly to student behavior. Counseling, they said, is both like and unlike traditional spiritual helping. Bhutanese spiritual helpers most often give directions and perform rites, while Western counselors talk with clients. However, some lamas do offer conversations, and community elders can fulfill a role of understanding and mediating that can be similar to counseling.

As part of the relationship between Western counseling and Bhutan, the participants also discussed the role of Western counseling in developing Bhutanese counseling, saying that counseling is important and relevant in Bhutan for addressing personal and social problems. In order to be culturally relevant and effective, Bhutanese counselors, the participants told me, can adopt select parts of Western counseling including the basic listening skills and eye contact, which may need to be taught to Bhutanese clients as well as counselors. Adopting Western techniques, they said, is especially appropriate for the early learning phase of developing Bhutanese counseling. They said that mostly, however, Western approaches need to be adapted for use in Bhutan. Individual counselors need to use their judgment in implementing counseling

strategies, and to develop their own techniques for counseling. Adaptation must take place, the participants said, by blending the cultures of counseling and Bhutan, which have strong commonalities, especially in the Buddhist philosophy of karma as application of the logic of cause and effect. Western counselors visiting Bhutan must be culturally alert and knowledgeable, and should be aware that they can be intimidating. On the other hand, the Bhutanese counselors view them as very skilled and trusted because of their ability to maintain confidentiality. Bringing Western counseling to Bhutan also raises concern for the preservation of Bhutanese culture, especially because Western counseling reflects Western individualism. Three participants, however, believed that when Bhutanese practice counseling, the concern is lessened because the culture resides in the person.

Finally, the participants also shared with me their ideas about contributions that Bhutanese culture might make to the worldwide counseling profession. Although some participants could not identify anything Bhutanese culture might add to the Western ways they had been taught, others believed Buddhist principles might enhance the practice of counseling. In particular the Buddhist understanding of self might support increased reflectiveness and Buddhist acceptance of suffering might foster resilience and serve as a way of explaining mental illness.

Discussion

In spite of vast philosophical and cultural differences, the perceived threat of individualism, and differences in the approach to service delivery, Bhutanese counselors consider the principles and practice of Western counseling to be generally desirable and adaptable for work in Bhutan. Bhutanese counseling, they suggested, might be a blending of Bhutanese culture with Western counseling. It is with great humility and the recognition of the

limits of my Western perspective that I make suggestions for blending the two cultures. I suggest elements for a Bhutanese model of counseling, the growth of the counseling profession in Bhutan, and the contributions of Western counselors in Bhutan. I also explore the meaning of Bhutanese counseling in the international context.

Suggestions for a Bhutanese Model of Counseling

I suggest that a Bhutanese model of counseling might be based on the foundational principles of collectivism, personal agency, karma, and compassion. As in other collectivist cultures, Bhutanese people tend to function interdependently, prioritize family or community needs and ambitions, take the advice of the group, behave according to group norms, and concern themselves with relationships with others (Chen et al., 2015; Triandis, 2001). These tendencies stand in direct contrast to the individualist assumptions underlying Western counseling: personal goals are sought before group goals, personal rights and attitudes underlie behavior, relationships with others are contractual and based on personal satisfaction (Chen et al., 2015). Without the underlying assumption of collectivism, it is possible that the individualism of Western counseling might endanger clients' basic functioning and identities. Personal agency must be understood in the context of collectivism, where Agency functions within the structure of the whole, and the agency of the whole depends on the agency and responsibility of individuals (Rao, 1998). The Buddhist principle of karma interprets personal agency in a Bhutanese way. Use of an indigenous concept of karma in counseling has been recommended for South Asians (Rustagi & Choi, 2014). The Buddhist principle of compassion, as one of the participants told me, provides meaningfulness to the work of helping others and underlies the warmth and empathy that are desirable for a counselor to demonstrate. In order to

support the integration of cultures, I suggest that dialog be opened between Buddhist lamas and the counselors of Bhutan.

In addition to foundational principles, I suggest some considerations for the goals and actions of Bhutanese counseling. I suggest that the primary goal of counseling across contexts and populations might be to support the healthy functioning of diverse families, communities, and individuals in Bhutan. In adapting Western counseling for Bhutan, its typical focus on the individual will need to be balanced with equal attention to families and communities in Bhutan, not only as groups to be supported but as essential elements in the experience and identity of the client. In order to support that goal, I suggest that counseling include active listening; understanding families, community systems, and individuals; solving problems; and educating others about psychological principles, mental health, and counseling. A Bhutanese model of counseling might draw particularly on the techniques and strategies of person-centered counseling, marriage and family counseling, and solution-focused brief therapy.

Even embodying these principles and practices, counseling might challenge Bhutanese culture in several ways. The phenomenological perspective on individual subjective experience would be new to some Bhutanese, particularly the less educated who have not engaged in Buddhist practice with its focuses on understanding and disciplining the mind. The act of receiving help from an expert rather than a religious figure or elder might also challenge the hierarchical structure of Bhutanese society, and Bhutanese counselors will need to both establish themselves as wise and draw on the client's own wisdom, which may not be recognized. Counselors' placing responsibility in the hands of the client might also challenge the fatalism that is often linked to belief in the karmic cycle. In spite of these challenges, however, the

participants in this study believed that a Bhutanese practice of counseling is potentially effective in the Bhutanese context.

Suggestions for the Advancement of the Counseling Profession

Beyond establishing principles of counseling practice, Bhutanese counseling must develop a delivery structure, training for Bhutanese counselors, and a professional identity and presence in the country. In contrast to Western counseling's usual system of fixed appointments and weekly sessions, Bhutan's system might be expected to be more organic and flexible. Particularly in healthcare and social services, Bhutanese counseling might consist primarily of single-session work, and opportunity for drop-in clients may be an integral part of the system. Group counseling was mentioned by some of the study participants as desirable both for client welfare and for managing larger numbers of clients with few counselors available. At this point, all settings provide counseling without fee, but one of the participants suggested that private practices might arise to serve those who are able to pay.

Training of counselors in Bhutan must be developed in a way that supports the development of a Bhutanese model of counseling. To that end, I suggest that the systems of training counselors in Bhutan incorporate program evaluation that is collaborative with practicing counselors and responsive to student feedback. Practicing counselors provide, in essence, a trial-and-error learning format for testing and modifying the Western principles in which they have been trained. Without their input, Bhutanese counselor training is almost certain to impose Western values on both counselors and clients, making counseling less relevant and effective for the people of Bhutan, and perhaps doing harm, and ongoing intentional contact with clinicians might address the professional isolation some are currently experiencing. Incorporating reflective response assignments in coursework in order to elicit student feedback

might be a first step in program evaluation and responsiveness if those responses are allowed to influence curriculum. In addition to seeking input from students and clinicians, Western instructors, who are needed during this period of development, might collaborate with Bhutanese in constructing curriculum and in teaching, providing another avenue for adaptation. Even before the implementation of a system of exchange between curriculum and Bhutanese counseling practice, the Western-based curriculum might be adapted in accord with the findings of this study. Bhutanese should be engaged in teaching counseling as soon as possible, and Buddhist teachers might be invited to contribute to the training for integration of the Buddhist principles identified in this study. Bhutanese counselors must also be trained to work with a culturally diverse population, to educate clients, other professionals, and the general population about counseling and mental health, to collaborate with other Bhutanese helpers, and to address specialty areas such as the addictions and domestic violence that are so prevalent.

In addition to a delivery structure for counseling and responsive training of Bhutanese counselors, Bhutanese counseling needs a professional identity and presence in the country that include a Bhutanese model of counseling and standards of practice, an ethical code, guidelines for referrals and collaboration, and accessibility of counseling to the Bhutanese public. In keeping with the findings of this study, standards of practice might include guidelines for training counselors as well as personal qualifications for those selected to be trained. An ethical code must address the complicated issue of client confidentiality. Guidelines for collaboration might address work with other Bhutanese helpers as well as with Western counselors attempting to support the profession. Accessibility of counseling to the Bhutanese public must address not only expanding locations where counseling is available but also establishing credibility through education and culturally responsive practice.

Recommendations for Western Counselors in Bhutan

It is reasonable to anticipate that Western counselors will be involved in both counseling and counselor training in Bhutan for some years to come, until Bhutanese counselors are being trained at a sufficient rate to meet the needs of the country and until enough Bhutanese counselors have been deemed qualified to train those counselors. In view of the role of Western counseling in the broader Westernization and modernization of Bhutan, and in view of the risk of perpetuating a psychological colonialism (Norsworthy, Heppner, et al., 2009), I recommend that Western counselors working in Bhutan be cautious about imposing Western values and social structures on Bhutanese counseling. According to one of the study participants, a Western counselor ideally needs six months' acculturation time before practicing or teaching counseling. Even if a long acculturation period is not possible, I recommend that Western counselors enter Bhutan educated about Bhutanese culture and counseling, and then begin their work with a period of learning by observation and interaction with Bhutanese counselors. I also suggest that Western counselors come with the expectation of specific cultural differences, including an organic schedule, inclusion of family in counseling, religious beliefs integrated in conceptualizations of mental health, and the need to work with translators. When Westerners are invited to teach or train counselors, I recommend that they engage in a mutual mentoring relationship with their Bhutanese counterparts, allowing curriculum and pedagogy to be influenced by Bhutanese culture. As an attitude underlying these actions, I recommend that Western counselors constantly seek to embody cultural humility (Hook, 2013), a respect for the ideas and ways of Bhutanese even when they appear incomprehensible or mistaken.

Relevance of the Study in the International Counseling Context

In the context of the development of counseling professions in other Asian nations, Bhutanese counseling shows some points of similarity and some points of difference. Bhutanese counseling is unique in that it can be seen as the counseling profession with the most recent beginnings, although counselor education is still recent in some places (Arulmani, 2009; Hou, Leung, & Duan, 2009). Bhutanese counseling echoes the processes of other Asian nations in that it reflects a need for collectivist and Buddhist understandings and practices, and takes place in a context of cultural change. The central themes identified in this study all speak to the cultural distance between Western counseling and Bhutanese culture. Although a similar cultural distance has proved problematic in some Asian countries (e.g. Arulmani, 2009; Kim, Dong, Seo, & Kim, 2009), adopting and modifying Western approaches has been considered effective in others (Tan, 2009).

The participants in this study suggested that cultural values and practices must be incorporated and exhibited in the practice of counseling. These values include social structure and religious beliefs and practice. This need is evidenced in several other Asian nations, including India (Arulmani, 2009) and Singapore (Tan, 2009), where the development of counseling on primarily Western foundations has resulted in a division between traditional helping and modern counseling. In Southeast Asia, the Western assumption of individualism has been seen as limiting the applicability of Western counseling (Duan et al., 2011), and in Singapore, the individualistic foundations of counseling have led to a hesitance to use counseling as a source of help (Tan, 2009). Counselors in South Korea have pointed out that adopting a collectivist framework can be complicated by differences among collectivist cultures (Kim et al., 2009). This study's findings strongly support the importance of making adaptations for cultural

relevance as well as supporting the development of indigenous approaches as counseling is developed in non-Western countries.

Among the cultural values most discussed by the study participants and most examined by Asian counseling professions are religious and spiritual beliefs. In several countries, religious beliefs and practices are being incorporated into Western methods of counseling, and in some places new approaches to counseling are being developed starting with a religious foundation. In Pakistan, counselors have begun to infuse Quranic principles into the practice of cognitive-behavioral therapy (Suhail & Ajmal, 2009), while in Malaysia, a practice of Islamic counseling is being developed (Mey, Othman, Salim, & Din, 2009). In Singapore (Tan, 2000), Taiwan (Wang et al., 2009), and Thailand (Chomphunut & Prior, 2014), counseling scholars have developed Buddhist counseling based on the Four Noble Truths of Buddhism, which offer a foundational understanding of human suffering. These models might serve to inform Bhutanese counseling, and Bhutanese counselors might eventually contribute to the development of a broader Buddhist approach to counseling, including the Buddhist principles of karma and compassion that were identified by the study participants as essential for inclusion.

This study contributes to the literature on international counseling in four ways. First, it presents a view of the development of a counseling profession in a unique context of rapid modernization and Westernization. In Bhutan, the first roads were paved only 50 years ago, and Western media have been available only in the last 15 years. Bhutan has never been colonized by a Western nation, and the nation is endeavoring to preserve indigenous culture. Second, this study supports the need for adaptations to Western counseling to make it relevant and effective in non-Western cultures. In the Asian context, for example, China (Hou et al., 2009), South Korea (Kim et al., 2009), Taiwan (Wang et al., 2009), Thailand (Chomphunut & Prior, 2014),

Malaysia (Mey et al., 2009), and other countries are struggling to develop culturally relevant counseling professions. Second this study supports the need for both adaptations and new theory to be developed in counseling to make it culturally relevant (e.g. Chomphunut & Prior, 2014; Leung & Chen, 2009) in a combination of indigenization from within and indigenization from without (Sinha, 1997). Third, as part of indigenization, the study supports the need to incorporate religion into counseling (e.g. Arulmani, 2009; Chomphunut & Prior, 2014; Wang et al., 2009). In particular, Buddhist principles are seen as compatible with humanistic counseling (Chomphunut & Prior, 2014). Finally, the study supports the need to adapt counseling from its individualistic framework to a collectivist one (Wang et al., 2009). Individualism pervades the theory and practice of Western counseling, and this study suggests that new work needs to be done to develop one or more collectivist models of counseling.

Finally, this study suggests the need for further research in the areas of Bhutanese counseling and the internationalization of counseling. The perspectives of Bhutanese counselors might be further investigated in a qualitative study to elicit specific suggestions for counselor education curriculum modification and indigenous approaches being developed in the field. As the practice of Bhutanese counseling expands, Bhutan also needs quantitative effectiveness research to support further development and credibility with both government and the general population. Regarding the internationalization of counseling, investigation of the constructs of collectivism and individualism in counseling might support either adaptation of Western counseling for use in collectivist societies or the need for new models of interpersonal helping for those societies. Research might also be conducted on the effectiveness of the existing Buddhist counseling models as well as their applicability to Bhutan in particular.

Conclusion

Leung et al. (2009) call for indigenization as part of the definition of the internationalization of counseling. Western counseling has a role in the development of counseling to meet mental health needs in non-Western countries, and Bhutan's situation illustrates this role. However, choices about the nature of the role of Western counseling are still being made. In Bhutan, development of the counseling profession has begun using Western approaches as a starting point. Although Bhutanese counselors, as shown in this study, are adapting what they have learned to their situations, Bhutan's process so far can be seen as primarily adopting Western approaches to counseling, with no formal modifications being made to align with Bhutanese culture. If this practice continues, Bhutan might continue to adopt Western approaches virtually unchallenged. However, if suggestions from this study are incorporated into the development of counselor training, and if a responsive system of program evaluation is implemented to formalize the changes being made by practitioners, Bhutan might move from a purely receptive position to an *indigenization from without* framework (Sinha, 1997), in which Western methods are imported and then adjusted to fit the cultural context. However, Leung et al. (2009) recommend that indigenization from without be conducted in combination with *indigenization from within* (Sinha, 1997). For this to occur, Bhutanese counseling must draw on traditional helping practices and cultural beliefs such as the teachings of lamas to develop a practice that aligns with indigenous culture and collaborates with existing helping practices. Because of the power imbued by internalized psychological colonialism (Norsworthy, Heppner, et al., 2009), the indigenization of counseling in Bhutan, both from within and without, requires that the Western counseling profession listen carefully and constantly to indigenous people.

Internationalization of counseling, according to Leung et al. (2009) means an egalitarian approach to ideas, inviting the older Western counseling tradition to be informed by newer and non-Western helping practices. This mutual learning might "elevate the substance and standing of the counseling profession locally and internationally," they contend (p. 112). Although Bhutan is presently in a position of receiving counseling ideas and strategies from Western professionals, this study provides a beginning step in mutual exchange. Not only are the perspectives of Bhutanese counselors shown to be crucial to the development of an effective Bhutanese counseling profession, but they must be seen as contributing to Western counseling knowledge. In particular, the voice of collectivism in this study's findings, although weakened by my Western lens, challenges the individualistic underpinnings of Western practice, even in family systems approaches. In addition to collectivism, the voices of the participants show the importance of including religion in counseling and the potential for Buddhism to inform, enhance, and even alter Western counselors' understanding of the human experience and of the practice of counseling.

The overarching theme of this study, from design through findings, is connecting the culture of Western counseling with the culture of Bhutan in order to develop a fully relevant profession of counseling in Bhutan. The findings of this study support the need for great cultural humility (Hook, 2013) on the part of all Western counselors and counselor educators who engage with Bhutanese in the development of the Bhutanese counseling profession. The heart of my recommendations is receptiveness on the part of Western counselors to learn from Bhutanese counselors who, although new to the profession and eager to learn, are experts in Bhutanese counseling. My own increasing awareness throughout the research process of the limitations of my Western perspective illustrates the difficulty and perhaps impossibility of Westerners

creating a Bhutanese practice. Therefore, Bhutanese counselors must take up the task and utilize Western support within its cultural limitations to create their own model of counseling, practice guidelines, and the other elements essential to the creation of a unified and effective profession of counseling. I hope that this study, in spite of its Western form and perspective, contributes to the development of that profession, which is much needed in the unique, proud, and compassionate nation of Bhutan.

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APPENDIX A
Bhutan Counseling Study Informed Consent Document

Project Title

Bhutanese Counselors' Experiences with Western Counseling: A Qualitative Study

Introduction

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

Researchers

Responsible Primary Investigator: Radha J. Horton-Parker, PhD, Darden College of Education, Department of Counseling and Human Services

Lead Researcher: Susan V. Lester, Doctoral Student, Darden College of Education, Department of Counseling and Human Services

Description of Research Study

Although a few studies have been conducted looking into the relevance and suitability of Western counseling for other Asian nations, none has yet been conducted for Bhutan. The purpose of this study is to understand how Western counseling can be applied in Bhutan by exploring Bhutanese counselors' experiences with Western counseling.

If you decide to participate, you will join a study that involves exploring your thoughts and feelings in a video-recorded one- to two-hour interview with the lead researcher, Susan Lester, as well as a brief (5 to 10 minutes) follow-up non-recorded conversation either by phone or in person. You and Susan will agree on a time and place for the interview with which you are both comfortable. Approximately 8 to 12 Bhutanese who work in counseling or another interpersonal helping role will participate in this study.

Exclusionary Criteria

To participate in this study, you should be a Bhutanese citizen whose profession in Bhutan is related to counseling, have completed a bachelor's degree or equivalent education, and have been formally involved with the ideas or practice of Western counseling for a period of at least 3 months. This involvement may have been in the form of a providing counseling to individuals or families, receiving training in a Western program in counseling or a related field, or engaging in professional collaboration with a person practicing Western counseling.

Risks and Benefits

Risks: If you decide to participate in this study, you may face two identified risks. First, although the researchers have designed the study to protect your identity (see the Confidentiality section below), you may face the risk of other people learning about your experiences. Second, you may experience strong feelings as you explore your experiences in the interview. Susan will employ her counseling skills and knowledge to help you with your emotions during the interview, and will conduct a follow-up conversation with you. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

Benefits: The main benefit to you for participating in this study is the opportunity to explore and express your thoughts and feelings about your experiences. You and others may benefit if the study contributes to the development of Bhutanese counseling theory, training, and practice. Susan may benefit from your participation if the completed study meets the requirements for her PhD degree completion.

Costs and Payments

The researchers are unable to give you any payment for participating in this study.

New Information

If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you.

Confidentiality

The researchers will take reasonable steps to keep confidential your identity and any other information that you tell Susan is private. You and Susan will agree on a setting for the interview. Susan will remove all identifying information from the interview transcript, allow only herself and one research assistant to view the video recording, store the recording in an encrypted, secure, and password-protected computer and back-up, and permanently delete the video files and transcripts at the conclusion of the study. In addition, she will give you the opportunity to review the report before the study is complete and request changes to material that is about you. The results of this study may be used in reports, presentations, and publications, but the researcher will not identify you directly. The records of your participation may be subpoenaed by court order or inspected by government bodies with oversight authority.

Withdrawal Privilege

It is okay for you to decline to participate in the study. Even if you agree now and sign this consent form, you are free to withdraw from the study at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled.

Compensation for Illness and Injury

If you agree to participate, your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such harm. In the event that you suffer injury as a result of participation in any research project, you may contact Susan V. Lester at +1-860-202-0539 or susanvlester@gmail.com, Dr. Radha J. Horton-Parker principle investigator at +1-757-683-3221 or rparker@odu.edu, Dr. Ted Remley, chair of the Darden College Human Subjects Committee at tremley@odu.edu, or the Old Dominion University Office of Research at +1-757-683-3460 who will be glad to review the matter with you.

Voluntary Consent

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the

research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them: Susan V. Lester, lead researcher: +1-860-202-0539 or susanvlester@gmail.com; Dr. Radha J. Horton-Parker principle investigator: +1-757-683-3221 or rparker@odu.

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Ted Remley, chair of the Darden College Human Subjects Committee at tremley@odu.edu, or the Old Dominion University Office of Research, at 757-683-3460.

And importantly, by signing below, you are telling the researcher yes, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Participant's Printed Name:	Date:
Participant's Signature:	

INVESTIGATOR'S STATEMENT

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Printed Name:	Date:
Investigator's Signature:	

APPENDIX B
Bhutan Counseling Study Interview Protocol

Thank you for taking this time to talk with me. First I will remind you about the study I am conducting and my hopes for this interview:

In this study, I am asking Bhutanese counselors how they feel and think about their experiences with Western counseling. The purpose of the study is to explore how Western counseling might be applicable in Bhutan, and how Bhutanese culture might contribute to the global counseling profession. The goal of this interview is for me to hear and understand your thoughts, feelings, and experiences. I will use a prepared set of questions. You are free to decline to answer any question I ask, and I welcome all of your input, even if it does not seem directly related to the questions.

Do you have any questions for me before we begin?

First, I will ask you some questions about yourself.

1. What do you want me to know about your background?

Prompts:

- What is your heritage?
- Where were you educated?
- In what subjects were you educated?
- What is your current job?
- What other jobs have you had?

2. Please define counseling for me.
3. What has been your involvement with Western counseling?

Prompts:

- What training in counseling have you received?
- What counseling work have you performed?
- What counseling have you received?
- In what setting were you involved with Western counseling?
- What types of counseling did you experience?
- For how long were you involved in Western counseling?

Now I will ask you about your attitudes toward Western counseling.

4. What ideas or expectations did you have about Western counseling before you began your involvement?
5. How did you feel during your involvement with Western counseling?

Prompts:

- What, if anything, surprised you?
- How comfortable were you with the ideas used?
- With which practices did you feel most comfortable?
- With which did you feel least comfortable?

6. How do you feel now about the Western practice of counseling?

Prompts:

- For yourself?

For others?

Now I will ask some questions about your perspectives on counseling in Bhutan:

7. Please describe any existing Bhutanese practices you are aware of that serve purposes similar to those of Western counseling.

Prompts:

Traditional medicine?

Consulting religious teachers?

Consulting shamans?

Consulting with community members for personal matters?

Consulting with family members for personal matters?

8. In what ways, if any, do you think Bhutanese culture can contribute to the counseling profession worldwide?
9. What aspects, if any, of Western counseling do you believe can be especially helpful in Bhutan?

Prompts:

Specific ideas?

Specific theories?

Specific practices?

10. What aspects, if any, of Western counseling do you believe can be problematic in Bhutan?

Finally, here are some closing questions:

11. What else, if anything, would you like me to know about counseling in Bhutan?
12. If you have any questions for me, please ask them.
13. How can I reach you to send you my transcription of this interview and my study findings for your approval?

VITA

Susan V. Lester completed this study at Old Dominion University, Norfolk, VA, 23529, as a requirement for her Ph.D. in Counseling, anticipated in December 2015. Susan is Assistant Professor of Counseling at the University of Saint Joseph, Connecticut. She earned her B.A. in Biblical and Theological Studies at Gordon College in 1988 and her M.A. in Community Counseling at Saint Joseph College in 2007. Susan has clinical counseling experience in community, religious, and private practice settings, and spent 15 weeks in Bhutan as a volunteer counselor with the National Board of Certified Counselors-International in 2011. In addition to the ongoing development of the Bhutanese counseling profession, her scholarly interests include internationalization of the counseling profession, spirituality and religion in counseling, and adult development and learning.