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Voices of Thai Women Who Received Gender-Sensitive Empowerment Counseling

By Somporn Rungreangkulkij¹, Netchanok Kaewjanta², Ingkata Kotnara³, Kesorn Saithanu⁴

Abstract

In Thailand, as in most countries, mental health treatment is focused on a medical model. A new approach using Gender-Sensitive Empowerment Counseling as a form of intervention for women with depression was employed in this study. This qualitative study describes clients' perspectives on receiving Gender-Sensitive Empowerment Counseling. Participants were fourteen women with depression who received empowerment counseling. In-depth interviews were used for data collection. Data analysis is content analysis. Five themes emerged: attitude change, feeling empowered, self-confidence, becoming more assertive, and greater self-love. Health care policy and service should integrate gender analysis and empowerment into the treatment modality. Supporting gender-sensitive workshops for therapists is significant for working with women with depression.

Keywords: Empower, Depression, Women, Counseling, Gender, Qualitative research

Introduction

Worldwide, depression is more prevalent in women than in men. According to a 2015 estimate, the prevalence of depression globally was 4.4%. Prevalence in women was greater than in men (5.1% and 3.6%, respectively). The total number of people living with depression in the world was 322 million. Almost half of these people live in the South-East Asia Region and Western Pacific Region (World Health Organization, 2017). In Thailand, according to a 2008 national epidemiology survey on mental health, the rate of depression overall was 1.8%, 1.7% for men and 2.9% for women (Mental Health Department, Ministry of Public Health, 2008). The most currently prevalence of depression at national level in the fiscal year 2020 was at 2.08 %; unfortunately, data on sex difference was not reported (Phasrimahabodi Hospital, 2020).

The cause of depression is multifactored, originating both from internal individual experiences and from external social systems (Falicov, 2003). However, most theories in psychiatry, psychology, and counseling emphasize the individual and ignore the importance of social systems, such as gender oppression in patriarchal systems, that affect mental health, especially in the case of women's depression (Neitzke, 2016; Schwarz, 2017; WHO, 2016).

Gender refers to differences between men and women shaped by socialization which determines norms, roles, relationships, behaviors, activities, space, power and expectation and the value of men and women (WHO, 2011). Socially constructed gender roles and expectations inform

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culture, tradition, history, social structure, economics and politics (WHO, 2011). Currently, there is increasing awareness that gender is a non-binary construction with a multifaceted spectrum (Cameron & Stinson, 2019). This current study focusses on women's stress related to traditional gender roles. In a patriarchal system, there are general social beliefs about responsibilities and behaviors for men and women. Traditional gender role beliefs are that women have responsibilities as the family caretaker while men have roles as the breadwinner for the family (Dicke, Safavian, & Eccles, 2019; Rungreangkulkij, 2019). In family and couple relationships, women assume a disproportionate responsibility for childcare, elder care, household management, and partner/spouse relationships (APA, 2007). Traditional gender roles often result in women being in a subordinate social status, at a material and socioeconomic disadvantage, facing domestic violence and suffering an undervaluation of women's work (Falicov, 2003; Kumar, Supriti, Nehra, & Dahiya, 2013; Schwarz, 2017). These traditional gender roles expect women to sacrifice themselves to the needs of other family members such as caring for the home and family members, resulting in a 'silencing of the self' (Falicov, 2003).

Societal pressure to conform to traditional gender role expectations is related to depression in women (Falicov, 2003; Chen, Acevedo-Garcia, & Kawachi, 2005; Chandra & Satyanarayana, 2010). Studies have found that women with depression experience a myriad of gender-related impacts such as: a loss of control over their lives; a sense of powerlessness; a lack of confidence; distress from feelings of entrapment in gender roles; unremitting responsibility for family care; pressure from attempting to meet the expectations of being a good daughter, a good wife, a good mother, or a good woman; a lack of access to financial independence; marital disharmony; marital sexual violence; widowhood and the accompanying financial strain for single mothers who have small children; and a low level of autonomy in making decisions (Chandra, & Satyanarayana, 2010; Kumar, Supriti, Nehra, & Dahiya, 2013; Schwarz, 2017; Vidler, 2005; Walters, 1993). David (2012), a clinical psychologist, proposed that women who are depressed from oppression related to sexism require assistance from a skilled social justice professional to overcome a patriarchal mindset. It is recommended that gender analysis is integrated into psychological practice with girls and women (APA, 2007; Enns, 2000).

In Thailand, as in most countries, the mainstream mental health service is still focused on a medical model. The Centre of Research and Training on Gender and Women's Health, Khon Kaen University developed Gender-Sensitive Empowerment Counseling training for psychiatric nurses who worked at psychiatric out-patient clinics at general hospitals and a psychiatric hospital. After the training ended, these nurses became skilled counselors putting Gender-Sensitive Empowerment Counseling into the practice. This study is the first study in Thailand that used gender analysis in counseling for women with depression. This study focused on the clients' perspective on receiving Gender-Sensitive Empowerment Counseling.

Conceptual Framework

Empowerment is the process by which people who are marginalized become aware of the power dynamics in their life context. In the empowerment process, people develop skills and capacity to choose or make decisions about their personal situations, to gain self-confidence about the ability to make change, to increase positive self-image, and to take control over their lives (Kumar, Supriti, Nehra, and Dahiya, 2013; McWhirter, 1998).

Gender-Sensitive Empowerment Counseling was derived from a feminist approach. The critical components of Gender-Sensitive Empowerment Counseling include an egalitarian

relationship between client and counselor, a focus on clients' strengths, a recognition that clients' problems are influenced by social structures and constructions, and the development of critical consciousness (McWhirter, 1998; Schwarz, 2017). A possible outcome of therapy using this model is the understanding of external forces creating problems for them, which will aid them in developing the means to overcome those problems (APA, 2007). The primary goal of Gender-Sensitive Empowerment Counseling is to increase a client's awareness of how gender roles and gender norm expectations negatively affect women (Isaraeli & Santor, 2000; Schwarz, 2017). Special techniques for Gender-Sensitive Empowerment Counseling include gender-role analysis, which involves the counselor working with client to (a) identify the messages she has internalized about gender roles; (b) examine how those messages and beliefs impact her emotional, cognitive, and behavioral level; c) consciously decide which messages she wants to keep and which she wants to discard; and (d) make a plan to implement change. In addition, with recognition that gender norms are a social construction, in order to support women's changing behaviors, whenever possible, the counselors would join community campaigns or advocacy for changing oppressive gender norms.

Methodology

In order to understand how the women with depression viewed their experience with Gender-Sensitive Empowerment Counseling, we chose a qualitative approach. This approach is appropriate because the aim of the study is to understand in-depth the participants' perspectives about this approach to counseling. Purposive sampling was used. The inclusion criteria for key participants were 1) women between the ages of 18- 59 years old, 2) diagnosed with either depression or major depressive disorder, 3) received the Gender-Sensitive Empowerment Counseling from trained psychiatric nurses at the study research hospitals between April and November 2017.

Data collection was conducted from July to December 2017. The first author conducted in-depth interviews at the hospitals. The interviews, which lasted from 60 to 90 minutes, were audio-recorded and transcribed verbatim by professional transcription services. The example interview questions included 1) please tell me about your opinion about receiving the counseling from the nurses. 2) How did the nurses help you? 3) What did you change after you received counseling from the nurses? Data on women's perspectives of Gender-Sensitive Empowerment Counseling were extracted from the 14 verbatim transcripts and analyzed using content analysis based on Colaizzi method; the first step focused on reading the interview transcriptions in order to understand the meaning as a whole, followed by the extraction of significant statements. The next step included the formulation of meanings from significant statements, which were then organized into themes. Themes were subsequently integrated into an exhaustive description. The last step consisted of formulating the essential structure of the phenomenon (Colaizzi, 1978). Data were independently coded by two researchers. The researchers discussed their findings and reached consensus on emerging themes. The study was reviewed and approved by the Human Ethics Committee of University (HE# 592317) and the study hospitals.

Findings

Participant Descriptions

The mean age of the 14 women included in this study was 36.4 years (ranged between 21 and 56 years). The majority had completed high school (n=9) and worked in agriculture (n=6). All of them lived with their partner. Eleven participants were diagnosed as experiencing symptoms consistent with major depressive disorder. The rest were diagnosed with depression. The average duration of their depression was 7.8 years (range 1 to 31 years). Eight women had depressive symptoms at a mild level and the rest had depressive symptoms at a moderate level (n=6). Each participant received Gender-Sensitive Empowerment Counseling for 2-3 sessions as mentioned in the conceptual framework session. Moreover, the power and control wheel diagram in Thai version was used as a tool to help the clients understand their domestic violence situations.

Themes

The in-depth interviews revealed that the women who received Gender-Sensitive Empowerment Counseling changed after receiving the counseling. Five themes emerged from their perspectives toward the Gender-Sensitive Empowerment Counseling. The participants said this type of counseling made them change in five ways: 1) a change in attitude after becoming aware of abuse, 2) feeling empowered after knowing about their rights, 3) an increase in self-confidence 4) becoming more assertive, and 5) greater self-love.

A Change in Attitude After Aware of Abuse

Thai society is a patriarchal one. There are many gender inequalities between husbands and wives which may lead to abuse. Many Thai women are not aware that they are in an abusive relationship (such as infidelity, being controlled) because it is perceived as a norm. When the counselor educated the participants about abuse, the participants realized that they are being abused. The abusive relationships affected the participants in ways including feeling unhappy and upset, and an overall sense of suffering. After the counselor reframed with the clients that being emotionally hurt was abusive, the women understood that the situation is abusive, not the norm. They changed their attitudes.

“When I heard the nurse said, I am being abused. I totally got it. It’s so true that he has abused me mentally. He made me very unhappy. I have let him abuse me for 6-7 years. I have let him. Then I thought what I should do next. Could I change? Will that lead me to having more arguments with him? Will that lead to divorce? I fought with my thoughts. I kept asking myself all these questions for many days. Eventually, I told myself that I can do it. My parents raised me and never abused me. He isn’t even my parent; why would I let him hurt me? I was a grown up when I met him. I can’t let this happening. I can’t let this abuse continue. (32 years old patient with depression for 3 years).

“At first I thought I had to endure this. It’s my karma. I thought of my children. I thought other people were the same. But when the nurse said that it’s called abuse; when I was the only one who carried all the responsibilities in the family and got all the blame and words that hurt me. After I heard that, I gradually understood. I thought why did I have to accept, to endure this abuse? My husband spent money on alcohol. He was so drunk that he couldn’t work. He would yell at me and curse at

me when he's drunk. Sometimes he would hit the children. Lately, I thought more about myself. I thought about how I could be happy. I tried not to dwell on the past. I wondered if I was unlucky to be born so worthless or if it's my choice. I could internally choose not to be unlucky. That thought is so empowering. I told myself that I was not going to endure this abuse anymore. There were no benefits to being in this abusive relationship. I looked back and thought why I even thought of committing suicide. Why I didn't see the value of my life? Why I feared to live alone? I was very stupid. I didn't love myself. Now I love myself and am very glad that I didn't do it that day." (45years old patient with depression for 8 years).

Feeling Empowered After Knowing About Their Rights

The traditional gender roles for Thai women include being subordinate in the relationship, not arguing with the husband, and being submissive. Thai women are framed within the traditional gender roles. Women are expected to sacrifice themselves to the needs of others. They have to endure many difficulties for the family. Many women learn to keep their emotions to themselves. They do not talk about their feelings. They feel a lack of self-worth. When the counselor said that every woman has the right to tell their partners about their needs or feelings, the participants felt empowered.

"Women have the right to talk about their feelings"—when the nurse said that, I felt much empowered. I felt like I have to fight for my rights. I am not fighting with my husband. I am not trying to break the relationship. I am fighting for the equality in the family. The counseling was very empowering to me." (38 years old patient with depression for 4 years)

"Everybody told me to endure it. They said I have already had children. I shouldn't get divorce. "Just bear it. At least your husband has returned to you." After my husband came back to me, everybody told me to endure the situation for the sake of my children and the family. I had to keep my feelings inside. Everybody told me to be patient, to give him a chance. But I was hurt. It's a repeated wound. He kept hurting me. He didn't realize how much his action has hurt me because I had to be patient. I had to endure. But I was bottled up too much that why I seek the treatment. During the counseling, the nurse said I was abused. The nurse told me to ask myself what I wanted. The nurse said he (the husband) had no right to hurt me. When the nurse said that I knew I didn't want to get hurt. I felt brave enough to do what I wanted. I knew that I didn't want to endure this any longer. I have had enough, even though, everybody told to endure. After I have made my decision, I felt much better." (35 years old with depression for 4 years)

An Increase in Self-Confidence

When the women stand up for their rights, they face the spouse's reactions. The reactions can be in the form of violence and abuse. For instances, when the women talk about their feelings, the husband can be intimidating, use threatening techniques, or increase emotional, physical and/or sexual abuse. One husband responded to the change in the wife by leaving the house. It is not easy

for women to stand up for their rights, to embrace themselves. They have to have the self-confidence to fight the men's resistance.

"It's hard in the beginning when I tried to practice being assertive. I had to prepare myself to get ready for any resistance. If I didn't go along with him, he just left me. After he left, I didn't call and ask him to come back. It happened a couple times. I still didn't call him. I had to be strong. I had to hold myself back. In the past, I was always the one who begged him to come back even though it wasn't my fault. I called and called. If I couldn't get a hold of him, I would suffer so much. I couldn't eat or sleep. I wanted to know who he was with, where he went, and with whom. But now I think it isn't my fault. I don't have to beg him. I don't call him. I stay quiet for a couple days then he is the one who talks to me first." (32 years old with depression for 3 years)

"I wanted him to change... So, I chose to stay quiet. I waited to see what he was going to do. I did not allow him to look at my mobile phone. He would ask me why I refused. I told him I he did not let me see his either, why he would have the right to see mine. I told him we should be open to each other, if we want to stay together. If he does not like this, I will do the same to him so he knows what it feels like." (21years old with depression for 1 year)

Becoming More Assertive

Traditionally, Thai women are taught to be submissive. They are in distress from feelings of entrapment in gender roles, unremitting responsibility for family caring, and attempting to meet the expectations of being a "good wife" who follows the husband's lead. The societal expectation is that a good wife endures and sacrifices for the sake of their family and keeps her feelings and desires to herself. During the counseling, the nurse educated the participants about their rights. Once they understood the impact of the entrapment in gender roles that made them unhappy, the participants became more assertive. They felt more confident to exercise their rights by expressing how they felt, what they wanted from their spouses. They freed themselves from this entrapment; therefore, they felt a weight had lifted.

"After I spoke about my feelings, I felt so light. Before I kept it inside and felt tight in the chest. Now I say what I think to my husband. Before my husband was the one who controlled everything. Now I feel like I am liberated from slavery. I know that it's my right to speak my mind, my opinions, and my feelings. I feel empowered. I feel like why I should be submissive? Why do I have to endure? At least I should say how I feel. It's useless not saying anything. Before I feared he would leave me, so I didn't dare to say anything. Now I don't care. If he wants to leave, go ahead. I am not going to beg him. He hasn't said anything." (37 years old with depression for 3 years).

"I have tried to be more assertive. I said, "can I take a look at your phone?" he asked "why do you want to see it?" He said it's his phone and his right. So I told him "why did you look in my phone?" Before I wouldn't dare to talk back to him

like that. If he said it's his phone, I would have been quiet. I actually didn't really want to look at his phone. I only wanted to express my feelings. After I spoke, I felt so good. I have kept my feelings inside for too long. I felt so relieved to be able to express my feelings freely. I have let him know that I dare to speak up. I feel so much better. If 10 meaning the best mood, I feel about 4-5. Before I felt about 2-3 because I let my partner did everything, even when I disagreed. But I feel very good that I am brave enough to speak my mind." (21 years old with depression for 1 year)

Greater Self-Love

Thai women are not encouraged to love themselves. They are taught to take care of others before themselves. They have to support their husband and family. When the participants learned their rights, they consciously decided that they wanted to remove the abuse from their lives. The messages that they want to keep are happiness, self-worth, and self-love. They feel more confident in implementing some changes in their lives.

"I feel more valued. Before I felt like I was just existing. I didn't know why I lived and what for. But lately, I am able to think of myself. I think what things make me happy. I don't want to dwell on things from the past. The worst thing I can do to myself is not seeing the value of my life. I looked back and thought why I even think of killing myself because of him. I thought I was so stupid to throw away my life for him. Why did I fear him leaving me so much? I didn't love myself. Now I love myself so much. I am very glad that I didn't kill myself that day." (38 years old with depression for 4 year)

"The nurse told me if you can't take it, don't bear it. Follow your heart. Whatever you want to do, you do it. I have been blamed so much and for so long. I told the nurse that I don't care anymore what others will think of me. If people think that I am a bad person for breaking up with him, which is OK. I am at the point that I don't care how other people judge me. I will do it for myself. Yes, I have loved other people. It's time for me to love myself, following my heart. The nurse also told me that it's time to love myself." (35 years old with depression for 4 year)

Discussion

This is the first study in Thailand to use a gender perspective as the main concept in counseling women with depression. Social systems, such as gender roles in the patriarchal system, affect mental health. Studies have found that women with depression experience gender-related causes such as a loss of control over their lives, a sense of powerlessness, a lack of confidence, distress from feelings of entrapment in gender roles, unremitting responsible for family care, and attempts to meet the expectations of being a good daughter (Neitzke, 2016; Rungreangkulkij et al., 2019; Schwarz, 2017; WHO, 2016). Neitzke (2016)'s study showed that depression was a matter of power and oppression within a gender system. The cause of depression is multifactored, originating both from internal individual experiences and from external social systems (Falicov, 2003). The internal individual experiences of the participants in the study confirmed what exists

in the literature. They were undervalued and depressed. The external social system affects their depression because they were trapped in the patriarchal system. Previous studies showed that some of the causes of depression are from inequality in a couple's relationship where the women are framed by the gender expectations, for instance, accepting a partner's infidelity, obeying their partner, or being controlled (Park, Park, Jun, & Kim, 2017; Rungreangkulkij et al., 2019). In this study, violence against women and gender inequality in the couple relationship also contributed to the depression. Some women are abused which leads to depression because they are trapped in the traditional gender role (Schwarz, 2017). Thai women are taught that it is a norm for Thai men to have affairs or polygamous relationship. Thai women bear this for the family harmony and for the children. Thai women are taught not to talk about family issues to people outside the family. They should not tell their parents to avoid upsetting them, so they keep suffering inside.

The primary goal of Gender-Sensitive Empowerment Counseling is to increase a client's awareness of how gender roles and gender norm expectations negatively affect women (Isaraell & Santor, 2000; Schwarz, 2017). Gender-Sensitive Empowerment Counseling is an approach that focuses on listening from the counselor's heart. When the participants felt like the counselor really listened to them, understood their suffering and did not tell them to endure the situation, they gained self-esteem. When the counselor taught them their rights and that abuse is not a norm, the participants feel empowered. The participants realized that they are in abusive situations. They then saw a way out. Being a woman, they do not have to be trapped in a dangerous situation. They had the right to escape the abuse. They gained the confidence to escape. When women have confidence and understanding about the situation, they can solve their relationship problems which resulted in reduction of depressive symptoms (Israeli & Santor, 2000). In the empowerment counseling process, the counselor assesses how the client's problems related to gender issues of the client's situation. Whenever possible, clients should be encouraged to name the meaning of their experiences and problems such as abuse or violence. However, the counselor may name it at an appropriate time. If the counselor prematurely labels a client as an abuse victim, the client may be less willing to disclose information, may believe the counselor is imposing an agenda and may feel disempowered. In contrast, when counselors ask questions that encourage clients to explore their experiences, feelings, and behaviors in a comprehensive manner, clients become respected collaborators who may feel empowered by naming their own difficulties (Brown, 2012).

When someone listens to the women from their heart, women feel their problems are lifted. They feel free from the traditional gender role. They understand their right to be free from abuse. These realizations help them build up skills to change their situation. They feel happy and have self-love. They become more assertive, being able to express their thoughts and feelings. Our findings are correlated with the study of Chang et al (2010) that women with intimate partner violence stated that interactions with healthcare providers changed how they viewed themselves, the violence, and their relationship with their abuser. Once they are aware of their rights, they start to change their relationships. In terms of receiving support, they described how they came to a turning point that health care providers who expressed concern, support, and validated their feelings helped them to recognize that they deserved safety and a better situation.

The five changes include: 1) a change in attitude after they were aware of being abused, 2) feeling empowered after knowing about their rights, 3) an increase in self-confidence 4) becoming more assertive, and 5) greater self-love, that the participants experienced through the gender-sensitive empowerment counseling are essential elements of empowerment (American Psychological Association, 2007). The action after the counseling and realization of self-love led to feeling empowered. When the women feel empowered, they have more self-confidence. They

feel they have more control of the situation and more prepared to change the situation to the better which again goes with the main concepts of empowerment counseling (Kumar, Supriti, Nehra, and Dahiya, 2013; McWhirter, 1998).

Summary

This study is the first study that employed Gender-Sensitive Empowerment Counseling and analyzed deeply from the perspective of the participants regarding this method of counseling. The findings are similar to previous studies that empowerment counseling can lead to change of action and feeling more control of the situation, especially in abusive situations. A limitation of this study is the small number of participants. The gender inequality in this study was mostly from abusive relationships. This study found that the causes of the depression were from abusive relationships and they were framed by traditional gender perceptions. Using the Gender-Sensitive Empowerment Counseling helped the women understand their problems and feel confident to solve their relationship issues. They feel empowered and self-love. The voices of the women from this study provide a deeper understanding about the positive effects of the Gender-Sensitive Empowerment Counseling. However, there needs to be more studies about all dimensions of male and female gender roles in order for counselors to be able to provide a comprehensive Gender-Sensitive Empowerment Counseling and for the implementation of the policy.

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