

## The Application of Transcultural Counseling Principles and Practices in Developing Countries through a Lay Counselor Training Approach

David K. Carson  
Regis University, USA

### Abstract

*Mental health treatment in developing countries is sorely lacking. There is, with few exceptions, a dearth of mental health services and professionals in the developing world. High population densities, poverty and underemployment, disease, pollution, unhygienic environments, rurality, the frequency of natural disasters, and other factors present many challenges to people in resource-limited nations. However, there is increasing evidence that appropriately trained lay counselors within the culture can have a major impact on individuals, families, and communities in the developing world. This article highlights how transcultural principles of counseling, as postulated by the author, can be applied to people's lives through the training of lay counselors. Also examined are some of the changes that need to take place in lay counselor training efforts in developing countries, with implications for professional counselors and therapists conducting lay training in international settings.*

**Keywords:** Transcultural Counseling Principles, Lay Counselor Training, Developing Countries.

## **Introduction**

The World Health Organization (WHO, 2016) estimates that 450 million people globally suffer from a mental health disorder, and 75% of that population lives in developing countries with little or no access to treatment. The history of many government and non-governmental health and development organizations (NGO's) has been on issues related to poverty reduction and community development and not on mental health issues. Thus, people in developing countries who suffer from a broad range of mental and emotional disorders, and family conflict and difficulties, often do so without the therapeutic help and support they need (Stutterheim, 2015).

According to the United Nations (2018), approximately 85 to 90 percent of the children and adolescents in the world who experience a mental health disorder live in low-income countries. Stress and trauma caused by medical emergencies and natural disasters often exacerbate mental health problems for children and families. The WHO's (2016) approach to promoting mental health in resource-limited countries includes strengthening families and communities, creating supportive and capacity building environments, developing personal and life skills, providing early childhood development and health services and empowering women. Local communities in those regions can play a major role in addressing these individuals, family, and community-based needs through the training of lay counselors.

Fortunately, interest in mental health issues and the role of counseling is becoming more prevalent worldwide (Moodley, Gielen, & Wu, R. 2012; Ng, 2014; Pedersen, Lonner, Draguns, Trimble, & Scharron-del Rio, 2015). Although people in the developing world may still be reluctant to embrace the idea of "counseling" given the privacy of personal and family life, and the stigma associated with seeking help (especially from someone outside of the family), the idea that healthy people seek help when they need it is slowly taking hold in many areas of the world as evidenced by several recent key works (Hohenshil, 2013; Mills, 2013; Moodley, Lengyell, Wu, & Gielen, 2015; Rastogi & Thomas, 2008). The expansion of counseling in some developing countries has been slowly progressing in terms of the growing number of professional training programs, as well as the involvement of some NGO's in the training of lay counselors and initiation of lay counselor training programs (Carson, 2017; Carson, Lawson, Casado-Kehoe, & Wilcox, 2011; Dewing, Matthews, Cloete, Schaay, & Simbayi, 2014; Juen, Siller, Lindenthal, Snider, & Nielsen, 2013; Patel, Chowdhary, Rahman, & Verdell, 2011).

## **The Need for Trained Lay Counselors in Developing Countries**

People in developing countries are experiencing many of the same personal and relational difficulties that globalization, urbanization, and modernization bring to any nation (Hohenshil, 2013; Mills, 2013; Pedersen, et al., 2015). These problems include, but are not limited to: anxiety and other stress-related disorders; clinical depression; adolescent oppositional and conduct disorder; suicide; alcohol, drug abuse, and other addictive disorders; immediate and intergenerational family conflict and disputes; sexual and relational problems in marriage; disagreements over child-rearing between parents; in some countries (e.g., India) high expectations of parents that include academic pressures on youth to succeed

academically and vocationally; child abuse and other forms of domestic violence; trauma and loss following natural disasters; and a gradual loss or displacement of the role and function of the elderly. The field of Transcultural Psychiatry, which focuses on how social and cultural factors create, determine, or influence mental illness, has made major contributions to our understanding of individual and family pathologies in both developed and developing countries of the world (Fox, 2018; Moldavsky, 2003).

Additional examples of mental health problems include those associated with physical illness and disability, undernutrition and unemployment, HIV/AIDS, and of course, poverty. An understanding of poverty and how it influences individual, marital, and family health is critical to the counseling process. Poverty in developing countries is represented not only by low income, lack of or poor health care, and substandard housing, but the presence of an ongoing state of helplessness, powerlessness, inequality, and marginalization that is often caste, class, racial, or gender-based (Patel, Minas, Cohen, & Prince, 2014). However, there are valid reasons to believe that lay counselor training and family life education can have a measurable and long-lasting impact on poverty reduction and community development in resource-limited countries (Carson & Chowdhury, 2018). NGO's, in cooperation with local religious bodies and human service agencies, can play a major role in creating and supporting model programs in mental health treatment that can be replicated or adapted in differing environments, and in raising public awareness about various types of mental illness. Indeed, one of the strengths of NGOs is their emphasis on working in partnerships and networking with churches, temples, mosques, social work, and human service agencies, and academic institutions (Carson, Jain, & Ramirez, 2009; Thara & Patel, 2003).

### **The Potential Impact of Lay Counselor Training**

There is increasing evidence that lay counselors can make positive differences in the lives of children, adolescents, adults, couples, families, and communities (Carson, 2017; Carson & Chowdhury, 2018; Dewing, et al., 2014; Juen, et al., 2013); Patel et al., 2011; Tan & Scalise, 2016). These include, for example, the successful treatment of alcohol abuse in India (Nadkarni et al. 2015), depression and anxiety disorders in India (Patel, Weiss, Chowdhary, Naik, & Pednekar, 2010), psychosocial problems among persons living with HIV in South Africa (Kagee, 2012), post-traumatic stress disorder (PTSD) among Rwandan and Somalian refugees living in Uganda (Neuner, Onyut, Ertl, Odenwald, & Schauer, 2008), traumatized children and families in Nepal (Carson, 2018; Keats & Sharma, 2014), and adults and families in India (Carson, 2017). However, to optimally apply counseling principles and skills, whether conducted by professional counselors and therapists, or by trained lay counselors themselves with others, a consideration of those principles and practices that may be “transcultural” can be of great use.

### **Example of a Lay Counselor Training Program in South Asia**

The International Lay Counselor Training Program (ILCTP), developed by Carson et al. (2017; 2011; see also Carson & Chowdhury, 2000), utilizes a training-the-trainers approach to lay training. Interested community or religious leaders are first identified as potential trainees. These individuals, who live in both urban and rural environments, then select other potential trainees from within the community and local area. A primary goal of the ILCTP is to create sustainable lay counseling activities that can help meet the personal and relational needs of individuals, couples, and families, and yet also help trainees know how to refer people for professional assistance in their area or region if and where it might be available.

Depending on the needs and requests of host country leadership trainees, the ILCTP covers the essential elements of lay counseling in a three to five-day period (sometimes shorter depending on the location). The program also offers up to full two weeks (80 hours) of training for interested organizations and agencies. This program has evolved since the 1990s in India and has been implemented in numerous locations throughout India and other South Asian countries, including Nepal, Bangladesh, Sri Lanka, and Myanmar. Professional counselors and therapists from outside the culture who conduct the training always do so in cooperation with the community or religious leaders from within. The program operates on a minimal level of funding from two international NGOs that support indigenous community development projects. The ILCTP is a strongly applied program that is culturally sensitive and relevant in helping trainees become proficient in the basics of counseling knowledge and skill. Co-leaders from within the culture help contextualize both the content and process of the training. Often the training is conducted through translation depending on participants' level of competency in English.

Components of the ILCTP that may serve as an example for other lay counselor training programs in international settings, as described by Carson et al. (2001), include the following: (1) Basic counseling principles and skills; (2) Understanding common child, adolescent, and adult mental and emotional disorders as manifested in the target culture; (3) Marital and family problems and challenges that are culture-specific (including illness and disability issues), and basic approaches to counseling couples, marriages, and families; (4) An overview of chemical addictions, substance abuse counseling, and other types of addictions; (5) The basics of trauma and grief counseling, and crisis intervention; and (6) Special topics as requested by leaders and trainees in the host culture. One outcome of this lay counselor training approach is that ILCTP trained counselors, as desired, may offer free or extremely low-cost counseling services in their local communities, sometimes in their homes or other facilities (e.g., schools, community centers, religious settings).

Lay counselor trainers from outside the culture and community must conduct training at the invitation of, and in partnership with, local citizens. Local community leaders and trainees must also be able to reflect on, buy into, and decide upon areas of counselor training that are of greatest need and interest in their communities, schools, or places of worship. Indeed, the greatest resources for helping people come from within the community.

## **Cultural Barriers to Seeking Counseling in the Developing World**

According to Patel et al. (2011), barriers that impede counseling in developing countries include the shame or embarrassment associated with seeking personal, marital, or family counseling. Counseling in non-Western resource-limited countries is also often seen as something needed only or primarily by the mentally ill, and not by general members of society (Carter, 2008; Hohenshil, 2013). Moreover, there are often substantial cultural taboos about seeking counseling or therapy among people in many developing nations because of social stigma, ostracism, and the protection of marriage and family secrets (Mills, 2013). Hence, the normalization of counseling for all societal members as a much needed and legitimate area of health care is sorely needed in the developing world. An identification of the transcultural aspects of counseling may be helpful in this pursuit.

## **What is Transcultural About Counseling and Counseling Practice?**

The term “transcultural” has to do with that which extends through all human cultures, or the combining and bringing together of elements from different cultures (Lago, 2011). From an applied psychological, sociological, or anthropological perspective, transcultural involves a combining of elements across cultures that can be practical, helpful, or useful in the lives of people (McFadden, 1999). Transcultural counseling assumes that counseling can occur across cultures, nations, and continents and that certain counseling principles and practices, although perhaps not universal, are “transcultural” in that they can be applied to helping people in a wide range of societies around the world – not as a one size fits all, but as contextualized and adapted for use in each particular culture (d’Ardenne & Mahtani, 1999; McFadden, 1999; Pedersen, et al., 2015).

## **Transcultural Counseling Skills**

Although the application of people-helping skills is going to be culturally determined and enacted, it can be argued that the skills themselves extend across cultures (Carson, et. al, 2011; Carter, 2008). A shortlist of these skills may include:

- Active listening (i.e., focused moment by moment engagement with the head and heart and honoring the role of silence).
- Empathy and encouragement.
- Presence, awareness, mindfulness, and the provision of a “holding environment” (a safe and caring place) for counselees. One implication: Being able to sit with people in pain and not try to “fix” them.
- Unconditional positive regard (i.e., meeting and accepting people for who they are and what they are experiencing).
- Keen and careful observation (i.e., attending to counselee's verbal and non-verbal behavior such as facial expressions; body language, etc., yet with an understanding of culture-specific non-verbal communication and behavior).
- Paraphrasing and summarizing.

- Reflecting on and drawing out primary and secondary emotions, then helping the counselee gradually work through these emotions intra- and/or inter-personally.
- Asking open-ended questions (e.g., "What things are you most needing in your life right now?") and focused questions (e.g., "What is most troubling for you right now? I want to understand").
- Providing feedback and helpful information, education, and resources.
- Building on personal, family, and cultural strengths and competencies, and helping counsees galvanize their inner strengths and outer resources (e.g., social supports).
- Exploring the person's core beliefs about themselves, family, community, the world, and God (e.g., regarding goodness, likeability, lovability, worthiness, justice, fairness, helplessness, and hopelessness).
- Eliciting and reflecting meaning, including those associated with religious and spiritual beliefs and practices, in terms of specific life experiences and current challenges of the counselee.

### **A Potential Problem in Counselor Training Worldwide**

A considerable portion of professional counselor training around the world today appears to involve "talk therapy"-- essentially a conversation between counselor and counselee(s) intended to produce insight and awareness and to motivate change (Hohenshil, 2013; Moodley, et al, 2012; Pedersen et al., 2015). This approach also characterizes some lay counselor training approaches and programs (Carson 2017; 2018a; Carson et al., 2011; Dewing, T al, 2014; Juen, et al., 2013; Tan & Scalise, 2016). Although talk therapy has many strengths and can be used effectively to help people, there are several potential limitations of talk or conversational therapy as a singular or sometimes even primary approach to counseling (Raio, 2013; Wiener, 1999). These include, but are not limited to: (1) Restricted communication abilities on the part of the counselee(s), and/or language differences between the counselor and counselee; (2) The fact that modern talk therapies tend to lean toward cognitive and behavioral therapy (CBT) and in some cases brief psychodynamic approaches, which assume that insight or rationale thought leads to change, and that the thinking mind can contain and control the emotional mind (a top-down approach). These approaches may thus have a limited focus on the deeper level emotional and relational/systemic dynamics within or among counsees; (3) That talking about problems and even attempted solutions can be a defense or deflection away from the real, deeper level problems, issues, or feelings, as much as a helpful resource; (4) That talking directly about personal or family problems may be considered culturally inappropriate, confrontational, or even taboo, hence requiring other approaches to people-helping; and (5) Limited capacity concerning tapping the core level emotions, as well as the subconscious, which may be where counsees are stuck or self-sabotaging, either within themselves or a close relationship. Hence, counselor training must include a broader array of approaches to helping.

## What Counselor Training and Practice Must Include Across Cultures: A Proposition

The creative, experiential, and emotion-focused aspects of counseling and counselor training may represent some of the more transcultural, and therefore, potentially useful elements of counseling practice (Greenberg & Goldman, 2018; Greenberg, Watson, & Lietaer, 1998). This is because the emphasis in these approaches is on helping individuals, couples, and families express their thoughts, feelings, and attachment-based needs in safe and effective ways-- often to and with the very people these feelings and needs must be expressed (Carson & Becker, 2003). In-session culturally appropriate experiential interventions can also be integrated with traditional healing practices embedded within each counselee's culture (Kinsley, 1996). Further, they can be integrated with more traditional talk therapies such as CBT.

## Ten Transcultural Principles of Experiential and Emotion-Focused Counseling in Counselor Training and Practice

1. As indicated, although the training of counselors and therapists worldwide generally involves learning how to do "talk therapy", it is likely that *counseling or therapy is as much an experience as it is a dialogue*. What this means is that counsees need and respond best to both talking and experiencing in the counseling process. As with the concept of experiential learning, the experiential approach to counseling is firmly rooted in the adage: "Tell me and I will probably forget. Show me and I might remember. Involve me and it will always stay with me." Simply put, human experiences are more likely to get hard-wired within us. Experiential approaches increase the likelihood of change when counsees "make the unsaid said, felt, shared, and understood" with the counselor and others in the room. Experiential interventions are never super-imposed by the counselor on to his or her counsees. Rather, the counselor provides opportunities for counselee experiencing (inner and relational) in the room. Counsees are never forced but rather invited to participate in various experiential interventions, whether they are pre-planned or spontaneous.

2. Experiential approaches target the expression of feelings and emotional interactions among counsees in session. Emotional-relational experiencing is viewed as central to the process of healing and change in intimate relationships. Simply put, *individuals, couples and family members in counseling must "feel to heal"*. Going beyond mere talking to creating and experiencing in counseling helps counsees experiencing inner turmoil, or who are gridlocked or distant from loved ones, face needed issues and pain and move forward. One major goal is to skillfully help married couples and family members express thoughts and feelings to one another that are too painful or fearful to talk about, but in a way that these thoughts and feelings are most likely to be heard and understood by the receiver. Since talking may not always be the most possible or optimal way for one person to communicate her or his deeper thoughts and emotions to a partner or family member, other means of expression must be made possible.

3. Experiential therapy can *help counsees see and understand destructive patterns in their families of origin and immediate family systems*, and then make connections between these

relationships and unhealthy cycles in their current relationships. This can happen, for example, through the use of "experiential genograms" where family members are not physically present but symbolically brought into the room and then allowed to interact with one another and the counselee. Another way this can be done is through the use of the "empty chair" whereby significant others are visualized and then given a voice by the counselee. Conversations can be initiated back and forth between these individuals and the counselee – sometimes with the assistance of the counselor: for instance: "What do you most need from your husband/wife/adolescent at this time"? "Share with your father what is most painful in your relationship, and what you truly desire"? "What would your grandfather tell your father that he needed to do more or less with you, his son when you were growing up"? Besides, there are times when the counselor can speak for (or "double" as) a family member to the counselee. Such occurrences in sessions can help counselees deal more effectively with significant others in real life outside of the session.

4. Experiential approaches *help link parts of clients' conscious and subconscious mind and experience*. Although our conscious mind may be completely willing and able to make a change, our subconscious mind may conflict with our conscious mind and sabotage our every effort to do so. Thus, a variety of experiential and creative interventions can be used to help clients explore and uncover hidden thoughts and beliefs, as well as hurt, fear, guilt, shame, regret, self-loathing, and other core emotions that sometimes lurk in the subconscious. Subconscious material may be the source of deep inner pain, relational difficulties, and unhealthy decision-making. Experiential counseling often lowers and sometimes bypasses the person or family's defenses. The goal in counseling is to create a safe environment where, for example, repressed memories and emotions, as well as subconscious parts of the Self, can 'show up' and be expressed, accepted, understood, and when necessary, worked through and let go.

5. Many people were raised or trained to believe that our thinking influences our feelings; however, it can be argued that the reverse may be equally, if not at times, more true for human beings (Barrett, 2018; Greenberg & Goldman, 2018). It is not unusual that *when our emotions get expressed in authentic and constructive ways in intimate relationships, our mind is then able to "think and problem solve more clearly and logically"*. Although there is an infinite number of cultural expressions of human emotions, there are emotions that appear to be part of the human experience (Johnston & Olson, 2015; Smith, 2016). These include both core (primary) and secondary emotions. Lay counselors must help people have the freedom, opportunity, privacy, and safety to access, explore, and eventually express emotions to find healing within themselves and their close relationships.

Core emotions include but are not limited to: fear; hurt; loneliness; guilt; shame; regret; humiliation; rejection; betrayal; abandonment; loss; grief; depression; despair; emptiness; disgust or contempt (e.g., towards others or ourselves); hate; joy; love; peace. Core emotions tend to get denied, disowned, suppressed, or repressed at times within all people. This is because they are primal, powerful, and sometimes frightening. Common secondary emotions include anger; rage; hostility; sadness; frustration; apathy; indifference; disappointment; uncertainty;



confusion; happiness. Secondary emotions are generally less threatening and are designed to cover up, dismiss, or minimize our core emotions. Since secondary emotions may mask or detract people from feeling their core emotions. Thus, helping counselees identify and begin to express secondary emotions is often a precursor to prompting or allowing for the expression of core emotions. Experiential counseling is one of the most effective ways to help people access and begin to heal at the core emotional level. Emotional experiencing within oneself and the expression of core emotions with others can also lead to enhanced insight, creativity, imagination, intuitive awareness, flexibility, playfulness, and satisfaction in relationships. Sometimes counselees not only need to “feel to heal” but “feel to think”.

6. *Counselors make frequent use of immediacy and inner experience in the counseling process.* For example, "What do you notice happening in your body right now as you are talking about this? Share that with your husband/wife".....Where do you feel or most experience that emotion in your body? Will you put your hand on that part or place and give it a voice/allow it to speak"? "One thing I noticed happen in me [the therapist] when you shared those painful emotions with your adolescent just now was some hope and a sense of relief..... What was that like for you?".The immediacy and somatic experiencing can help make the unsaid said and understood, both within the counselee and to others in the room. Moreover, since emotions are experienced in the body, somatic experiencing can help counselees access deeper level emotions and provide a conduit for these emotions to be expressed and released (Levine, 2010).

7. *Direct communication between partners and family members in the session is emphasized.* This means having couples and family members talk to one another, rather than about (or around)each other, or always to the counselor, and continually re-direct them to do so with respect and clarity. Direct communication is typically more effective in helping partners and family members lower resistance and express deeper level emotions that have kept them distant or in conflict. Softening of partner or family member blame (and shame) toward one another through direct sharing of thoughts and feelings can help counselees take responsibility for their thoughts, feelings, and behaviors, and stop trying to change the other person. Although there are cultural rules and taboos about direct (and especially confrontational) communication between husbands and wives, and parents and children, in many parts of the world (Carson et al., 2011; Mills, 2013; Rastogi & Thomas, 2008; Ng, 2014), unless couples and family members can communicate genuinely and directly with one another to some reasonable extent, it is difficult for them to problem solve, experience emotional healing, and restore closeness (Carson & Becker, 2003; Carson & Casado-Kehoe, 2011).

8. *Counseling must include creative and experiential interventions that are culturally appropriate and relevant for counselees in each cultural context.* The experiential approach makes sense because the expressive, musical, and performing arts and traditions are prevalent throughout the developing world. Also, traditional healing rituals and practices in various cultures are entirely experiential (Kinsley, 2006). Experiential counseling interventions (Carson et al., 2011; Carson, 2017) may include, for example, expressive arts (e.g., painting, drawing, molding, collaging), music, dance, and movement; various forms of role play and role reversal;

play therapy (e.g., having the family play a game or giving them a fun problem to solve together); storytelling; poetry; using simple props for visual and physical experiences (e.g., ropes or bicycle tubes that stretch to help couples and families experience and learn more about healthy boundaries and levels of closeness, etc.); therapeutic rituals (e.g., grieving trauma and loss through destroying or letting go of objects); and various non-verbal interventions such as eye, hand, and body talk (e.g., "Show your wife/husband how you feel about her/him by using only your hands or eyes").

Another technique that can help individuals, couples, and family members zero in on painful, repressed, or disowned feelings or parts of the self involves parts talk and parts work. This process can include externalization of one or more parts through various uses of the "empty chair" (e.g., a part to part conversation). In this process, counselees verbally interact with identified parts of themselves in relation to each other and their True (Core)Self. Sometimes in couples and family counseling conflicted or avoidant parts of one person need to be identified and then communicated with a part or parts of a spouse or family member – often initially with the help of the counselor. In short, parts talk and parts work may help counselees get in tune with, express, and sometimes externalize painful feelings or disowned parts of themselves. This technique can also help counselees locate in their body the place where these parts reside and then give those parts a voice in the room.

9. *Having couples and family members each "sculpt" their marriage or family in session (i.e., the use of sculpting or "body metaphors") can help to create healing and change.* Sculpting is one of the more powerful experiential interventions in counseling, especially with couples and families. Here, each married partner or family member, one at a time, is asked to create a sculpture of the marriage or family that represents how that person perceives and experiences the marriage or family in the present time (like a photograph). Spouses and family members agree to be clay in the hands of the person who, one by one, instructs people where to position themselves in relation to one another (e.g., close or distant; facing toward or away; touching or not touching; sitting or standing; eye contact or avoidance; facial expression; body language; etc.). When the person sculpting has everyone exactly where desired, that person puts himself or herself into the sculpt. The counselor then has the couple or family "freeze" for a short time and asks everyone (sometimes closing their eyes) to notice what is going on in their thoughts, feelings, and body. One by one, in the middle of the sculpt, the counselor then asks counselees to share honestly and genuinely, and to express feelings, wants, needs, and the like (i.e. the power of the experience is in the middle of the experience).

In sculpting the counselor can also provide open-ended questions as well as sentence stems (incomplete sentences) to help prompt communications and the expression of emotions among spouses and family members. Each person is then, one by one, given an opportunity to sculpt the marriage or family following the same process. This real "here-and-now sculpt" can be followed by having each person sculpt their more desired or ideal (not perfect) marriage or family, with the same internal and external processing followed. Contrasts between the "real" and "ideal"

sculptures can be enlightening for members and provide hope and emotional movement as well. This type of experiential work must be done with competent initial coaching and practice of lay counselors in counselor training, and with a great deal of wisdom, awareness, and sensitivity on the part of the lay counselor when used with actual couples and families. Admittedly, it may not be appropriate or workable in some cultural contexts of the world.

10. Therapists must also be prepared to react therapeutically and professionally when the counseling in general, or specific interventions, fall flat or elicit unexpected negative reactions in or between clients. Counselor training should always include the idea that even negative or resistant experiences can be processed with counsees in a way that can have a positive and sometimes surprising impact on them (and that sometimes counsees will feel like things are getting worse rather than better). Hence, one transcultural concept of counseling may be to help trainees “*trust the process*”, and in so doing more effectively help their counsees to do the same. This means that both counselor and counsee believe in the possibilities of change, and that persistence and commitment are often the keys to success. Further, any counseling experience can be channeled to elicit counsee processing, awareness, and change if the counselor responds calmly, wisely, and proactively. Effective counselors also learn how to not take things personally from counsees (i.e., not be ego invested in the process), and to “join the resistance” rather than fight, freeze, or flee from it. Besides, the appropriate use of humor (e.g., laughing with clients but never at them) can be immensely helpful in the counseling process.

### **Conclusion**

Lay counselor training in developing countries is but one way to help meet the needs of individuals and families. Trained lay counselors within the culture are likely to have already known relationships with people inside those communities; hence, a normal rite of passage into the people’s lives. Improving mental health in the developing world requires the collaboration and teamwork of community and religious leaders, and when possible, professionals representing a wide range of counselor training and experience. As individuals and families have access to lay counselors in or near where they live, they can find help with mental, emotional, and family-related problems and move toward greater closeness, wholeness, wellness, and spiritual vitality. Such changes can also have a major impact on community development.

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