

EMMW

Asking for help

Emotional Management for Migrant Women

Learning for Integration ry FINLAND



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1. Introduction to Topic & Subtopics

1.1. Background

EMMW is a training plan designed to develop and manage emotional skills in the context of immigration. It targets female migrants as well as social workers and NGOs. Its aim is to enhance their ability to navigate the challenges associated with adapting to and integrating into a new country, ultimately promoting psychological well-being and inclusion in the country they start to reside. The training system is planned to be developed along these two lines in a complementary manner, taking into consideration the distinct needs and approaches required for each target group to develop fundamental soft skills.

After conducting the state-of-the-art analysis as the initial PR1 activity, the consortium proceeded to the second activity aimed at obtaining more detailed qualitative results. In this regard, the partners organised a series of group and one-to-one interviews with experts in the field of migration who possess experience with the target audience. Based on the analysis of the results the following factors are determined as the obstacles in the social integration process of migrant women.

- Lack of language skills
- Cultural differences
- Facing double discrimination
- Being the primary caregiver to children and elders
- Limited access to the labour market and only to low-wage sectors
- Lack of knowledge on benefits and rights (such as counselling and support groups as well as health services)
- Psychological issues

In order to equip and support social workers in their relationship with migrant women 6 topics are determined:

- Listening & Empathy
- Patience
- Emotional management/Self-control
- Sensitivity
- Ask for help
- Positive attitude

This theoretical module will focus on the topic of asking for help.

1.2. Definition of Concept

In this chapter, we are discussing what asking for help means in terms of the different contexts of our project. Asking for help seems like a simple concept: if you cannot cope on your own with the problem or issue at hand, you should seek help from those who can best help you – either people close to you or professionals.

In the 1980s, DePaulo and Fisher (1980)¹ discussed asking for help in terms of psychological costs. They argued that it is always a conflict - on the one hand, the successful completion of a task may rely on getting assistance, but on the other, it may threaten a person's sense of competence.

Asking for help can mean very different things to different people. It is also largely dependent on culture and context. In some cultures, there may be guilt, shame and fear associated with asking for help. In Western cultures, we are only now learning to accept our personal limitations and accept that asking for help is a good thing. Everyone needs help and support at some point in their lives. Asking for help is now encouraged especially in terms of mental health problems, which used to be a taboo topic and something most people would either deny or try to hide. However, in many cultures, this is still not the case. We will examine the cultural implications further below. It is worth noting that help-seeking is not a monolith. People may be more or less willing to ask for help depending on the kind of help they need and what areas of their lives they need help with.

Help-seeking is a complex topic that is composed of individual, psychological, cultural, social, economic and political elements. A person may be more or less like to ask for help depending on their own individual history and self-understanding. A person who sees themselves as strong and self-sufficient may be reluctant to ask for help because that would undermine their own sense of self. Psychological elements such as trauma, depression, or anxiety may also contribute to an individual's ability or inability to ask for help. Cultural expectations and beliefs contribute to a person's help-seeking behaviour. Social and political factors have a marked effect on help-seeking. A person who is used to a socio-political environment in which the representatives of the state, such as the police or social workers, are antagonistic or actively hostile may be reluctant to ask for help. Lack of economic stability may also negatively impact people's ability to seek help. If access to help is based on one's material resources (e.g. payment for medical help, job interviews require people to wear "professional" clothes, access to a computer or fast internet to access training, etc.), one may not be able to seek such help. Language skills are another obstacle on the path to help-seeking. If a person cannot verbalize their need for help or cannot verbalize it in a way that feels comfortable to them, they may avoid seeking help.

¹ DePaulo, B. M., & Fisher, J. D. (1980). The costs of asking for help. *Basic and Applied Social Psychology*, 1(1), 23-35.

Liang et al.² proposed a three-stage theory for seeking help (note: this theory was developed based on a case of women experiencing intimate partner abuse, but the theory can be applied to any help-seeking process): 1. problem recognition and definition, 2. decision to seek help, and 3. the selection of a help provider³.

As such, asking for help can be a complex issue. Anxieties, uncertainties and cultural scripts that surround asking for help can be addressed through emotional management techniques. We are examining more closely the following subtopics:

- Recognising when you need help
- Shame of asking – why is it difficult to ask for help?
- Cultural differences in receiving and giving help
- How can consultants best offer help to their migrant clients

Through discussing these subtopics and related activities, you can find ways to understand your women migrant clients better and find ways of supporting them.

1.3. Different Cultural Perspectives on the Topic

As mentioned above, cultural differences play a big role in how comfortable we feel with asking for help. In the context of migration, migrants moving to another country are often tied to their own cultural background and even if things work differently in the new host culture, they have trouble adjusting to this. If you come from a culture where the norm is to cope on your own and not discuss your problems, it may be very difficult for you to seek help even in a new country, even if it is culturally encouraged and moving to a foreign country is a time when you need help the most.

Cultural difference in help-seeking is very important, but other elements should not be overlooked when examining people's help-seeking attitudes and behaviours. This can be illustrated by a German study that found that migrants were less likely to use healthcare services than Germans, but this was connected with relative socio-economic status, where Germans were more likely to be middle- or upper-class and migrants tended to belong to a lower social class⁴. Similarly, a study of American and

² Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36(1/2), 71–84. <https://doi.org/10.1007/s10464-005-6233-6>.

³ Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36(1/2), 71–84. <https://doi.org/10.1007/s10464-005-6233-6>. P. 73.

⁴ Keller, A., & Baune, B. T. (2005). Impact of social factors on health status and help seeking behavior among migrants and Germans. *Journal of public health*, 13, 22-29.

Indian engineers and their willingness to offer and accept help in the workplace found that even though the expectation was that Americans, being more individualistic would seek and give help less often, while Indians, being more collective-oriented, would be more willing to offer and receive help. The results were as expected, but the underlining reasons turned out to be different. The study found that Indian engineers viewed offering and receiving help as an essential part of their work experience, a way to develop one's skills and grow professionally. On the other hand, American engineers viewed help seeking and help giving as an interruption of their work flow and a potential disturbance to their career development⁵.

1.4. Gender Perspective

Gender is also a major issue affecting how and when it is appropriate – and even possible – to ask for help. Research suggests that in the Global North, men are less likely than women to seek help for health-related issues such as depression, substance abuse, physical disabilities, and stressful life events⁶. Gender on its own is not the only predictor of help-seeking behaviour. Personal commitment to gender stereotypes also affects whether an individual seeks help. Research suggests that individuals both men and women with strong beliefs regarding masculinity were less likely to seek help when problem solving, while personal commitment to femininity among women had a positive effect on seeking help while problem-solving⁷. Among migrant populations, cultural, gender and migrant-status aspects all affect the decision to seek or not to seek help. For example, according to Bhuyan and Senturia⁸, women's cultural backgrounds often prompt them to tolerate interpersonal/domestic abuse until they receive physical injuries. Similarly, researchers in Canada found that migrant and refugee women's help-seeking behaviour in relation to postpartum depression is influenced by structural barriers and gender role barriers⁹.

In cultures where men are considered dominant and the “head of the family”, it may be difficult for women to ask for help from outsiders as they are ashamed or in some cases even afraid to seek help outside of the family. This also applies to men, as they

⁵ Perlow, L., & Weeks, J. (2002). Who's helping whom? Layers of culture and workplace behavior. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 23(4), 345-361.

⁶ McKay J.R., Rutherford M.J., Cacciola J.S. & Kabasakalian-McKay R. (1996) Gender differences in the relapse experiences of cocaine patients. *Journal of Nervous and Mental Disease*, 184, 616– 622.; Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: literature review. *Journal of advanced nursing*, 49(6), 616-623.

⁷ Juvrud, J., & Rennels, J. L. (2017). “I don’t need help”: Gender differences in how gender stereotypes predict help-seeking. *Sex Roles*, 76, 27-39.

⁸ Bhuyan, R., & Senturia, K. (2005). Understanding domestic violence resource utilization and survivor solutions among immigrant and refugee women. *Journal of Interpersonal Violence*, 20(8), 895–900. <https://doi.org/10.1177/0886260505277676>.

⁹ O'Mahony, J. M., & Donnelly, T. T. (2013). How does gender influence immigrant and refugee women's postpartum depression help-seeking experiences?. *Journal of psychiatric and mental health nursing*, 20(8), 714-725.

are often expected to be independent and “provide” for their family. In shame-based cultures, which we will discuss in later chapters, it is important to preserve the family’s honour, which often means that problems are not discussed outside the family.

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- Perlow, L., & Weeks, J. (2002). Who's helping whom? Layers of culture and workplace behavior. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior, 23*(4), 345-361.

2. Recognising when you need help

2.1. Background

The first step is to recognize when you cannot cope on your own and when you should turn to others – people close to you, experts, healthcare professionals – for help. There are support networks available for migrants and refugees in many countries that make it easy to ask for help even if it is only a matter of finding the correct information, lack of information due to language problems, etc. However, many refugees and migrants suffer from more severe psychological symptoms and experiences involving mental health problems, such as anxiety, PTSD, depression, and others, that may be a result of trauma from previous experiences or culture shock. According to the Finnish Institute for health and welfare, around 15–25% of asylum seekers and refugees have diagnosable mental health disorders, while an even larger percentage have various clinically identifiable symptoms¹⁰. This may be due to the traumatic circumstances they come from, including war, or experiences such as sexual violence, torture, imprisonment, but also the difficult journey, leaving their homes behind and arriving to a new and strange culture may all cause culture shock and lead to many psychological problems.

Psychological symptoms of anxiety can include e.g.·

- restlessness
- a sense of fear
- feeling constantly "on edge"
- difficulty concentrating
- irritability
- sense of despair
- thoughts of self-harm

Physical symptoms of high anxiety can include symptoms such as:

- Lack of sleep
- lack of appetite
- chest pains, headaches or other symptoms not related to a medical condition

¹⁰ Refugees and mental health. Migration and cultural diversity. (2023, June 16). *Finnish institute for health and welfare*. Retrieved from <https://thl.fi/en/web/migration-and-cultural-diversity/immigrants-health-and-wellbeing/mental-health-of-immigrants/mental-health-of-asylum-seekers-and-refugees>

- nervousness
- dizziness
- tiredness
- a strong, fast or irregular heartbeat (palpitations)
- muscle aches
- trembling
- dry mouth
- sweating
- shortness of breath
- stomach ache
- feeling sick
- pins and needles
- panic attacks

If exhibiting any of these symptoms, it is very important to seek help with people close to them who might be able to refer them to the right person, or with their appointed advisors, migrant centres or associations the person has had contact with, or directly with healthcare professionals if need be. Especially severe symptoms, such as thoughts of despair and self-harm, frequent panic attacks, palpitations and lack of sleep are reasons to seek immediate medical attention ¹¹.

2.2. Target Group and the Goal of the Activity

The target group of the activity is

- Professionals working with migrant women
- Aid workers
- Healthcare providers
- Volunteers
- Mental health providers
- Social workers
- NGO workers
- Councilors

¹¹ Symptoms - Generalised anxiety disorder in adults (2022). *National health Service*. Retrieved from <https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/symptoms>

The activity aims to:

- Provide a way to process negative feelings of anger, fear, anxiety, sadness etc.
- Provide a way to relax and deal with anxiety
- Recognise and share experiences that cause anxiety or other negative feelings
- Help in finding ways to solve problems and seek help

2.3 Learning Outcomes of the Activity

- Learning to process negative feelings of anger, fear, anxiety, sadness etc.
- Finding ways to relax and deal with anxiety or other negative feelings
- Learning to recognise the issues that cause anxiety, fear or negative feelings and to share them with others
- Learning to find ways to solve problems and seek help
- Learning to transfer the knowledge to other trainers and migrants

2.4. Description of the Activity

Name of the Activity/Practice/Tool

Knowing yourself and knowing your needs

Operational Needs/Logistics

The activities can be done either onsite or online.

The workshop needs only one trainer.

The workshop can be done with 10-15 people if there is one trainer; and it can accommodate up to 20 people with a co-trainer.

Materials needed are paper (or post-it notes) and pens and a whiteboard. If the workshop is online, these materials can be replaced with [Flinga](#) or [OpenBoard](#).

The Procedure of the Activity

N.	Activity	Details	Duration
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1	Welcome	Introduction of the Project EMMW	10min
		The Outline of the Activity (Subtopic 1)	
		Session Agreement & Consent	
		Introduction of participants	
		Expectations	
2	Icebreaker/Warm-up Activity	A heavy suitcase: During this activity, every participant imagines that they have a very heavy suitcase. They imagine/pretend to open the suitcase and start taking things out. They look at every item and note its shape and size, color, texture, etc. Then they put it away, on the table or chair. They close the suitcase and try if it's still heavy. If it is, they remove more imaginary items. They keep removing items, until the suitcase feels light enough and comfortable enough to carry around.	10min
		Randomly break up the group into smaller groups of 3-5 people. Set a timer for 3min. In that time the people in the group have to find 5 things they all have in common. Then the groups reconvene to see how many of the 5 things the entire group has in common. Repeat 1-3 times.	10min
3	Check-in	Participants sit down comfortably, close their eyes. Breathing slowly, they pay attention to the air coming in through the nose, moving into the lungs, feel the lungs and chest expand, and then deflate as the air leaves the body. Moving from toes up the body, slowly scan how each part of the body feels. Think about the sensations. If there is an intrusive thought, acknowledge it and let it go. Once the head is reached, take a few more breaths and when ready, open eyes. (Willard, 2021; Generalised Anxiety Disorder, 2022)	8min

4	Write/draw your thoughts	Take a piece of paper and pens and/or colored pencils. Write or draw the thoughts that popped into your head during the Check-in. What were these thoughts? Were there any thoughts that popped in more frequently than others? How did these thoughts make you feel (e.g. happy, relieved, sad, scared)?	10min
5	Coffee Break		15min
6	Tag your thoughts	Give each thought one or more tags - e.g. Family, Work, Friends, Home, Neighbours, Food, Shopping, Co-workers, etc. Note down the tags of the thoughts that cause bad feelings such as anger, fear, anxiety, sadness, etc.	10min
7	Share your tags	If there is a whiteboard, everyone should write their “tags” on the board. If there is a wall, the tags can be written on post-it notes and attached to the wall. Same or similar tags should be grouped together.	10min
8	Open Discussion	Together, everyone talks about the tags (i.e. general themes). In general terms (without necessarily referring to the previous exercise) everyone discusses what sort of problems can arise with Family, Friends, Home, Work, etc. and then together discuss how these problems can be solved.	20min
		In an open discussion, discuss the solutions to these problems and what resources or support is needed for them. Discuss if there is anyone who can offer help. For example, “a car broke down” - solution: “The car needs to be fixed” - what is needed: “parts for the repair, someone to repair the car, time to take it to the mechanic,” - who can help with this, etc. (Refugees and Mental Health, 2023)	20min
9	Evaluation of the activity		10min

2.5. Bibliography

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3. Shame of asking – why is it difficult to ask for help?

3.1. Background

Asking for help can be hard. However, it is worth remembering that people want to help more than you think.

According to Zupancic and Kreidler ¹², shame is "an affect functions to amplify awareness, moderate intensity and protect one's humanity" (p. 30). Shame can be useful as it helps control behaviour and sets societal, but shame can also become debilitating and affect the ability to express appropriate emotions.

Studies examining seeking food assistance among food insecure individuals in the Global North¹³ suggest that people fear that they would be shamed and experience guilt related to stigma in a neoliberal environment where asking for help is seen as a personal failure as a productive member of society. Similar fears can affect migrants who need help as they may feel the stigma of "undeservedness" in a highly anti-migrant environment of the host country.

¹² Zupancic, M., & Kreidler, M. (1999). Shame and the fear of feeling. *Perspectives in Psychiatric Care*, 34(3), 29-34.

¹³ van der Horst, H., Pascucci, S., & Bol, W. (2014). The "dark side" of food banks? Exploring emotional responses of food bank receivers in the Netherlands. *British Food Journal*, 116(9), 1506–1,520. <https://doi.org/10.1108/BFJ-02-2014-0081>; Purdam, K., Garratt, E., & Esmail, A. (2016). Hungry? Food insecurity, social stigma and embarrassment in the UK. *Sociology*, 50(6), 1072–1088.

Different cultures have different ways of dealing with guilt, shame and fear. According to Muller¹⁴, for instance, some cultures are more shame-based and some based on guilt or fear. For example most Arab and Asian countries are shame-based cultures, where honour is the most important value that must be preserved, and any individual failing in this will feel shame. This can lead to extremes, such as honour killings, disowning children, and so on. Living in such a culture can make a person very reluctant to ask for help in fear of offending the honour of the family. In the context of South Asian culture, shame is conceptualized as an object that could be brought on a person and could even damage family honour, which is fragile and difficult to regain. Thus, individuals are expected to monitor and manage their behaviour to avoid actions that may shame the family¹⁵. Shame has a gendered aspect, and women are expected to preserve their honour and, by extension, the honour of their male relatives and the whole family.

In some cultures, mental health problems have a particularly strong stigma attached to them, and thus are associated with shame and fear of being stigmatised. Depression and anxiety may be described, for example, as "fatigue" or "thinking too much". Mental symptoms can also be connected with thoughts of bad spirits and witchcraft. The shame attached to mental health problems and the unfamiliarity with health care in Finland can make it difficult to seek medical help.

Gender roles in different cultures is also a major factor in asking for help. Especially in cultures where women are subservient to men, they may not be able to make their own decisions or make any actions outside of their household. Therefore, it may be difficult for them to seek help with counsellors or other professionals. Guilt and shame are often also deeply ingrained in men, as in many cultures their priority is preserving the family honour, and any shameful issues are not discussed outside the family¹⁶.

3.2. Target Group and the Goal of the Activity

The target group of the activity is

- Professionals working with migrant women
- Aid workers
- Healthcare providers

¹⁴ E.g. Muller, R. (2000). *Honor and Shame in a Middle Eastern setting*. nabataea.net. Retrieved from https://nabataea.net/explore/culture_and_religion/honorshame/

¹⁵ Thapar-Olmos, N., & Myers, H. (2018). Stigmatizing attributions towards depression among South Asian and Caucasian college students. *International Journal of Culture and Mental Health*, 11(2), 134–145.

¹⁶ E.g. Muller, R. (2000). *Honor and Shame in a Middle Eastern setting*. nabataea.net. Retrieved from https://nabataea.net/explore/culture_and_religion/honorshame/

- Volunteers
- Mental health providers
- Social workers
- NGO workers
- Councilors

The activity aims to:

- Increase awareness of the concepts of guilt/shame
- Discuss and contemplate where guilt/shame may come from
- Deal with the feelings of guilt/shame and learn to express gratitude

3.3 Learning Outcomes of the Activity

- Increased awareness of the concepts of guilt/shame
- Learning to overcome the feelings of shame and fear associated with it
- Learning to feel and express gratitude
- Being able to transfer the knowledge to other trainers or migrants

3.4. Description of the Activity

Name of the Activity/Practice/Tool

Overcoming shame, inviting gratitude

Operational Needs/Logistics

- The activities can be done either Onsite or Online.
- The workshop needs only one trainer. The workshop can be done with 10-15 people if there is one trainer; and it can accommodate up to 20 people with a

co-trainer. Materials needed are paper (or post-it notes), pens, and a whiteboard.

- If the workshop is online, these materials can be replaced with [Flinga](#) or [OpenBoard](#).
- A presentation on shame and guilt is needed.
- The presentation can be built based on the resources provided in the sources for this activity.
- Its content should reflect the needs of the participants. The presentation can be given using PowerPoint or a flip chart.

The Procedure of the Activity

N.	Activity	Details	Duration
1	Welcome	Introduction of the Project EMMW	
		The Outline of the Activity (Subtopic 2)	
		Session Agreement & Consent	
		Introduction of participants	
		Expectations	
2	Icebreaker/Warm-up Activity	On post-it notes participants write down their personal goal for the class. The post-it notes go on the board. At the end of the class participants are asked if the goals have been achieved.	5min
		On a piece of paper the participants and the instructor write 3 things they really like about themselves. Everyone then shares what they wrote. The goal is to remind people that it's good and important to like themselves.	10min
3	"Lecture"	What is "shame" and what is "guilt". Cultural, psychological, etc. perspectives (Muller, 2000; Refugees and mental health, 2023)	10min
4	Mini discussion	Discuss together, why do people feel guilt/shame? Is it good or bad to feel	10min

		shame/guilt? Is asking for help good or bad? Is it shameful? Why?	
5	Practice asking for help	<p>Together think of several simple scenarios where people might need to ask for help. E.g. The elevator is broken. You need to take five bags of groceries to the 8th floor. Your neighbor is there. etc. Write those down. In pairs, practice asking for help in this scenario.</p> <ol style="list-style-type: none"> 1. Be specific about what you need help with. 2. Start with a small “ask”. 3. Offer something in return. 4. Ask for help from someone who owes you a favor. 5. Don’t be discouraged by rejections. <p>(Ge, 2022) Try being the one who asks for help, and the one who is being asked.</p>	20min
6	Happy feelings	<p>First in pairs and then together, discuss what are the good feelings that the one asking and the one providing help might feel. For example, do you feel relieved when you have asked for help? The person who provides help, do they feel a sense of happiness that they could do something nice, do they feel like a good person, do they feel like they have done their duty or accomplished something? Helping others makes people feel good about themselves. By asking them to help, you are giving them a chance to feel good.</p>	15min
7	Practice gratitude	<p>Discuss why gratitude is important. Discuss different ways to express gratitude when someone has helped you - saying the words, acts of reciprocity, gifts, etc. Look over the scenarios in previous activities. Decide what are the appropriate ways to express gratitude for each of them.</p> <p>In pairs, practice saying thank you and expressing gratitude in words.</p>	10min
8	Open	Discuss how it felt to ask for help. Discuss how	10min

	Discussion	it felt to be the one asked.	
		Discuss how it felt to express gratitude, discuss how it felt to be the one thanked.	
9	Evaluation of the activity		

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4. Cultural differences in receiving and giving help (cultural expectations)

4.1. Background

Not only are there cultural differences in how people receive and offer help, these differences will be expressed differently in different social situations. People may have different opinions about asking for/offering/accepting help depending on a complex web of social relationships with others. Interpersonal relationships can be expressed in hierarchies, and these hierarchies would dictate who can ask for help, who can accept help and from whom. While some groups and people value individualism and self-sufficiency above all, they may feel reluctant to ask for help. On the other hand, groups and individuals who value community and mutual reliance, may feel reluctant to ask for help outside the group or if they feel that this would harm the group.

In addition, it is important not to mistake the experience of migration or dislocation for cultural difference. The experience of migration, the change, the adjustment, dealing with a new and unfamiliar environment, may profoundly affect people's willingness and ability to ask for help. For example, mistrust of authorities may not be a cultural difference, but a consequence of the migration process¹⁷.

4.2. Target Group and the Goal of the Activity

The target group of the activity is

- Professionals working with migrant women
- Aid workers
- Healthcare providers
- Volunteers
- Mental health providers
- Social workers
- NGO workers

¹⁷ Grayson Riegel, D. (2022). *Why Knowing How to Help Requires Cultural Awareness*. Inc.com. Retrieved from <https://www.inc.com/deborah-grayson-riegel/why-knowing-how-to-help-requires-cultural-awareness.html>

- Councilors

The activity aims to:

- Increase awareness of what it means to ask for help and with whom
- Consider different scenarios where help is being given or received and why it has been experienced as useful or useless
- Define the qualities of a good or “ideal” helper
- Consider the role cultural and personal factors in asking and giving help
- Sharing and learning from each other’s experiences in asking / getting / giving help

4.3 Learning Outcomes of the Activity

- Increased awareness of what it means to ask for help and with whom
- Sharing and learning from each other’s experiences
- Understanding what makes someone a good helper and the reasons behind it
- Understanding cultural and personal factors in asking and giving help
- Feeling more comfortable in scenarios and situations where one might need to ask for help

4.4. Description of the Activity

Name of the Activity/Practice/Tool

Ideal helper

Operational Needs/Logistics

- The activities can be done either Onsite or Online.
- The workshop needs only one trainer.
- The workshop can be done with 10-15 people if there is one trainer; and there can be up to 20 participants with a co-trainer.
- Materials needed are paper (or post-it notes), pens, and a whiteboard.
- If the workshop is online, these materials can be replaced with [Flinga](#) or [OpenBoard](#).

The Procedure of the Activity

N.	Activity	Details	Duration
1	Welcome	Introduction of the Project EMMW	
		The Outline of the Activity (Subtopic 1)	
		Session Agreement & Consent	
		Introduction of participants	
		Expectations	
2	Icebreaker/Warm-up Activity	Two truths and one lie, each participant tells two things that are true about them, and one thing that is not true. The others have to guess which is a lie.	10min
		Diversity bingo. A sheet with a five by five table contains random personal characteristics (has kids, plays the piano, etc) Participants need to find other participants who have these characteristics. Whoever gets five across, vertically, or diagonally first - wins.	10min
3	Who can help?	In a group, discuss who people usually ask for help and why. Is it family members, parents, children, or colleagues, friends, etc. Do they ask for different things from different people? E.g. I always ask my cousin to help me change my car tires. I always hire a professional to fix my roof.	15min
4	Ideal helper	Together the group comes up with characteristics of an "ideal helper". What sort of qualities should a person have? What makes one an ideal helper? E.g. discrete, honest, trustworthy, empathic. Do these qualities/attributes differ depending on what help you need? E.g. If you need someone to	15min

		change your car tires, should the person know how to change tires? Or is that unimportant because you know how to change tires? etc. These qualities can be written on post-it notes and attached to the wall or a whiteboard. (Grayson Riegel 2022)	
5	Terrible helper	Together the group comes up with characteristics of a “terrible helper”. This is somebody they would never ask for help. Write these characteristics on post-it notes, same as in the previous exercise. (Grayson Riegel, 2022)	10min
6	Learn from each other	In pairs, discuss: <ul style="list-style-type: none"> - A situation when an authority figure (social worker, nurse, NGO consultant, etc.) said or done something that felt really helpful. - A situation when an authority figure (social worker, nurse, NGO consultant, etc.) said or done something that felt really unhelpful. - How can an authority figure (social worker, nurse, NGO consultant, etc.) be more helpful in the future? 	20min
7	Open Discussion	Discuss the above situations as a group. It is also useful to discuss why the person was helpful or unhelpful – was it due to personal or cultural differences? Cultural insensitivity? Lack of knowledge? Or other factors?	
8	Evaluation of the activity		

4.5. Bibliography

Grayson Riegel, D. (2022). *Why Knowing How to Help Requires Cultural Awareness*. Inc.com. Retrieved from <https://www.inc.com/deborah-grayson-riegel/why-knowing-how-to-help-requires-cultural-awareness.html>.

5. How can consultants best offer help to their migrant clients

5.1. Background

As discussed in previous chapters, both cultural, personal factors, and societal factors are very important when trying to help or counsel someone. Cultural sensitivity is something that is extremely important for everyone working with migrants. Cultural sensitivity refers to the culturally respectful interpersonal skills and respectful communication, both verbally and non-verbally. A counsellor or other professional must pay great attention to cultural sensitivity and exhibit empathy, patience and understanding in order to create good communication with clients from various cultural backgrounds.

Sangar and Howe¹⁸ suggest that ideally in order to challenge negative discourses around family and family honour, community engagement is essential on the part of service providers. Cultural awareness requires service providers to be attentive, not making assumptions or relying on stereotypes. They underline the importance of question-asking to uncover unspoken needs, as some communities are less open about their needs.

There are many factors to consider when trying to help someone:

- Cultural background and the norms, customs and rules of the native culture
- Personal experiences (e.g. abuse, trauma)
- Personality
- Economic position
- Other personal factors, such as mental health issues, illnesses, disabilities

When working with migrants, their cultural background and the norms and customs of their native culture should always be taken into account. These may greatly differ and affect the process of counseling. Personal factors should not be ignored either, as some people are more introverted and some more extroverted and expressive by nature, or due to their experiences. People's experiences may differ greatly, and traumatic

¹⁸ Sangar, M., & Howe, J. (2021). How discourses of sharam (shame) and mental health influence the help-seeking behaviours of British born girls of South Asian heritage. *Educational Psychology in Practice*, 37(4), 343-361.

experiences or other factors may lead to mental health issues, which in turn affects how we can help these individuals.

Some useful advice for professionals when interacting with clients are the following:

- Reflecting and understanding one's own cultural background, conceptions and manners and using this as the basis for understanding other cultures
- Respecting diversity and cultural differences
- Reflecting on the effect of one's cultural background on personality, behaviour and attitudes
- Seeing clients as individuals
- Being empathic and patient
- Asking clients for more information about their culture or behaviour, instead of making assumptions
- Using interpreters when needed ¹⁹

5.2. Target Group and the Goal of the Activity

The target group of the activity is

- Professionals working with migrant women
- Aid workers
- Healthcare providers
- Volunteers
- Mental health providers
- Social workers
- NGO workers
- Councilors

The activity aims to:

¹⁹ Holistic Work Approach. Migration and Cultural Diversity. (2021, March 31). *Finnish institute for health and welfare*. Retrieved from <https://thl.fi/en/web/migration-and-cultural-diversity/support-material/good-practices/holistic-work-approach>

- Practice real-life encounters between professionals and clients
- Practice encountering and understanding people from different cultural background
- Understand how to offer and receive help and explain why it is needed

5.3 Learning Outcomes of the Activity

- Practicing real-life encounters between professionals and clients
- Practicing encountering and understanding people from different cultural backgrounds
- Understanding the other's perspective better
- Learning how to offer and receive help and explain why it is needed

5.4. Description of the Activity

Name of the Activity/Practice/Tool

Role play: Consultant and help-seeker

Operational Needs/Logistics

The activities can be done either Onsite or Online.

The workshop needs only one trainer. The workshop can be done with 10-15 people if there is one trainer; and it can have up to 20 participants with a co-trainer.

Materials that may be needed, but are not necessary, are paper and pens and a whiteboard. If the workshop is online, these materials can be replaced with [Flinga](#) or [OpenBoard](#). For the "Helpful Box" activity, empty boxes should be provided for each pair of participants. These could be empty shoe boxes or similar. Alternatively, paper can be provided to participants, and during the icebreaker/warm-up activity they could make their own simple origami boxes following these instructions:

<https://www.youtube.com/watch?v=WtM6jA0TYoc>. If the workshop takes place online, participants can be asked to find an empty box at home and use that. If necessary, the box can be imaginary.

The Procedure of the Activity

N.	Activity	Details	Duration
1	Welcome	Introduction of the Project EMMW	
		The Outline of the Activity (Subtopic 1)	
		Session Agreement & Consent	
		Introduction of participants	
		Expectations	
2	Icebreaker/Warm-up Activity	Charades. On small pieces of paper write down names of books, films, stories, etc. Ideally they should be unfamiliar to the participants. Individuals take the piece of paper without showing it to others and try to mimic, without using any words or sounds what's written on the paper.	15min
		What's in the name? People discuss their own names and their favorite names - what do they mean, what cultural significance do they have, are these popular names, are there traditions in your family around giving names.	15min
3	Role switching	In pairs, one person plays the role of the help-seeker, the other plays the role of the consultant. The help-seeker comes up with a situation or a problem they need help with. The one playing the role of the consultant talks to the help-seeker and tries to find out what they may need help with. Then the roles switch. There is then a new scenario that the help-seeker needs help with.	15min
4	Helpful/Unhelpful	The group discusses how they felt. Did they immediately want to tell the consultant about their issues? If they didn't, why not? How did the consultant make them feel - safe, sad,	10min

		happy, nervous, at ease? What was good about how the consultant went about this? What could the consultant have done differently/better? (Holistic Work Approach, 2021)	
5	Role switch repeat	The role switching game is repeated. Now the participants take into account the feedback from the “helpful/unhelpful” discussion. How did it feel this time?	15min
6	Helpful offers	In pairs, one person has the “helpful box” (this can be any small box that each pair of participants gets). Inside the box is something (imaginary). One person is offering the box to the other person. The offerer knows what’s inside the box, and thinks it’s something the other person really needs. The other person doesn’t know what’s in the box. But it could be something very good, unnecessary, or very bad for them. The one who has the box tries to convince the other to accept the box. The other person can accept the box or reject the box. Once the box is rejected or accepted - the offerer tells the other person what they have “put in the box”, the other person then says what they thought was going to be in the box and how they feel about finding out what is really in the box. They then switch roles and try again.	20min
7	Open Discussion	The follow-up discussion focuses on the box game. The group discusses how the pairs could have negotiated and decided what should have gone into the box.	15min
		General discussion. Can the box game be used to think about offering, asking, and accepting help.	15min
8	Evaluation of the activity		

5.5. Bibliography

Holistic Work Approach. Migration and Cultural Diversity. (2021, March 31). *Finnish institute for health and welfare*. Retrieved from <https://thl.fi/en/web/migration-and-cultural-diversity/support-material/good-practices/holistic-work-approach>

Sangar, M., & Howe, J. (2021). How discourses of sharam (shame) and mental health influence the help-seeking behaviours of British born girls of South Asian heritage. *Educational Psychology in Practice*, 37(4), 343-361.