

**COMMUNITY COUNSELLING: A CONTEXTUAL CURRICULUM DESIGN FOR  
CHRISTIAN HIGHER EDUCATION IN AFRICA**

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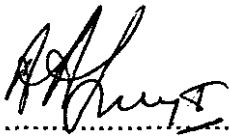
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**Declaration**

I, Ashley Alexander Smyth, hereby declare that the contents of this thesis represent my own unaided work, and that the thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology (CPUT).



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06 September 2006.

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**ABSTRACT**

A uniquely African framework for training community counsellors is urgently required to address the range and impact of contemporary community counselling needs in Africa. Training methodologies utilised in Christian higher education throughout Africa should dynamically reflect on the socio-cultural context in order to gain a regional understanding of community counselling needs and apply distinctively regional interventions.

This study has found that a limited number of Christian higher education institutions in Africa is actively engaged in undergraduate training of community counsellors - primarily in the sphere of Christian counselling. At the same time, the range and severity of community mental health needs is accelerating rapidly, requiring a new generation of community counsellors who have received relevant and effective regional training at an undergraduate level of study. Presently, amongst those institutions where such training is provided, the emphasis within the curriculum has revealed a marked bias towards western knowledge constructs and values - particularly in parts of Africa where European influences are so strong. The study reveals that psychosocial phenomena as experienced in the context of developed societies of Europe and North America have questionable relevance to the distinctive regional challenges facing Africans today.

This study presents a case for Christian higher education in Africa to adopt a uniquely African framework for training community counsellors to address the range and impact of contemporary community mental health needs. The study has explored a curriculum development process that dynamically reflects on the socio-cultural context in order to gain a regional understanding of community mental health needs to ensure that community counsellors are provided with effective intervention skills. A unique strategy for integrating the outcomes of such a community assessment into a relevant curriculum design is presented. This strategy comprises a four-step community assessment model utilising focus groups to investigate the range and severity of counselling needs in communities throughout the Great Lakes region (Kenya, the Democratic Republic of Congo, Rwanda and Burundi). The results of this community assessment provide guidelines intended to assist Christian higher education in this regional setting to re-curriculate existing undergraduate curricula in community counsellor training and to develop new curricula. The author demonstrates how lessons learned from conducting one such regional study can be meaningfully applied to

other regions on the African sub-continent. The global relevance of this study is reflected in the interface between the 'bioecological systems theory' of Uri Bronfenbrenner (Bronfenbrenner, 1979) and the pedagogic paradigm developed in this study. Both emphasise the vital importance of exploring and understanding socio-cultural frameworks if training methodologies are to be psychologically and culturally valid.



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## CHAPTER 1

### STATEMENT OF RESEARCH PROBLEM

*They came into the wilderness clichés in suitcases  
Talismans they cherished as shields against poisonous madness...  
They saw no familiar hills and heard no familiar songs.  
Holding on to their fetishes they defy time and distance...  
They surround themselves with jacarandas and pines  
Build concrete walls around their homes  
I hope next time they will import snow, change  
the seasons to humour their eccentric whims.*

Kizito Muchemwa

A uniquely African framework for training community counsellors is urgently required to address the range and impact of contemporary community counselling needs in Africa. Training methodologies utilised in African Higher Education must dynamically reflect on the socio-cultural context in order to gain a regional understanding of community counselling needs and apply distinctively regional interventions. This requires an immense effort on the part of the curriculum planner to ensure an adequate assessment of mental health needs and acceptable practices in the regional community context. In this study, the author explores the process of constructing a meaningful undergraduate-level curriculum design for providing community counsellors with effective intervention skills. The author presents a strategy for integrating the outcomes of such a community assessment into a relevant curriculum design.

#### 1.1 CLARIFICATION OF BASIC TERMS AND CONCEPTS

##### **Accreditation**

The term 'accreditation' refers to a broad-based academic recognition for a programme of study. Such accreditation empowers both learner and institution in the maintenance of academic standards.

### ***Christian Counselling studies***

Christian Counselling studies are those studies in psychology and counselling reflecting a distinctly Christian worldview.

### ***Christian Higher Education***

In Christian higher education the academic focus is on Christian studies and Biblical studies.

### ***Counselling***

Counselling is a facilitative process in which the counsellor, working within the framework of a special helping relationship, uses specific skills to assist [young] people to help themselves more effectively (Gillis, 1994:2).

### ***Community counselling***

Community counselling is directed toward the application of counselling competencies in a variety of community settings such as community mental health agencies including social services, schools and churches.

### ***Cultural***

The term 'cultural' refers to the learned beliefs, behaviours and attitudes that are characteristic of a particular community, society or population.

### ***Curriculum***

The term 'curriculum' refers to a series of planned events that are intended to have educational consequences for one or more learners (Eisner, 1985:45).

### ***Great Lakes region***

The Great Lakes region incorporates Kenya, the Democratic Republic of Congo, Rwanda and Burundi. Along with Uganda and Tanzania, these countries border Lake Victoria, hence the name 'Great Lakes region'.

### ***Higher Education***

Higher education refers to a course of studies at an academic level beyond a Secondary or High school level education.

***Integrated curriculum***

The term 'integrated curriculum' refers to a multi-disciplinary approach in presenting a teaching and training model. Such a model focuses upon the inter-relationship between various academic disciplines in planning educational outcomes for one or more learners.

***Practical Theology***

The term 'practical theology' refers to a specialised discipline within Christian higher education and training that focuses on methodology and application of theology to practical living.

***Regional community setting***

A regional community setting is a distinct geographical area.

***Regional conflict***

In the context of the present study regional conflict refers specifically to the conflicts impacting the Great lakes region. Regional conflict is an overwhelming reality in the Great Lakes region, impacting the nations of the Democratic Republic of Congo, Rwanda and Burundi. These nations have experienced the worst effects of community displacement as a result of ethnic violence and civil war.

***Situational Assessment***

A situational assessment is a structured survey of regional training, mental health and cultural issues. The results must be reflected in the curriculum design if the study is to demonstrate a high degree of contextual relevance.

***Socio-cultural***

The term 'socio-cultural' refers to social influences that govern individual human behaviour within a cultural setting.

***Theological learner***

A theological learner is engaged in theological studies on a full-time (or part-time) basis at a Christian institution of higher learning.

***Urban low income / rural grouping***

The use of the term 'urban low income/rural grouping' refers to wage earners whose income almost universally lags behind urban areas. The term 'urban low income' also recognises that in the countries identified for this study, namely Kenya, Democratic Republic of Congo, Rwanda and Burundi, the urban centres have witnessed the re-settlement of large numbers of refugees fleeing ethnic and tribal conflict. Although many refugees have settled in the urban context, they have brought with them their cultural traditions, values and expectations, which remain rooted in a rural context. The term 'rural' refers to people and communities living outside of the urban centres.

***Urban Middle/ Upper income grouping***

The use of the term 'Urban Middle/Upper income grouping' refers to the urban middle class. The cultural traditions, values and expectations of this group are strongly influenced by modernity. Urban middle/upper income members have generally achieved higher levels of education compared with the rural areas (Sahn & Stifel, 2002).

**1.2 CULTURAL CONTEXT AND REGIONAL MENTAL HEALTH REALITIES**

All humanity is bounded by cultural realities, whether or not we are aware of the power of culture to shape our thinking and our personalities. However, at all times Africans are very aware of their culture. More specifically, the lives of Africans are strongly influenced by tribal belonging, implicit in traditions, customs and acts. Belonging to a tribe or clan is more potent than membership of a family unit. In African communities, it is common for child rearing to be a community effort rather than the responsibility of one family unit. Therefore, it is hardly surprising that group or tribal affiliation is as strong as it is. Various initiation rituals and ceremonies enhance these bonds with the community (Hickson & Kriegler, 1996).

An African view of human existence and experience is rooted within group membership. Community 'belonging' largely governs the life of an African person. Archbishop Tutu - the well known and internationally respected South African Anglican cleric - labelled this form of belonging within African culture as 'Ubuntu'. This term is derived from the South African Xhosa tribal phrase 'Umuntu ngumuntu ngabanye bantu', which translated means 'each individual humanity is ideally expressed in relationship with others and, in turn, humanity is

truly expressed' (Hulley, Kretzchmar & Pato, 1996:99). According to Archbishop Tutu, an African definition of personhood is 'to participate'. A person is a person precisely by being enveloped in the community of other human beings. In an address delivered in September 1982, on the subject of 'Apartheid and Christianity', Tutu reflected on this deeply African perspective that 'persons are ends in themselves only through the discovery of who they are in others' (Tutu, 1982). The African way of perceiving, experiencing and responding to reality is shaped by collective rather than individual experiences. In essence, the truth of meaning and being can only find adequate expression in community living.

Moreover, religious faith in God is intrinsically connected with the African concept of life (Bujo, 1992:95-102). Three dimensions of spiritual reality shape life. At a macrocosmic level, God alone is perceived as the giver of life (Mulago, 1965). Many indigenous groups around Africa perceive God as the one who also sustains life. Even the diviner's medicines owe their power to God, for it is impossible for anyone to be restored to health without God's action (Mbiti, 1969). God is also understood to be the protector of life. A case in point are the Sérèer of Senegal, who pray to God in all difficult situations - in times of drought, storm, sickness, bad dreams, death (Bujo, 1992). In all African societies, life is a hierarchy that extends beyond the physical span of reality. In general terms, God is at the top of the hierarchy.

At a mesocosmic level, tribal heroes, deceased elders, and deceased family members continue to influence day to day life for the African. These are accompanied by other invisible beings who can influence the present. At a microcosmic level, there are those in the present physical world who hold positions of power and authority - heads of clans, tribes, and households who remain accountable to, and representative of their ancestors. At various levels of authority, rules and traditions govern communication and ensure the well-being and prosperity of all parties.

Therefore, for the African, life is to be understood in both a physical and mystical or metaphysical sense (Bujo, 1992). In context of 'Ubuntu', the African notion of 'being' is antithetical to the Western notion. The western notion of reality tends more towards individualism, material ownership and personal relationship rather than toward an emphasis on community belonging and spiritual realities. In the African notion of 'Ubuntu' the health and wealth of the individual is indivisible from the health and wealth of the community. All actions of the individual reflect an act of tribe or clan. The morality of an act is determined by its life-



giving potential. Good acts contribute to the community's reputation; bad acts tend to diminish life and destroy the community spirit (Bujo, 1992).

These realities of personal and community life present a unique challenge for the training of community counsellors within an African setting. Any curriculum designed for the African regional context must dynamically reflect on that socio-cultural context in attempting to provide a theoretical framework for the understanding of psychosocial problems and their solutions. A person's behaviour must be viewed in context of the environmental setting in which that behaviour occurs. Naidoo, Shabalala and Bawa (2003), in a chapter entitled 'Community Psychology' (in Nicholas (Ed.) 2003:423-456); indicate that viewing the 'person-in-context' allows for a more holistic approach to understanding behaviour. Moreover, the focus of the environmental setting helps to identify macro influences (such as poverty, regional conflict for instance) and reduces the tendency to apply stigmatising, deviant labels to individual behaviour.

In this regard, the *bioecological systems theory* provides valuable insights. This systems theory focuses on the influence of the context of the child's environment upon childhood development through a number of distinct but integrated layers of interaction, namely micro, meso, exo, macro and chrono systems (Bronfenbrenner, 1979, cited in Addison, 1992:16-20). The theory emerged from his concerns regarding childhood development. He proposes that the child is embedded in layers of experience and interaction, from the most intimate and immediate (micro) to the most extended and general (chrono). As the child grows the interface within and between these layers of experience and interaction becomes increasingly complex. Understanding how the child's increasingly complex experience of his/her environment helps or hinders continued development is at the heart of his theory. The interaction between factors in the child's physical maturation, his/her immediate family/community, and the societal landscape in general, fuels and steers the child's development. Moreover, any changes or conflicts in any one aspect of the child's experience will have a ripple effect upon further experiences.

According to Bronfenbrenner (1979, cited in Addison, 1992:16-20), the microsystem is the layer closest to the child and contains the structures with which the child has direct contact in his/her immediate surroundings. Those direct structures include such agents as the family, school, community, or childcare environment. There are bi-directional influences between the

child and these immediate structures. If the child does not experience the constant mutual interaction with important adults within this microsystem, he/she will not have the tools to explore other parts of his/her environment. The child will then look for the affirmations that should be present in the child/parent (or significant other) relationship in inappropriate places. Over time the result will likely be anti-social behavior, lack of self-discipline, and inability to provide self-direction. Aspects such as physical health, emotional support, and cognitive functioning, all influence the degree to which this microsystem provides a growth-oriented experience. Of these, the bio-ecological system i.e., mother-child, father-child, and father-mother (pairs or dyads) are the basis of the early microsystem.

The mesosystem addresses the connections between structures within the microsystem of the child. These include all those structures that in some way influence the development of the child, e.g., family, church, neighbourhood, recreational agencies etc. As in the microsystem, the influence of these structures is bi-directional. For example, as the family influences the quality of teacher support from which the child potentially benefits, so the types of teacher support available to the child impact upon the family life of the child. An excellent example of the type of interaction between structures within the mesosystem is that provided by a divorce arrangement. A divorce arrangement involves a number of different agencies - the courts, the social services, the school, the home, the church. All of these agencies profoundly influence the way the divorce is perceived, and ultimately accepted by the child. The influence of culture straddles both the mesosystem and the exosystem, i.e., that layer defining the larger non-personal social system not directly accessible to the child. However, the influence of culture within the mesosystem has a direct influence on the child's perception of his/her family's place in the community. These cultural forces influence the values, modes of communication and worldview of the child in a profound way. For example, non-traditional groupings of family life are increasingly evident within the community. This requires an immense amount of adjustment and flexibility on the part of the child to come to terms with the diversity of family functioning. Where the child lacks support and understanding, it impacts negatively on the perception of the child and can lead to antisocial behaviour patterns (Bronfenbrenner, 1979, cited in Addison, 1992).

The exosystem defines the larger social system in which the child does not function directly, e.g., partnerships between school and business; community agencies and the family. The structures in this layer impact the child's development by interacting with some structure in

his/her microsystem (Berk, 2000). Within the mesosystem the child learns through being introduced to broader adult relations that enhance the potential for positive development within the child. By contrast, structures of the exosystem such as community, society, and culture, provide the support for these relationships. They provide the values, material resources, and context within which these relationships operate. Community-based family resources and workplace schedules serve as examples. Although the child may not be directly involved, the influence of these agencies nevertheless filters down to the child. Within the exosystem, cultural values have an enormous influence upon the child. Although culture forms part of the larger social system, the child is affected by culture through the communication of beliefs and customs passed on by community values - particularly family beliefs. The child's culture dictates beliefs concerning religion, school, family, and community life. Generations pass on cultural values via these structures, and the developing child receives them in turn.

The exosystem is responsible for providing resources that enable structures of the child's mesosystem to flourish, thus aiding in the child's positive development. Broader societal customs and values, legislation, and in some cases financial resources such as child grants/allowances, create the context in which families function. Although not directly impacting the child's development, these societal structures form the child's exosystem. For example, the length of a typical employee's workday is governed largely by societal custom. Also, laws governing the rights of families and the treatment of children are created from societal family values.

The macrosystem is considered by Bronfenbrenner to be the outermost layer in the environment of the child. Similar to the mesosystem, the macrosystem represents the larger and more global social system in which the child does not function directly. However, despite this definition, all aspects of the child's daily living experience are to some extent impacted by global events. Global influences upon the child are not just limited to ecological and health issues. Economic forces increasingly have an impact upon employment opportunities. These in turn filter down to the family life of the child. Communities can suffer tremendous economic stresses when a local business closes, or relocates to take advantage of lower wage costs in another country. These events can dramatically influence the development of the child. Global influences upon the child are evident in the arts, in politics (local and regional), in

culture, in values and norms, in fashion, in education and commerce. The child is increasingly part of a global village profoundly affected by ever-changing information technology.

Finally, the chronosystem encompasses the dimension of time as it relates to a child's environment. The chronosystem is a reminder of the influence of change within each of the systems upon the child. Bronfenbrenner proposes the chronosystem as a way of addressing both the external instability and unpredictability of present-day family life in terms of its impact the child, and the more physiological developmental processes internal to the child (Addison, 1992). Both these external and internal elements within the chronosystem influence the worldview of the child. As the child gets older, he/she may react differently to environmental changes and may be more able to determine more how that change will influence him/her. Modern theories of childhood development accept that both a child's biology and his/her environment play a role in change and growth. Change over time is inevitable. Importantly, how the child manages change is critical to his/her adjustment within society.

Being able to understand and engage the range of community counselling needs in Africa requires an understanding of the inter-relationships between and within such socio-cultural frameworks as highlighted in the bio-ecological systems theory of Bronfenbrenner. The African is understood to be embedded in multiple layers of influencing systems, namely:

- ❖ The microsystemic world of the individual – his/her relationships and supports
- ❖ The mesosystemic world of interacting structures to which the individual is exposed
- ❖ The exosystemic structures not immediately accessible to the individual but nevertheless impacting the his/her worldview
- ❖ The macrosystemic influences that are brought about by living in a continent undergoing immense political and social change
- ❖ The chronosystemic factors that dynamically impact upon individual and group behaviour

Where those socio-cultural frameworks are explored and understood, training methodologies will be seen to be both psychologically and culturally appropriate and valid. Moreover, an

understanding of the 'person-in-context' is particularly important given that traditional African cultural constructs are under threat. For example, the impact and effect of regional conflict in countries like the Democratic Republic of Congo, Rwanda and Burundi is significant at all levels of childhood development. Children are forced on the street through economic hardship. There is begging, displacement, homelessness, hunger, starvation, malnutrition and poverty. Many children are overcome with anxiety, i.e., fear that interferes with normal day-to-day functioning. In regard to family life, there is a higher incidence of family violence, prostitution, and abandonment. There is a high incidence of orphaned children as a result of HIV/AIDS. Whole communities have been displaced creating a widespread crisis of identity, 'belonging' and self-worth. Importantly, to study a child's development requires the educator to look not only at the child and his/her immediate environment, but also at the interaction of the larger environment as well.

Modern western influences are having an enormous impact on traditional cultural values at all levels – material and intellectual aspirations, community norms and values, religious faith etc. Because of the experience of colonialism in Africa, the missionary expansion and the contemporary communications revolution, there is relatively little 'pure African culture' left (Pobee, 2001). John Pobee adds that 'African cultures as they are today are alloys of traditional value systems, beliefs and practices, and of new value systems imbibed from foreign cultures' (Pobee, 2001:56). Moreover, the fact that Christianity in Africa per se has come via North America and Europe and that Africa remains strongly influenced by these cultures, creates a conducive environment for all forms of North American and European influences – including the psychological – to enjoy popular acceptance.

Much can be learned through the example and application of therapy practice to psychosocial phenomena, as experienced in the context of developed societies of Europe and North America. For example, the effect of malnutrition on growth retardation in the Dutch hunger winter of 1944-45, was reported in the early 1970s' (Stein, Susser, Saenger & Marolla, 1975). However, in parts of Africa where malnutrition is a way of life and where there is little hope of improving that way of life (e.g., the East African Great Lakes region of Burundi, Rwanda and the Democratic Republic of Congo), mental health interventions require both a regional understanding and a distinctively regional application.

This study is not suggesting a simple 'cause and effect' when it comes to culture i.e. that

psychological disturbance or compromised mental health is simply a product of cultural complexities at work outside of the individual. Rather, the current study attempts to accommodate culture as intrinsic to the African sense of personal identity, and as an enriching dimension in both understanding and resolving psychosocial problems. In addressing mental health needs in Africa, those implementing intervention strategies must acquire the ability to address psychosocial phenomena within a broader understanding of the socio-cultural context in which they occur. Issues such as poverty, violence, crime, AIDS, substance abuse, teenage pregnancy, juvenile delinquency, sexual abuse, child abuse, etc. must be addressed within the framework of this understanding.

Understanding the cultural context places the counsellor in a unique position. If the counsellor is to express understanding, communication must embrace all aspects of the client's reality. Therefore, a contextually relevant curriculum must have at its heart the ideal of ubuntu, where all parts of one's being are in inter-relationship - biological, familial, psychological or social - with a broader group reality. An African person's experience of wholeness includes the incorporation of beliefs, values, perceived relations with the mystical non-physical world reflected against the cultural backdrop of a rich store of religious symbolism, both Christian and non-Christian. For example, in Ghana the symbolic elements of culture - proverbs, stories, sayings (interestingly similarly encapsulated in contemporary Western forms of Narrative therapy), are a natural and valid aspect of the Ghanaian life experience (Lartey, 1993). If the counsellor is to express understanding, communication must embrace all aspects of the client's reality. The primary challenge is to train those in the helping professions (counsellors, pastors, educators, social workers, and psychologists) to work within the framework of the worldview represented by the client and - wherever possible - utilise regional human and material resources.

No encounter between therapist and client is ever totally 'culture free'. Cultural variables are necessary considerations at all times for the sensitive therapist. The point here is that in the African context these variables profoundly shape the therapeutic encounter. Betancourt and Lopez (1993) sum up these relevant realms of cultural interest as being familial roles, communication patterns, affective styles as well as values (personal control, individualism, collectivism, spirituality and religiosity). One can immediately see the importance of a solid cultural or cross-cultural understanding in order to develop and/ or facilitate effective intervention strategies.

Sadly, the issue of culture has been downplayed or over-generalised in psychology to the extent that there is little regard for such variables (Betancourt & Lopez, 1993). Because of the limitations of ethnic minority research - and more seriously - the limitations of psychological research into African realities, the tendency has been to adopt a western psychological orientation when addressing mental health needs in Africa.

All forms of counselling and mental health services are implicit promoters of values – a means of facilitating social goals or individual goals. All mental health interventions guide the process of desired behavioural norms within a culture or society. In a sense, mental health services are gatekeepers of what is deemed appropriate individual and group behaviour. Therefore, if mental health interventions are guided by training strategies that are predominantly western in focus and orientation (the 'end result' being the application of those intervention strategies in a regional community setting), it is hardly surprising that such interventions are often ineffective and viewed with scepticism in Africa. The following poem by Kizito Muchemwa, an African poet, and quoted in Chapman and Voss (1986:237) highlights the difficulties facing African community counsellors trained from a western psychological frame of reference:

*They came into the wilderness clichés in suitcases  
Talismans they cherished as shields against poisonous madness...  
They saw no familiar hills and heard no familiar songs.  
Holding on to their fetishes they defy time and distance...  
They surround themselves with jacarandas and pines  
Build concrete walls around their homes  
I hope next time they will import snow, change  
the seasons to humour their eccentric whims.*

Cheryl Foxcroft, from the University of Port Elizabeth, South Africa, used this poem to illustrate the ethical challenges related to psychological testing in Africa. Foxcroft (2002:3) states:

One thing I have learned early on in my career was that to perform an assessment in a valid, ethical and fair way in a multicultural context, you have to acquire the knowledge of the test-taker in relation to his/her cultural family, linguistic, educational and socio-economic background and heritage. Furthermore, such knowledge should be acquired before you decide whether psychological testing is possible and what types of test tasks might be appropriate. You should never presume that you know how best to assess

some aspect of human or cognitive functioning, or how to interpret test performance without first having immersed yourself in the lived world of the test-taker. This implies adopting an emic approach in which human behaviour is examined using criteria related to a specific culture as opposed to using behavioural criteria that are presumed to be universal (etic approach).

In a way, Foxcroft distils the dilemma faced by those institutions of higher education (and particularly Christian higher education) that endeavour to provide effective training for mental health interventions in Africa. Unless one caters for multi-cultural diversity by venturing into the lived experience of African communities, any training is undermined or invalidated. A comprehensive understanding of community life generally, and cultural background specifically, is an essential component of curriculum planning.

### 1.2.1 Cultural stereotyping and mental health issues in Africa

A western worldview emphasises and celebrates individuality, uniqueness, and adulthood, as 'separateness' of individual from the group. In fact, any over-indulgence of *group* identity tends to be viewed as unhealthy over-dependence – a sign of immaturity. In Western culture, individualism tends to value competitiveness over cohesiveness; achievement over acceptance; independence over interdependence. This tendency shapes a society that is faster, intolerant of tradition, and dynamic rather than sedentary. In Western culture, present existence is the pervasive reality. By comparison, an African worldview understands the future as an extended present, which in turn is guided by past events and memories (Busia, 1962). These common themes of the future as an extended present, which in turn is guided by past events and memories, is always shared in community, perpetuated in community, and rooted in community. Archbishop Walter Makhulu, (2001:376), writing on the issue of health and wholeness in Africa, states, "Life in isolation, devoid of relationships in community, is unthinkable. It would be deemed utter destitution and poverty." Makhulu states that in issues of healing and wholeness, Africans are guided by the degree to which the community of which they are a part both approve of, and support, any intervention designed to alleviate suffering. Security, health and wholeness are possible when persons are assured of the community's life cohesiveness and support. Any health initiatives in Africa should "first look at building a community of people who sufficiently care for each other, and so endeavour to share what they learn and have" (Pobee, 2001:60). Training that enhances community understanding, refuses to impose values, respects the inclusion of cultural variables, allowing



for individual distinctives - perceptions, feelings, needs, expressions - is at the heart of an 'ubuntu' based curriculum design.

Hickson and Kriegler (1996:23) state that:

The authentic counsellor, regardless of [the] worldview identification, possesses a wholesome appreciation for both his or her values and the values of the client. This authenticity allows the counsellor to be personally and objectively involved in the counselling process without threatening the client's freedom, rights and integrity.

Psychology has at its heart this appreciative element. Being able to understand both the thought processes of the individual as well as the way the individual acts and reacts to other individuals and groups within a given society is an essential dimension of psychology as a social science. But psychology also explores psychological distress patterns, and the extent to which a prevailing worldview influences abnormal behaviour patterns. These psychological distress patterns are expressed in a variety of cultural forms that require deep cultural understanding.

Africa today is experiencing a crisis of catastrophic proportions in the form of HIV/AIDS. Two-thirds (20.8 million) of all the people in the world with HIV live in Sub-Saharan Africa. There are 7.8 million orphans in Sub-Saharan Africa, an exceptionally high number representing 95% of the AIDS orphans in the world. Fifty percent of HIV-positive adults in Africa are women, and, in 1997 alone, mother-to-child transmission resulted in 530,000 infected children being born to mothers with HIV. This is 90% of the world total. Unprotected sex between men and women accounted for most of the 3.4 million new HIV infections estimated among adults in Sub-Saharan Africa in 1997 (UNAIDS: Report on the Global HIV/AIDS Epidemic, December, 1997). Even the most aggressive condom promotion programmes in Africa have had limited success and have failed to make a dent in the epidemic (van Dyk, 1999:123). There is a widespread belief in many parts of Africa that use of a condom blocks foetal development, and deprives the womb of essential vitamins contained in the semen.

Furthermore, the HIV/AIDS epidemic has generated new needs in the school system as it impacts on children in various ways. It is generally accepted that the HIV/AIDS crisis is forcing new teaching and training methodologies, because millions of children have become orphans with uncertain futures. Deaths of parents due to AIDS means that around Africa,

millions of children have lost the benefits of clan and tribal affiliations and community belonging because community structures have been broken down. Moreover it is well known that in the families of those infected and affected by HIV, young children are often required to become the caregivers for dying parents and siblings.

Abnormal behaviour patterns are the inevitable and logical consequence of impaired psychosexual and psychosocial development. It appears that a whole new - and uniquely African - framework of mental health services for such children is needed to ensure a better future. It is well known that in many parts of Africa there is a high incidence of sexual abuse of children. The extent of this problem is complicated by the fact that the abused child is uncertain of the reaction of the school and community to their claim. This is particularly true of children who are abused at home. Moreover, the breakdown of traditional family structures influences the models of counselling intervention that need to be explored within a given cultural context. These issues underscore the need for a vibrant guidance and counselling programme throughout Africa. This was called for at the *First International Conference on Guidance, Counselling and Youth Development in Africa*, held in April 2002, in Nairobi, Kenya.

### **1.2.2 Re-shaping an African behavioural construct**

In a key note address at the Annual Congress of the Psychological association, S. Biesheuvel presented a paper entitled, 'Psychology: Science and Politics. Theoretical developments and applications in a Plural Society'. Biesheuvel (1987:3) stated that the behaviour of Africans has [traditionally] been analysed in terms of constructs that are essentially western in orientation and detrimental to black people. A case in point is the unique spectacle of South Africa under an apartheid dispensation. In dealing with stress-related ill health, white clinical psychologists overlooked the importance of power that exists in group relations, the humiliation of being totally dominated by a white minority, and the identity problems created as a result of the repressive Group Areas Act. Rather, "they confined themselves to stress reduction and inter-group tension reduction techniques, whilst failing to speak out against the repressive [pathogenic] government policy" (1987:4). Yueh-Ting Lee (1994), reflecting on the cultural limitations of American Psychology, highlights the fact that a psychology grown in the soil of western societies stresses individualism to the neglect of the influence and impact of

socio-cultural group influences. Yueh-Ting Lee posits the case of social psychology, which is perceived as a science to study individuals' behaviour, cognition and information processing within social settings. In fact as early as 1924, Floyd Allport (1924:4) claimed, "There is no psychology of groups which is not essentially and entirely a psychology of the individual." Yueh-Ting Lee goes on to say, "Possibly because of this individio-centric tradition, major theories of contemporary social psychology reflect the dynamic processes involved in how the individual operates independently of others in the social setting" (1994:524).

Developing a community-based counselling curriculum design for Christian higher education in Africa requires moving away from an individio-centric perspective towards a more clearly defined ethnocentric and socio-cultural understanding of human functioning. This ethnocentric bias creates space for a better understanding of the following:

- ❖ The learner in socio-cultural context
- ❖ Mental health needs presented by the individual in socio-cultural context, and
- ❖ Institutional training challenges in socio-cultural context

The importance of the socio-cultural context not only assists the process of generating a better understanding of the African in cultural context, but also contributes to an enlightened understanding of the enormous diversity of our universal humanity, each individual identity being rich with wonder and challenge. The drive to promote a more indigenous psychology has been the subject of many research studies within the academic discipline of cross-cultural psychology. Herr (1987:99-105) highlights the fact that research across international psychological groupings indicates that national groupings are not just political units, but are psycho cultural shapers and reinforcers of behaviours that are culturally distinctive. All behaviours occur within certain cultural constructs that influence self-identity, achievement images and belief systems upon which individuals base their actions.

The difficulties of an adequate assessment of socio-cultural contexts in Africa are immense in a continent so polarised by economic and political realities, differences and disparities, both regionally and nationally. Rural communities outside of the major urban centres around Africa remain rooted in traditional socio-cultural values and standards that have hardly changed from one generation to the next. In between, there are an inestimable number of communities

in transition - the so-called 'urban poor' – seeking to improve their lives by moving from the land into the cities. The current study must pay attention to these differences in order for curriculum planning to be relevant and effective in addressing community mental health needs on the ground.

### 1.3 THE INFLUENCE OF RELIGIOUS AND INSTITUTIONAL TRADITIONS UPON LEARNING

Religious and institutional traditions essentially define the core curriculum of Christian higher education institutions i.e., the *raison d'être* of the institution. Cultural context reflects the environment of application of learning, the pervasive reality in which the institution is embedded. At the same time, cultural context influences the cognitive style of the learner, whose expectations of the institution are shaped by certain cultural experiences that guide the learner's motivation for training. Within Christian higher education in Africa, cultural context and regional mental health realities are juxtaposed in a critical encounter with religious and institutional traditions, with the learner straddling both realities. This understanding is critical in light of the fact that both learner and institution hold certain expectations of the learning encounter. For example, learners who enrol for theological studies have an expectation of being prepared for a spiritual vocation in their respective communities (as pastors or leaders of local churches or other agencies). Informal surveys that have examined the role and function of Christian higher education in the life of the learner (Banks, 1999) indicate that most people who enrol for training in Christian institutions of higher learning desire to know their teachers personally. Learners seek to learn from them in ways that will help them grow spiritually and minister effectively. In such a learning environment, a key issue is the extent to which the core curriculum is 'formational' or conversely, whether formation is 'curricular' (Ibid. 1999:223).

Furthermore, institutions have an expectation of the learner based on the institutional reputation and profile that is communicated by the institution through its core curriculum. This reputation and profile can be better termed as 'institutional culture'. On both sides of the learning encounter, there is the potential for cultural synergy or cultural conflict regarding expectations of the core curriculum. Hence Romberg and Price (1983) suggest that the curriculum should be planned with the culture [of the institution] deliberately in mind, because

the presentation and integration of any new programme is, in effect, a planned form of culture change within the institution.

All Christian institutions of higher learning in Africa have a history, a pervasive culture that influences (even defines) the teaching and learning process. Historically, the interface between institutional culture (core curriculum) and cognitive style of the learner has been dogged by complexities that have to do with the so-called inculturation (Anthony, 2003:17) process between religious faith and societal culture. The term 'inculturation' can be understood as the level of integration between religion and cultural context. This process of inculturation is influenced by historical, theological and ideological factors.

### **1.3.1 Historical factors**

Reflecting on the history of Christian education in Africa, van der Walt (2002) notes that Africa was introduced to modern western formal education by Christian missionaries in the late nineteenth and early twentieth centuries. Whereas Christian educational practices served the ends of African evangelisation, it was also a means of promoting western needs and interests. Only after independence from Western colonialism did national governments in Africa view higher education as a means of nation-building and national development. After independence, African educational policies were refocused on the priority of national development which encompassed the goals of Africanisation, national unity and economic growth (Woolman, 2001). Higher education was perceived as necessary if a nation was to fill the vacancies left by colonial administrations (van der Walt, 2002). So, the history of higher education in Africa remains relatively young.

In the author's opinion, Christian higher education failed to grasp this post-colonial challenge to nation-building choosing rather to focus primarily on leadership development for denominational or independent church responsibilities. This focus has been largely due to the rapid increase of Christianity especially in sub-Saharan Africa in the past fifty years. It appears that Christian institutions of higher education view their role as being that of leadership preparation for the church rather than the market place - witnessed in the spawning of denominational seminaries and colleges throughout Africa.

### 1.3.2 Theological factors

Anthony (2003) suggests that any rapport between religion and culture is related to core religious beliefs, and the ability of a given societal culture to embrace and sustain them. Where a religion originates from a specific cultural setting, e.g., Judaism and Hebrew culture, Hinduism and Indian culture, there is a long-standing cross-fertilisation of religious and cultural traditions, which, according to Anthony, comprises an advaitic or non-dualistic encounter. In such an encounter, religion and culture become inextricably bonded – the cultural and the religious become a unity. Some religions have successfully managed to extend beyond their native culture, and struck deep roots in alien cultures. For example, over the centuries, a profound bond has been established with Christianity in European cultural contexts and Buddhism in South East Asian cultural contexts. In such cases, religious institutions enjoy a type of relationship where the religious and cultural traditions share an indigenous character.

Inculturation becomes more complex where religion encounters an alien culture which itself has an advaitic bond with its religious core. An example would be the encounter between Christianity and Indian culture where there is an existing advaitic bond with Hinduism. Similarly, the encounter between Christianity and African culture where there is an existing advaitic bond with African traditional religion. Wherever religion encounters an alien societal culture there is the potential for religious vandalism (Anthony, 2003:20). Religion is so closely bound to culture, and faith expression is a form of cultural dialogue because of its effects in the cognitive, affective and operative dimensions. Where a religion holds to the view that the alien culture cannot provide an authentic expression of its doctrines and values, then it would logically adopt an exclusive and aggressive approach to that culture, permitting only a marginal or limited insertion of alien cultural forms in its religious expression.

This exclusive approach, i.e., lack of cultural integration, generally characterised the Christian missionary endeavour in Africa during the colonial and post-colonial periods. Such exclusivity continues to have a marked and pervasive effect on the life and practice of Christian higher education in Africa in many areas of academic life. In 1985, the Accrediting Council for Theological Education in Africa (ACTEA) undertook a pioneering survey of the attitudes, values, opinions and perceptions of 355 theological educators in sixty-six different theological schools throughout sub-Saharan Africa (Bowers, 1990:57-63). Educators responded to a

questionnaire containing 48 questions intended to throw fresh light on the state of Christian higher education in Africa. Of the respondents, 59.7% were expatriate educators. Of the African respondents, 53.2% had studied overseas. Thus, up until 20 years ago, a high percentage of faculty members subscribed to first-world European cultural norms and values, with a majority of national faculty members also being trained in first-world European cultural settings. It is not surprising that when respondents were asked what forms of academic recognition would most benefit their school, 65.4% judged non-governmental (ACTEA) recognition as most beneficial in comparison with 40.6% who judged national government recognition as important. Regarding 'Africanisation' of staff, 77.2% felt that most – or at least half – of the staff at theological schools should be African, 1.7% felt that all should be African, and 14.6% felt that ethnic distinctions should be irrelevant.

Whereas the nationalisation of educational structures throughout Africa has laid the foundation for renewed cultural integration, the survey undertaken by ACTEA showed that African theological higher education is failing to achieve cultural integration. Approximately 42% of the respondents indicated that textbooks used by the sixty-six schools were not contextual enough; 54.6% ranked contextualised theological textbooks a major priority in developing adequate theological life in Africa, and 78% ranked contextualisation of the curriculum either a top priority or important for Christian higher education in Africa. Five respondents felt that contextualisation of the curriculum was 'dangerous'. Areas of the curriculum most needing contextualised textbooks were the practical subjects, namely pastoral theology, worship, counselling ethics, and Christian education. The fact that textbooks were insufficiently contextualised impacts upon the type of curricula utilised in preparing learners to embrace cultural and societal realities.

### 1.3.3 Ideological factors

The impact of historical and theological factors upon the core curriculum is immense. If the Christian faith denomination or theological position (of which the institution is representative) adopts an 'aggressive/ exclusive' (Anthony, 2003:27) approach to the alien culture, perceptions of community need are influenced accordingly. For example, the ACTEA survey highlights significant disparities between expatriate and national staff regarding perceptions of need in the African church. Among African respondents alone, the top five selections of need in the African church were: too few trained leaders; inadequate Christian education of the

laity, and loss of evangelistic zeal. The overwhelming concern expressed by the African respondents was on community impact of training. By contrast, expatriate respondents chose: too few trained leaders; inadequate stewardship; inadequate Christian education of the laity; tribalism, and poor administration. It is significant that these concerns are more focused on management factors than community needs.

Where the core curriculum fails to meaningfully integrate religious faith and societal culture, the learner also fails to integrate education to life. The curriculum presents an antithesis between religious faith and societal culture. The outcome is the creation of a 'ghetto mentality', "[learners] closed up within the limits of the religion and its culture... without the capacity to integrate them into a meaningful whole" (Anthony, 2003:27). Conversely, if the core curriculum reflects an inclusive/dialogic position (Anthony, 2003:26), inculturation is significantly improved. An inclusive stance enhances the potential for the cognitive style of the learner to be assimilated as part of the dialogue between Christian faith and societal culture. A dialogic mindset on the part of the institution assists a two-way appreciative acknowledgement of the interrelationship between religious faith and societal culture, of which the learner is a part.

The survey of the attitudes, values, opinions and perceptions of 355 theological educators in sixty-six different schools throughout sub-Saharan Africa (Bowers, 1990) clearly indicated the need to integrate education to life. Asked what should be the top five priorities for developing Christian higher education to life in Africa, the largest number of respondents chose contextualised textbooks and theological workshops for pastors (54.6% each). In considering the range of subjects suitable for the curriculum of theological schools in Africa, respondents lay special emphasis on non-traditional subjects – either associated with the social sciences or with the African context. Subjects such as African church history, African Traditional religions, and African culture were all given a high rating. Similarly, the social sciences - psychology, anthropology, and sociology - were rated highly. General responses suggested openness to curricular development in relation to the African context. Sadly, to date, ACTEA has been unable to follow-up this watershed survey.

Similar concerns were reflected in another pioneer study undertaken between the years 2000 to 2003 by the Association for the Development of Education in Africa (ADEA). The current study was motivated by the need for innovation in higher education in Africa. The partnership



for higher education in Africa, supported by the Ford Foundation, Rockefeller Foundation, Carnegie Corporation and MacArthur Foundation, appointed a working group on higher education (WGHE) constituted under ADEA. The working group represented all the major regions of Africa – Francophone Africa, Eastern Africa, Southern Africa and Ghana. The working group was tasked with examining higher education innovations with specific reference to universities. Innovations were considered at three levels, these being national educational system, institution, and faculty levels. For each level, innovations were examined in seven key areas, namely:

- A. Strategic Vision and Mission
- B. Financing
- C. Access/Quality
- D. Governance
- E. Quality/Curriculum
- F. Staff development and retention
- G. Relevance in teaching, research and service

The working group highlighted the drivers of innovation within higher education in Africa as being:

- ❖ Massification of higher education
- ❖ Globalisation
- ❖ The rise of the knowledge society
- ❖ The information-driven global economy
- ❖ The changing labour market
- ❖ The impact of new information and communication technologies (ICT)
- ❖ The internalisation of higher education
- ❖ The growing demand for higher education to function as market-like organisations in the context of fiscal restraints

Findings were presented in the form of a draft paper (Ng'ethe, Lumumba, Subotsky & Sutheland-Addy, 2003) in September 2003 in Accra, Ghana, to nearly 200 stakeholders involved in higher education in Africa. In their report the working group reflected on the pervasive effects of African universities being linked to European or North American

institutions. Such partnerships continue to influence curricula and the organisation of resources (AAU, World Bank Report 1997:2), not least in the traditional focus of higher education upon teaching and research.

At the same time, the working group reported encouraging efforts to expand beyond teaching and research as being the core business of higher education, and to integrate education to life. This requires a deliberate reorientation on the part of certain universities towards their local communities. These universities are placing more emphasis on indigenous knowledge; links with the private sector; bridging courses and programmes in areas considered crucial for national development. The report highlights the fact that the more serious forms of university-community interaction seem to go beyond the traditional idea of community service, to a greater appreciation of the community as a partner in the fulfilment of the overall university mission. Related to this community awareness and appreciation is a fresh excitement about indigenous knowledge, and the idea of incorporating indigenous knowledge into the corpus of university knowledge. New programmes are being designed in the arts, medicine, mental health, literacy, health and nutrition, gender, information technology, and good governance. These are just some of the areas of curriculum reform in a large number of universities around sub-Saharan Africa.

#### **1.4 INSTITUTIONAL INFLUENCES UPON THE COGNITIVE STYLE OF THE LEARNER**

An effective syllabus is the product of relevant insights into community realities integrated with faculty expertise and adequate resources provided within the institutional setting. Moreover, the influence of the core curriculum of the institution upon training practices cannot be underestimated. Therefore, as part of the curriculum construction process, it is vital to undertake a comprehensive situational assessment of the institution to better understand the short-term and long-term effects of its traditions and training practices upon the learner. The situational assessment must be able to gauge the influence of institutional culture on the cognitive style of the learner – either positive or negative. Bowen highlights the need for an excellent grasp of cognitive style of learners. Bowen (1989:207) defines a learner's cognitive style as 'the way [learners] take note of their surroundings - how they seek meaning, how they become informed'. Cognitive style also has to do with family background, life experience and personal goals. He suggests that many educators in the African educational context

demonstrate a poor understanding of cognitive style of learners in post-secondary education in Africa. A case in point is the concern expressed by A.T. de B. Wilmot, (1983:1) the first principal of the Nairobi Evangelical Graduate School of Theology (NEGST), who stated:

We do not regard Western educational methodology as necessarily the best, and we consider that the unadjusted employment of Western methodology will not train an African [learner].

Cultural context is closely aligned with learning style. Archbishop Desmond Tutu (1986:160-169), when speaking at the Methodist Conference in Nairobi said the following:

It is an important digression to note the differences in the African perception and that of the Westerner. The Westerner is largely analytical; the African tends to be synthetically focused. The Westerner emphasises the individual; the African will give an important place to the community. The Westerner encourages initiative, and is concerned about individual liberties, whereas the latter will stifle personal initiative for fear of being out of step with the herd. The Westerner will usually be lonely in a crowd, whereas the African will come into his own as a communal being, and would understand what King David meant when he spoke of the 'bundle of life'.

Therefore, training strategies must endeavour to fit the vocabulary, life-experience, environment and educational background of the learner. The implications for the current study are the following:

- ❖ The importance of undertaking a comprehensive situational assessment of the cultural context of which the institution is a part
- ❖ The importance of understanding the core curriculum of the institution as it impacts the cognitive style of the learner and outcomes of training

When it comes to learner understanding and skills acquisition, the curriculum planner must also endeavour to articulate 'outcomes' in two key areas, namely purpose outcomes and experience outcomes.

### 1.4.1 Purpose outcomes

Purpose outcomes should reflect the purpose of the curriculum design in terms of content, teaching/learning processes (teaching styles, materials, and topics), and programme goals. However, the ways in which purpose outcomes are developed must take into account the learner's vocabulary, life-experience, environment and cultural background. These are a vital aspect of the whole learning experience, particularly as it pertains to learner understanding and skills acquisition.

### 1.4.2 Experience outcomes

Experience outcomes address the degree of satisfaction and fulfilment the learner derives from the learning experience. Experience outcomes are influenced by the degree to which the institution understands and accommodates the cognitive style of the learner. Also, the extent to which the curriculum should be built around:

- ❖ The degree of variety provided for the learner to learn in ways that maximises the material's potential for skills development,
- ❖ The degree of satisfaction and fulfilment derived from the configuration of modules and their applicability both to the learner and the African regional setting, and
- ❖ The teaching methods used and their appropriateness to the learners' cultural context and learning styles, i.e., whether the curriculum is 'culture-sensitive' for the learner.

### 1.4.3 Institutional culture

Romberg and Price (1983:60) recommend that "curriculum development should be planned with the culture of the institution deliberately in mind". New (or re-designed) curricula are a planned form of culture change within the institution. The current study is proposing the integration of undergraduate training of community counsellors as a 'major' academic discipline within the broader syllabus of an institution within the sphere of Christian higher education. As such, the planner should gauge the effects of any new curricula on the

institutional culture. The process of integrating new curricula is critical. In order for integration to be successfully managed within a broader institutional programme framework, 'purpose outcomes' and 'experiential outcomes' should be clearly articulated. Bhola (1982) recommends a number of evaluation approaches for consideration by any institution introducing a new curriculum. These approaches encompass an 'Outcomes-based' approach, where the curriculum is planned according to specific and measurable indicators. Alternatively, a 'Discrepancy model' evaluation approach may be considered. This approach describes the variance between expectation and actual performance in five key areas, namely, design, installation, processes, product and cost. Another evaluation approach is the 'Contextual model' approach which provides information on educational context, resources, teaching styles and teaching approaches, programme and curricula outputs. Whatever process is adopted, quality assurance is an integral part of the curriculum planning process if a new curriculum is to be successfully integrated in the institution.

Curriculum outcomes must be form part of the institutional quality assurance system that establishes ideals of excellence (Pretoria Department of Education, 1997). Any effective internal assessment of the institution begins with a framework for assessing programme quality. The curriculum planner must understand the potential influence of any new curricula upon existing quality assurance mechanisms. Where a new curriculum is applied, quality assurance mechanisms may need to be revised or developed to accommodate it.

#### **1.4.4 Quality Assurance Challenges**

Quality assurance standards are those standards that ensure academic outcomes are met. Basing any new curricula on clearly defined outcomes is vital to its effective administration. In order to ensure quality standards, Haworth and Conrad (1997:167-173) recommend that organisational outcomes be built around four quality criteria, using what they term as 'Engagement theory of Program Quality', which incorporates:

- A. Creating an environment where a diversity of perspective on the effectiveness of the curriculum is allowed for, and reflected upon, involving all stakeholders, i.e., learners, faculty, other leaders.
- B. Ownership at all levels of the participatory culture, i.e., programme directors,

learners and the teaching /learning environment. The use of focus groups, exit interviews, advisory sessions, research on how the effectiveness of classroom activities modify and enhance the learning environment.

- C. Continuous programme improvement. This involves keeping an eye on the various processes within programmes that affect the quality of learners' learning. Also the degree of adaptability of a programme to make quality 'happen'. An important aspect of maintaining quality is adequate resources for learners, faculty, and support of the basic infrastructure within the institutional programme. This incorporates field-related equipment, supplies, and library resources.
- D. Combination of methods of assessment. When a combination of assessment methods is utilised, faculty and administrators are more likely to develop a holistic understanding of the quality of their programme. Qualitative methods, such as focus groups and portfolios, coupled with quantitative methods, such as survey questionnaires, strengthen the assessment process. Alternatively, Bhola (1982:93) recommends a 'Goal-Based' evaluative approach, where curriculum is evaluated on the basis of meeting predetermined goals or objectives. Questions that assist this process may be:
- ❖ What is the overall goal or goals of the curriculum design?
  - ❖ For each goal, what information will indicate whether these goals are met?
  - ❖ From what sources should the information be collected?
  - ❖ How is the information collected?
  - ❖ When should it be collected?
  - ❖ What resources are available to collect the necessary information?

In summary, the realities of personal and community life in Africa are so interwoven that any curriculum designed for the African regional context must dynamically reflect on that socio-cultural context in attempting to provide a theoretical framework for the understanding of psychosocial problems and their solutions. It is absurd to assume that a predominantly western focus can guide the process of understanding individual and group behaviour in Africa. Moreover, any meaningful curriculum for training community counsellors in the African

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setting must be prepared to embrace indigenous knowledge. This requires an immense effort on the part of the curriculum planner to ensure an adequate assessment of local mental health needs and acceptable practices in the regional community context.

A comprehensive understanding of learner cognitive style enables the planner to accommodate learner background within the curriculum – family life, educational experience and personal goals. Educators in the African educational context cannot afford to underestimate cognitive style of learners in post-secondary education in Africa. A curriculum that takes cognisance of cognitive style is a curriculum with a potential for real success and effectiveness in the African setting. The process of constructing a curriculum for equipping community counsellors to work in a variety of community counselling settings throughout Africa is explored in the next chapter.

## CHAPTER TWO

### DEVELOPING A CONTEXTUAL CURRICULUM DESIGN

#### 2.1 DEFINITIONS OF CURRICULUM

Africans are embedded in multiple cultural contexts which in turn influence the diverse ways in which the African person expresses his or her identity. Therefore, in the context of the current study culture will significantly influence how effective intervention measures might be applied in community counselling practices, and must be accorded a prominent place in the curriculum design process. A curriculum design that is regionally focused and dealing with African realities enhances the potential for greater numbers of trained counsellors to work in a variety of community counselling settings throughout Africa. The type of curriculum design adopted should meaningfully reflect on regional community realities if it is to be both relevant and effective.

In tracing the historical development of curriculum design thinking, it is interesting to note how the shift has taken place from a focus on the content and the learner as the key 'drivers' of the curriculum design process, to the recognition that curricula are worked out and located in a particular social context. While this has been recognised at a theoretical level, it has still to work its way through at a practical level in higher education. Curriculum design and implementation involves a theoretical discourse in which appropriate definitions are necessary, given the divergent considerations that impact the process. Finch and Crunkilton (1993:28) define the curriculum as simply 'what is to be taught'. Cherryholmes (1987:310) provides a broader definition for the curriculum as:

What learners have an opportunity to learn. The [curriculum] is intimately linked to educational administration and instruction because each set of activities produces opportunities and constrains what can be learned.

Curriculum studies at all levels of the educational spectrum have generated terminology in order to define vital aspects of the curriculum process, as follows:

- ❖ Curriculum context: The curriculum occurs within a context, whether that context is institutional, geographical or social



- ❖ Curriculum design: These are structural aspects of curriculum formation that examine the relationships between learner motivation, learner environment, materials, learning activities, learning potential
- ❖ Curriculum planning: The curriculum planning process explains the decision-making processes that precede the instructional processes. Curriculum planning is needed to ensure the success of the curriculum. Curriculum planning ensures the involvement of the right role players in order to maximise the potential of the curriculum in achieving its prescribed outcomes

Within the framework of higher education, Barnett, Parry and Coate (2001) describe the curriculum as being shaped by a dynamic set of forces as diverse as the knowledge fields of “contending interests of shifting epistemologies, academic communities, institutions, professions, the corporate world, learners and state agencies” (2001:438). The diversity of input aspects that motivates the need for a curriculum can range from philosophies, values, perceptions held by curriculum participants, to institutional and community contexts. In terms of how a course design process might run, there are almost as many models as there are academic departments in any given educational context (Toohey, 1999). Given the diversity of the curriculum development process from its historical roots to the more integrated foci of contemporary thinking, the journey of curriculum development within higher education is a complex one.

Historically, the emergence of curriculum enquiry as an educational discipline was an attempt to formalise what should be taught in schools. This soon expanded to embrace all types of educational practice. Two main approaches to curriculum planning represent the expression of educational ideas in practice (Prideaux, 2003). The first approach is a prescriptive one. The prescriptive approach is primarily concerned with the purposes of the curriculum. An example of the prescriptive approach to curriculum design is the ‘objectives model’ of Ralph Tyler (1949) which encourages the curriculum designer to ask questions of the curriculum as summarised in Table 2.1.

**Table 2.1: Objectives approach to Curriculum Planning**

| MOTIVATION  | QUESTIONS   | OUTCOMES  | PROCESSES   |
|---|---|---|---|
| Purposes to be obtained through the curriculum design | 1. What educational experiences can assist in attaining these purposes?<br><br>2. How can these experiences be organised?<br><br>3. How can these purposes be measured? | Purposes articulated as <b>Objectives</b> (measurable) which are then used to determine the other elements of the curriculum (content; teaching and learning; strategies; assessment, and evaluation) | 1. <b>Objectives</b><br><br>2. <b>Selection of learning experiences</b><br><br>3. <b>Organisation of learning experiences</b><br><br>4. <b>Evaluation of learning experiences</b> |

However, a serious criticism of the 'objectives approach' is the use of behavioural outcomes to measure the success or failure of the curriculum. In such an approach, any aspect of learning that cannot be expressed in behavioural terms tends to be excluded from an objectives-based curriculum design, e.g., values, processes for acquiring values, etc. (Prideaux, 2003). Moreover, although Tyler's model has had a significant impact on curriculum activity, it remains a very simplistic linear model that raises more questions than answers in terms of the interrelatedness of the various elements (Shiundu & Omulando, 1992).

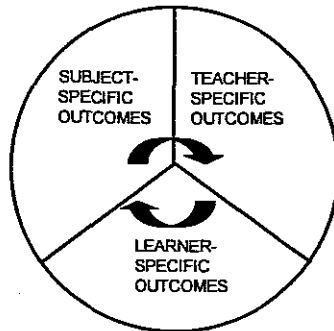
This study endeavours to show that any effective curriculum design must embrace more than curriculum content. To some extent, the focus on behavioural objectives acknowledges the interface between subject and learner (Shiundu & Omulando, 1992). In so doing, an objectives-based curriculum design forces the planner to study the learner, the learner's life experience, and the way in which the subject addresses the cognitions of the learner in an achievable and measurable form, depicted as Learner Variables in Table 2.2.

**Table 2.2: Learner Variables**

| STUDY OF THE LEARNER  | LEARNER'S LIFE EXPERIENCE   | INTERFACE BETWEEN SUBJECT AND LEARNER                |
|---|---|--|
| 1. Anticipated individual behaviour change<br><br>2. Anticipated individual attitude change | 1. How can the change experience of the learner impact society?<br><br>2. How closely are societal patterns of functioning and behaviour reflected in the individual learner behaviour? | Are educational objectives realistic and achievable? |

A recent adaptation of the prescriptive approach to curriculum planning is the use of educational outcomes that, although less specific than objectives, are planned for aspects of learning that are more enduring. Spady and Marshall (1994) note that outcomes-based education is not anything particularly new. In fact, outcomes-based education is the most natural way of teaching, and begins from birth. There is always a planning element and an outcome element to all tasks, often accompanied by demonstrations of the appropriate learned behaviour (Pretorius, 1998). Spady (1994) defines outcomes as 'high quality, culminating demonstrations of significant learning in context'. Outcomes-based education is intended to be inclusive both of curriculum goals leading to specific outcomes that measure whether specified goals have been achieved.

An outcomes-based approach to curriculum design has the effect of focusing the curriculum designer's attention on the effects and impact of learning upon the learner. The use of the term outcome rather than objective has not been a casual one. Whereas the term objectives explains intended goals in specific forms, much can be learned en route (Eisner, 1985). In any learning situation, there are different outcomes that are not only learner specific, but also are also teacher and subject specific. A subject may be evaluated on the basis of certain objectives being achieved by the learner. At the same time, the learner is not only learning a subject, but the learner is also learning about the teacher of the subject. Often the learner's interest in the subject is magnified by the quality of relationship the learner has with the teacher. Similarly, the teacher is learning about learner styles. The teacher is also learning how the subject can be more effectively taught, as follows. No part of the educational experience is divorced from another, as indicated in Figure 2.1.

**Figure 2.1: Outcomes of the Educational experience**

The second type of curriculum approach is a descriptive approach. A descriptive approach is more focused on what curriculum designers incorporate into their design when planning the curriculum (Prideaux, 2003). A feature of the descriptive approach is its emphasis upon the importance of analysing the situation or context for possible effects upon the curriculum. An excellent example of the descriptive approach is the re-constructionist model proposed by Skilbeck (1976). A re-constructionist viewpoint proposes an educational process that matches competencies with the challenges of the real-life situation in which the learner is embedded. According to Skilbeck, [appropriate] educational processes will lead to the deliberate cultivation of rationality, of problem-solving procedures, adaptability and flexibility and a general capacity to face up to the problems of real life. This kind of curriculum process calls for an examination of the internal and external factors as reflected in Table 2.3.

**Table 2.3: Examination of internal and external factors**

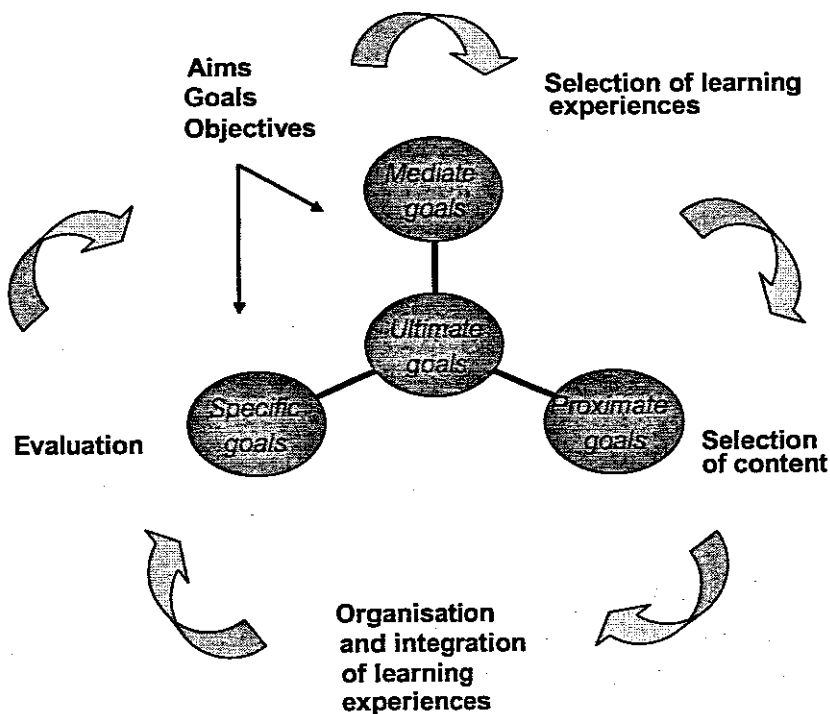
| EXTERNAL FACTORS                  | INTERNAL FACTORS                                 |
|-----------------------------------|--|
| Societal expectations and changes | Students   |
| Expectations of employers         | Teachers   |
| Community assumptions and values  | Institutional ethos and structure                |
| Nature of subject disciplines     | Existing resources                               |
| Nature of support systems         | Problems and shortcomings in existing curriculum |
| Expected flow of resources        |  |

In tracing the history of the curriculum development process, Wheeler (1967) demonstrated an awareness of the need to engage social context in assessing 'key drivers' of the curriculum. The early work of Tyler (1949), Taba (1962), Wheeler (1967), Kerr (1968), Lawton (1975) had articulated definitions of the curriculum in a more linear form that focused upon:

- A. selection of learning experiences.
- B. selection of content.
- C. organisation and integration of learning experiences.
- D. evaluation of learning experiences.

By contrast, Wheeler offered a more cyclical (rather than linear) five-step model of the curriculum process that incorporated aims, goals and objectives of the curriculum, as summarised in Figure 2.2.

**Figure 2.2: Aims, Goals and Objectives of the curriculum**



Wheeler also used the terms ultimate, mediate, proximate, and specific goals to describe the evolution of the curriculum process. Ultimate goals assess the efficacy of the curriculum in achieving desired outcomes; mediate goals monitor the curriculum process; proximate goals acknowledge the value and power of the hidden curriculum as well as outlining what should be achieved at certain points within the curriculum process, whilst specific goals are stated objectives regarding what should be achieved. The seeds of a dynamic interrelatedness are reflected in the Wheeler curriculum development model. This interrelatedness has, in part, helped shape the contemporary view of the curriculum development process as being dynamic rather than static. For example, Lawton (1975) suggested a curriculum development model with reference to three key considerations:

- A. The nature of knowledge, i.e., knowledge should reflect the philosophical orientation of society;
- B. The nature of the learner, i.e., what are the needs, interests and problems of the learner for whom the curriculum is being prepared; and
- C. The nature of society, i.e., the way in which the curriculum considers the needs and pressures of the social context. The curriculum must consider the sociological question of the kind of society the curriculum would like to reflect. The curriculum must also consider the philosophical question concerning the ingredients of worthwhile knowledge. The curriculum must also consider the psychological question of the cognitive style of the learner.

A contemporary curriculum development process suggested by Shiundu and Omulando (1992) for the indigenous formal education of schoolchildren in Kenya outlines a more detailed process incorporating nine stages, as follows:

- A. Situational analysis.
- B. Formulation of objectives.
- C. Setting up the curriculum project.
- D. Programme building.
- E. Piloting the new programme [in selected schools].
- F. Improving the new programme.

- G. Implementation.
- H. Evaluation.
- I. Maintenance.

Placing a situational analysis at the top of the list is recognition of the need to find out about the context in which the curriculum process takes place. A situational analysis of external and internal factors does not necessarily need to be accomplished in a particular order, provided the planner recognises that in some way all the elements within the curriculum are linked (Prideaux, 2003). Understanding the interplay between internal and external elements is critical to an effective curriculum design. A situational analysis investigates the world of the learner as well as the needs within society that drive the types of learning that need to take place if learning is to have any value. The other elements of the curriculum development process in the preceding list represent the instructional environment, or the instructional system.

This study presents a case for the importance of undertaking comprehensive situational analyses prior to any curriculum being implemented. This has been recognised in secondary education for a long time although this has not been the case in higher education. Within higher education in Africa, the premise is that the nature of the discipline (in this case, psychology and, more specifically, community counselling) defines the content, outcomes, and methods of the curriculum. It does not define the social context in which the curriculum must be embedded, and in which the learning takes place.

Returning to the issue of curriculum content, before any curriculum content decisions are taken, an instructional system must be in place that monitors the way in which access to the course is managed, and the way in which the events of the course are structured (Toohey, 1999).

### **2.1.1 Instructional system**

The instructional system emphasises how the teaching and learning is to take place – the structure of knowledge and ideas. At its simplest level of utility, the instructional system is an arrangement of resources and procedures to promote learning. By contrast, instructional

development is the process of implementing the instructional system or plan. The instructional system incorporates the sequencing of learning activities in line with the goals of the curriculum, and examines content and structure of the proposed instructional system. The instructional system aims to:

- ❖ Define learner characteristics
- ❖ Articulate levels of learner preparedness
- ❖ Establish appropriate standards for teaching skills needed for maximum effectiveness
- ❖ Create and consolidate adequate resources
- ❖ Reflect on curriculum values, i.e. how the instructional system supports the goals and philosophy of the institution (Finch & Crunkilton, 1993)
- ❖ Project the degree of vocational relevance and opportunity

An example of such an instructional system is provided by Finch and Crunkilton (1993) and can be summarised in Table 2.4 as follows:

**Table 2.4: Example of a curricular instructional system**

| LEARNER PREPARATION              | RESOURCES  | VALUES/CONTENT  | VOCATIONAL PREPARATION                                    |
|----------------------------------|--|---|---|
| LEARNER ENTERING CHARACTERISTICS | TEACHERS AND SUPPORT STAFF   | CURRICULAR ARRANGEMENT                                  | EMPLOYMENT SETTING  |
| General and applied skill        | Content teachers can teach   | Time available to teach learners                        | Minimum expected employability of graduates               |
| Interest and motivation          | Provision for teaching supporting coursework                       | Required vocational content coverage                    | Employment sectors graduates can expect to enter          |
| Maturity levels                  | Provision for integrating general and vocational education content | Required general content coverage                       | Learning experiences best obtained in employment settings |
| Special needs                    | Availability of support staff (guidance, placement)                | Funding available for equipment, resources and supplies | Other   |
| Other                            | Other  | Other   |   |



### 2.1.2 Operational Curriculum

Part of the instructional system is the operational curriculum (Eisner, 1985:47). The operational curriculum (syllabus) is concerned with the detail of what is to be taught or learned. The operational curriculum guides the outworking of curriculum goals. At the heart of the operational curriculum are mechanisms that ensure content stability and operational efficiency. These mechanisms articulate specific detail on how the teaching and learning process should be implemented.

One such mechanism is 'intended learning outcomes' in line with the educational goals of the curriculum (Posner & Rudnitsky, 1997:105). Intended learning outcomes can be grouped in such a way as to comprise instructional foci - thus breaking the curriculum into meaningful units of learning. Such units of learning can then be organised into individual teaching and learning lessons and sequenced to form the bridge between the curricular 'ends' (or outcomes) and the immediate teaching/learning environment. A summary table indicating the progression is presented in Table 2.5.

**Table 2.5: Bridge between the curricular 'ends' (or outcomes) and the immediate teaching / learning environment**

| OPERATIONAL CURRICULUM | INTENDED LEARNING OUTCOMES   | CLUSTERING OF UNITS    | LESSON PLANNING               | LESSON IMPLEMENTATION |
|------------------------|------------------------------|------------------------|-------------------------------|-----------------------|
|                        | → Intended learning outcomes |                        | → Arrangement of units        |                       |
| Curriculum goals       | → Instructional planning     | → Focus of instruction | → Sequence of lesson planning | → Individual lessons  |
|                        | → Problems, issues, themes   |                        |                               | → Activities          |

### 2.1.3 Curriculum content

Toohy (1999:25) recommends the central question to be asked of any curriculum as being, 'What is most important for learners to know and what might be the best ways for them to learn it?' In essence, Toohy challenges our definitions of learning. A strongly linear focus upon learning places the emphasis more on the content, outcomes, and methods of the curriculum, rather than the social context in which the curriculum must be embedded, and in which the learning takes place. In line with this focus, Finch and Crunkilton (1993) suggest that a curriculum system is primarily about planning for, selecting, and sequencing content. This focus on content is encapsulated in a linear vocational and instructional model such as Swanson's Learning Technology System (LTS) (quoted in Finch & Crunkilton, 1993:30). The LTS has five major components or phases as listed in Table 2.6.

**Table 2.6: Learning Technology System (LTS)**

| ANALYSE                            | DESIGN           | DEVELOP                        | IMPLEMENT                 | CONTROL                         |
|------------------------------------|------------------|--------------------------------|---------------------------|---------------------------------|
| Needs assessment and proposal      | Programme design | Learning materials development | Programme management plan | Evaluate learning               |
| Approval of learning proposal      | Lesson design    | Pilot test learning programme  | Delivery of learning      | Effectiveness evaluation report |
| General work assessment            | Lesson plan      |                                |                           | Learning follow-up              |
| Specific work behaviour assessment |                  |                                |                           | Approval to continue learning   |
| Approval of assessment             |                  |                                |                           |                                 |

Although in the assessment phase emphasis is placed on strategic factors that motivate the curriculum design process, the greater part of the design phase through to the control phase is concerned with the operational curriculum. In the develop phase, the focus is on pilot testing of the materials. The implementation phase is concerned with delivery of learning and the effectiveness of instructors in administering the materials. Finally, the control phase assesses programme effectiveness in order to serve as input for refining the materials in the next stage of development and implementation.

A similar linear focus is reflected in the Performance-Based Instructional Design (PBID) system developed by David Pucel (quoted in Finch & Crunkilton, 1993) The PBID is built around seven major components, five of which focus specifically on the operational curriculum as described in Table 2.7.

**Table 2.7: Performance-Based Instructional Design (PBID) system**

| PROGRAMME DESIGN DESCRIPTION | CONTENT ASSESSMENT  | CONTENT SELECTION                         | CONTENT SEQUENCING     | LESSON STRUCTURING  | LESSON DELIVERY FORMAT | EVALUATION PROCEDURES DEVELOPMENT        |
|------------------------------|---|---|------------------------|---|------------------------|--|
| Context                      | Identify functions  | Determine behaviour importance            | Identify relationships | Develop behavioural objectives                                | Who manages            | Knowledge base                           |
| Content areas                | Identify behaviours<br>a. Cognitive<br>b. Psycho-motor or<br>c. Affective | Estimate instructional time and behaviour | Order behaviours       | Develop the lesson flow                                       | Management resources   | Process:<br>a. Performance<br>b. Product |
|                              | Identify process and knowledge  | Prioritise behaviours                     |                        | Specify content   | Learning resources     |  |
|                              |   |   |                        | Select the delivery format                                    |                        |  |
|                              |   |   |                        | Select methods:<br>Lecture,<br>demonstration,<br>role playing |                        |  |
|                              |   |   |                        | Select media:<br>(classroom resources)                        |                        |  |

In summary then, the instructional system bias within curriculum development is primarily concerned with the operational curriculum or syllabus i.e. the detail of what is to be taught or learned. This operational curriculum guides the outworking of curriculum goals by means of mechanisms that ensure content stability and operational efficiency. These mechanisms also articulate specific detail on how the teaching and learning process should be implemented. At the same time, the curriculum development process should not be limited to a 'content focus' alone. The curriculum planner must be aware of the extreme limitations of content-focused models for conceptualising the process of curriculum development, particularly when it comes to applying a similar content focus across differing socio-cultural contexts. As mentioned earlier in the study (Chapter 1, Section 1.3.3), the core business of higher education is the endeavour to integrate education with life. A curriculum that is built around one set of cultural experiences and expectations cannot automatically expect to be relevant to any other cultural experience and expectation without a great deal of soul-searching regarding the 'ends' of the

curriculum. This requires a deliberate reorientation on the part of the curriculum planner towards the local or regional community context together with an appreciation of indigenous knowledge. Related to this community awareness and appreciation is a fresh excitement about curriculum content being able to adequately reflect upon indigenous knowledge, by incorporating such knowledge into the body of a fresh curriculum design. Therefore a systems approach - rather than linear approach - to curriculum planning is preferable.

## 2.2 CURRICULUM AS 'EXPERIENCE'

Though content is important when planning the curriculum, the curriculum is more than 'content'. Peter Senge (Senge et al., 1994:18) defines the curriculum as "the learning organisation... the development of not just new capacities, but of fundamental shifts of mind, individually and collectively." Senge directs the curriculum planner to view the curriculum as being embedded in both formal and non-formal learning experiences.

Eisner (1985) highlights this dimension of the curriculum when he speaks of the real curriculum as the learning experience. In one sense, "one can only have a curriculum after it has been experienced [by the learner]" (Eisner, 1985:40). This distinction between formal and informal aspects of the curriculum is of crucial importance. The formal curriculum may be a *pre-planned course of study through which the learner is guided. By contrast, the informal curriculum is experiential insofar as each learner has a different experience of encountering the formal curriculum, based on his or her readiness (or otherwise) to incorporate the curriculum as part of his or her own life experience. Any curriculum that fails to take cognisance of the learner's subjective experience of that curriculum is always going to be limited in terms of effectiveness.*

One cannot doubt that knowledge and learning are at the heart of the curriculum process. However, as important as knowledge acquisition might be, a prior question concerns the type of environment in which learning takes place. This question might best be expressed as, 'What sort of learning environment is most conducive to the learning experience?' By addressing this question at the outset, the curriculum planner demonstrates a prior focus on the cognitive style of the learner. It is the author's contention that a curriculum is only as effective as the degree to which the cognitive style of the learner is understood and

meaningfully addressed. This is because all knowledge forms at some level are contextual forms. Teaching and learning takes place within a social context. Cognitive style is much more than simply describing what the learner must know, and the best ways in which to learn. Cognitive style has to do with all aspects of the learner's prior experience, both formal and informal. For example, aspects such as family background, life experience and personal goals, influence the way the curriculum is perceived. The better the learner's background is understood, the greater the congruence between the intended and the received curriculum.

### 2.2.1 Cognitive style and power relations

In essence, cognitive style is shaped by culture – the norms, values, and standards of the institution, the teacher, and the learner. This is particularly important in context of African realities. Roger Deacon and Ben Parker (1993:127) in a chapter entitled 'The curriculum and power: a re-conceptualisation with a rural dimension', state that:

Curriculum cannot be understood distinct from power relations or divorced from specific social contexts; indeed, power and context fundamentally inform the process of curriculum theorization itself.

The concept of 'power' referred to by Deacon and Parker, refers to the nature of hierarchical relations between the teacher, the learner, and knowledge.

Frequently, in education at all levels, there is an assumed power relation of teacher control and authority over against learner submission, and unquestioned acceptance of the teacher's knowledge base. Such a disproportionate power relation is discriminative, unhealthy and can constrain effective learning. According to Paulo Freire (cited in Shor, 2000:1-14), traditional education invents its themes, language, and materials from the top down rather than from the bottom up. The teacher is presented as a delivery system for words, skills and ideas whose (unconscious) intention is to educate the learner to speak, think and act like the teacher. The assumption here is that the teacher's way of doing things is the only acceptable way, breeding a sort of authority-dependence that is fundamentally anti-intellectual. Learners educated under such an educational regime never have the opportunity to break into holistic and critical thinking because the classroom does not give room for either self-reflection or social reflection.

Effective learning must at all times endeavour to fit the vocabulary, life-experience, environment and educational background of the learner. The current study must ensure that curriculum definitions of individual and social behaviour are not confined to one band of geographically defined cultural stereotypes, e.g., European or North American, in preparing learners for the helping professions in Africa. If training is viewed through the lens provided by textbooks, research findings, and theories of behaviour and development rooted in the psychology of the West, the result will be learner dissatisfaction and forced dissonance from community assumptions.

Generally, in regard to Christian higher education in Africa, there is a marked bias towards western knowledge constructs and values - particularly in parts of Africa where European influences are so strong. This is hardly surprising given the fact that knowledge is rooted in culture. The curriculum process is not only a knowledge process; it is a political process. A curriculum can easily perpetuate the myth that one culture is superior to another; that its knowledge forms are of a more advanced type; that its conclusions can be universally applied, and that nothing of value can be added to it. This kind of problem in education has been characteristic of school children around Africa where education along colonial European lines has predominated for decades.

The way knowledge is taught and applied can all too easily convey the message that one culture is somehow superior in its use of language, class-driven boundaries, and culture-bound values than another (Sue & Sue, 1977:420-429). This concern is well articulated by Ahia (1984:341). Ahai encourages practitioners to approach their work from the premise that cultures are not to be viewed as 'better' or 'worse', 'superior' or 'inferior', 'meaningful' or 'meaningless', rather that culture is different and excitingly pregnant. Any training for the helping professions that leads to awareness of, and understanding of the complexities of one's own cultural assumptions can facilitate an appreciation of alternative values and ways of relating (Hickson & Kriegler, 1996). To 'understand' is actually at the heart of the therapeutic relationship.

The curriculum should also be sensitive to learner goals. As such, the curriculum must more be driven by how the learning experience is to be organised for maximum effectiveness (Posner & Rudnitsky, 1997). This utilisation process is strongly influenced by how the learner engages the curriculum, as well as how the learner will utilise the knowledge and skills

learned. This aspect of the curriculum design is extremely important in light of the African realities at the heart of the current study. Furthermore, understanding the influence of power in context of the teacher-learner encounter recognises that, to some extent, all forms of education are political. In context of community counselling, both teacher and learner are endeavouring (albeit in a limited way) to construct or even transform community interventions, whether in terms of new understanding, or in consolidating understanding, to bring about more meaningful community interventions. Given that community interventions first happen in the classroom, not the community, the classroom becomes a medium of political social change (Shor & Freire, 1987). In this sense, education is political by nature. Paulo Freire (Shor, 1993:31) posits that the academic discipline is the lens through which knowledge is viewed, something he refers to as an 'epistemological relationship to reality'. The lens of an academic discipline simply provides focus for the object in view – the learner's social, religio-cultural world and experience. Therefore, any curriculum that shuts out political dialogue; that is controlled by an academic elite; that pre-determines the cultural values of the learner (and even seeks to influence those socio-cultural values) but without being rooted in the social context of the learner, is educating to fail.

Generally, to disseminate knowledge is to disseminate culture. Knowledge is rooted in culture. The curriculum process is not only a knowledge process, but also a cultural process. Educators can so easily de-culturalise learners. There are examples within the school setting in Africa, where learners have had to change their names, dress code and/or religious beliefs. Learners have been punished for speaking their native language [within the school premises]. Learners have also been pressured to avoid eating local delicacies or using African names. Such acts of de-culturation serve to cut these [young ones] off from a wealth of cultural resources needed for all contextual, personal and societal development (Jagusah, 2001 :118).

A subtle form of acculturation occurs in many African tertiary contexts where certain desired values are administered to the learners through the means of language and knowledge in such a way that the educated African is academically prepared for communities outside of Africa. Such an educated African becomes a total stranger to his/her own African context. Jagusah (2001:120) says that this is educating for export, not for home development. Such weaknesses can only be avoided when the curriculum process focuses on participation over dissemination; the relational over the intellectual; being involved rather than being detached.

This is not to say that knowledge dissemination and intellectual stimulation are incidental to the curriculum plan. Knowledge must always be disseminated in an intellectually stimulating manner. But the environment of dissemination and stimulation must involve participation and action with the cultural environment that immediately – or ultimately – benefits from such knowledge.

An example will help to illustrate this point. Within the academic discipline of Psychology, a major resource and teaching tool used internationally in the training of therapists is the Diagnostic Statistical Manual of Mental Disorders (DSM) (4<sup>th</sup> edition). The American Psychiatric Association (APA) produces this document. The writers of the document indicate that there is a wide international acceptance of the DSM (APA, 1994). Whilst one can accept that presenting problems may well be universally similar, the presenting problem is only one side of the coin (Vontress, 2002). The duration and outcomes of any intervention endeavouring to eliminate the problematic or troubling condition, requires counsellors to be knowledgeable of the culture of their clients. Each culture holds different ideas about what constitutes problems in living. The remedy together with the reason for the remedy, the person to consult, and how long the consultation should last, are all culture-specific. A key element of learning how to deal with a client is to gain an understanding of what is usually done in the culture of the client to eliminate the problem.

Furthermore, it is also important to understand the nature of such treatment and its effects upon the client before embarking on any other treatment plan or integrating such treatment into any other treatment plan (Vontress, 2002). To ignore or downplay such cultural realities is to display a 'potted plant' orientation towards one's audience whereby knowledge is transmitted from one cultural context to another without any attempt at integration and flexibility. Pederson (2002) suggests that such a learning environment assumes that reality can only be defined in terms of one set of cultural assumptions, is impervious to cultural variations, and disregards evidence disproving such assumptions.

Mpolo (1991:27), reflecting on the dangers of this type of dominant cultural orientation of training in the sphere of pastoral counselling studies in African Christian higher education, calls for a re-appraisal of Christian higher education in Africa. Such a new model of Christian higher education should, he says, endeavour to be:



- A. Contextual and action-reflection oriented;
- B. Participatory with the basic community being subject and object of theological reflection;
- C. Inductive to the extent that the starting point is not primarily theology but pastoral actions;
- D. Dialogical to the extent that it establishes a consistent relationship with psychiatry, psychology, psychotherapy, political and social sciences as well as with African cultures and traditional religion. Supervision and clinical pastoral education should be an integral part of theological curricula; and
- E. Christological to the extent that the place of Christ in the saving act would better illuminate counselling and the communal-oriented reconciliation and palaver therapies that usually dominate African events.

## **2.3 SYSTEMS THEORY APPROACHES TO CURRICULUM PLANNING**

### **2.3.1 Need for a pedagogic paradigm in curriculum planning**

Deacon and Parker's (1993) challenge to understand the curriculum as being articulated within a broader dynamic of social context and power relations that define that context, forces the design process away from a linear perspective towards a more inclusive approach. Indeed, social context (and power relations within that context) is influential to the extent that one should think more in terms of a pedagogic paradigm when analysing the curriculum process. Reese (1970:10), states that a paradigm is not primarily concerned with arriving at final answers [shared by all members of a discipline] or even a systematic approach to problem solving. Rather, a paradigm presents a 'sufficiently open-ended [picture] to leave all sorts of problems for [a] group of practitioners to solve'. Assumptions that guide interventions are essential components of a paradigm.

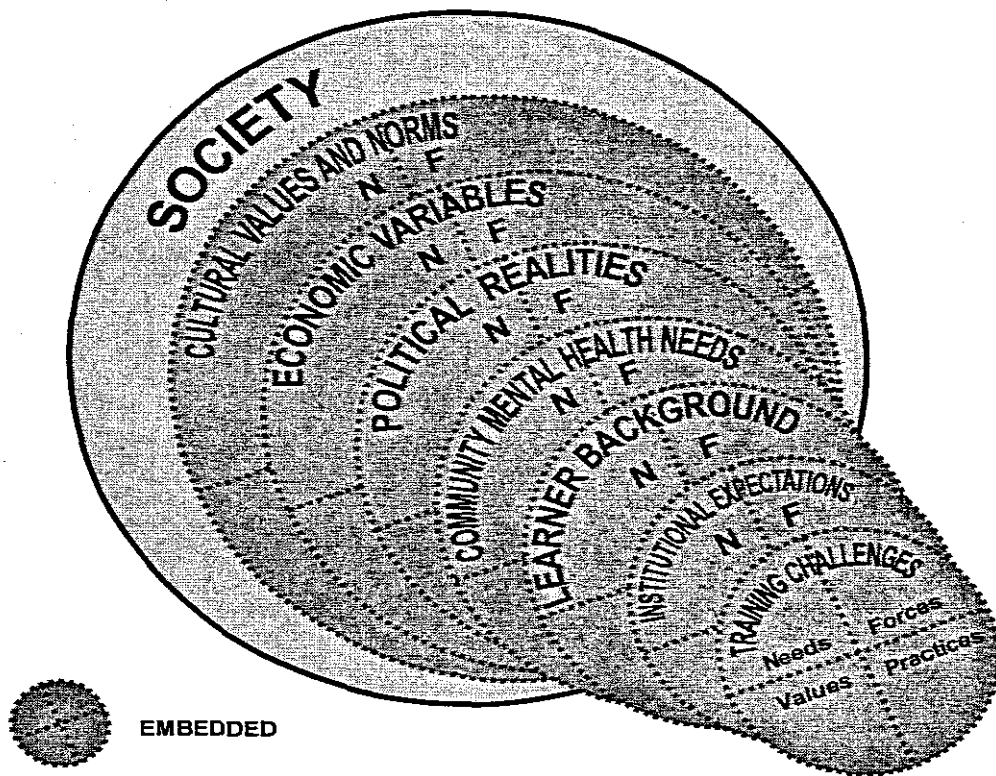
An example from psychotherapy illustrates the point. A 'psycho-dynamically' oriented practitioner may conduct an unstructured interview on the assumption that this helps to form an alliance between practitioner and client. An 'ecologically' oriented practitioner may guide the client through completing an 'ecomap' on the assumption that a more organised structure makes the most productive use of the time between therapist and client. Depending on the assumptions of the practitioner, the client has a very different experience in either case. In

fact, these assumptions may be so much a part of how one views the world that they are taken for granted as being 'how things are'. A paradigm simply seeks to articulate the range of assumptions and conceptual frameworks that might organise knowledge and identify problems. A more developed systemic [heuristic] approach to paradigmatic thinking pursues a more systematic analysis of the process of inquiry (Tyson, 1995). The heuristic element to the presentation of a paradigm:

- ❖ Recognises that it is impossible for researchers to be theory-free and instead emphasises the importance of reflection in understanding one's assumptions;
- ❖ Endorses contemporary understandings of scientific objectivity that recognise the impossibility of a neutral stance;
- ❖ Makes room for involvement with the object of study, in part because it recognises that a value-free stance is impossible, and
- ❖ Opens the doors for researchers to simultaneously be advocates and clinicians.

The curriculum planning process begins with identifying all those elements that shape the learning experience. These elements are 'nested, interdependent, reciprocal in nature, integral to understanding human behavior, and should inform any intervention program' (Naidoo & Van Wyk, 2003:65). This thinking is consistent with Bronfenbrenner's bioecological systems theory which construes individual behaviour as being embedded within a social context shaped by micro-, meso-, exo- and macrosystem influences (Chapter 1, Section 1.2). In light of the insights provided by Bronfenbrenner's theory, this study proposes that elements of the learning experience comprise sub-systems within what can be termed a 'pedagogic paradigm', as represented in Figure 2.3.

Figure 2.3: *Pedagogic Paradigm*



This pedagogic paradigm represents a composite of Forces, Needs, Practices and Values, each part of which is embedded (and therefore influencing) other sub-systems within the pedagogic paradigm, as described in Table 2.8.

Table 2.8: *Sub-systems within the Pedagogic Paradigm*

| ELEMENTS                         | FORCES  | NEEDS  | PRACTICES  | VALUES   |
|----------------------------------|---|--|--|--|
| <b>Cultural values and norms</b> | Cultural traditions<br>Religious traditions           | Understanding the dynamic influences of culture in and upon society and community life | The degree to which patterns of behaviour are influenced by religio-cultural practices | Norms and standards within society and community life regarding what is important and otherwise      |
| <b>Economic context</b>          | Social and economic factors that shape community life | Understanding the effects of socio-economic realities upon community life              | The degree of control/ autonomy community members have in terms of living conditions   | Freedom of choice in terms of way of life, economic independence, quality of life, living conditions |

Table 2.8 continued

|                                    |  |  |   |  |
|------------------------------------|--|--|---|--|
| <b>Political realities</b>         | Social and political factors that shape society and community life   | Understanding the effects of socio-political forces upon community life  | The degree of control/ autonomy community members have in terms of living conditions  | Freedom of choice in terms of way of life, economic independence, quality of life, living conditions   |
| <b>Community counselling needs</b> | Cultural, economic and political realities that impact community health (and specifically mental health)   | The level of health needs that presently exist within society and local communities  | The ways in which community health needs and particularly mental health needs are managed   | How people perceive their human value as a result of healthy living conditions (or otherwise)  |
| <b>Learner</b>                     | Cultural, economic and political realities as they impact upon educational attainment, educational opportunities, levels of educational exposure   | The level of educational opportunity and impact upon the cognitive style of the learner  | The ways in which the learner has been instructed; the learner's knowledge base; the learner's educational competencies; the learner's educational expectations | How learners perceives themselves in terms of intelligence; worldview; identity; ambitions and aspirations   |
| <b>Institution</b>                 | The purpose of the institution within society; the role the institution perceives itself playing in society; the nature and focus of the institutions traditions and practices   | The types and level of educational opportunity that the institution endeavours to provide, together with the impact of institutional practices upon society. The levels of community support for the institutional aims and objectives | The ways in which teaching and learning take place; the focus of instruction. The effects of institutional training upon the community                          | The purpose of existence; the institutional perception of role and relevance within the society and local community  |
| <b>Training</b>                    | Traditional educational practices; effectiveness of training upon society and community life; the shape and focus of the core curriculum, and its influence in every aspect of training. The quality of educational attainments and qualifications | The extent to which both the core curriculum and specialisations within the curriculum address the social and community dynamics reflected beyond the institutional setting  | The ways in which teaching (and learning) take place; the focus of instruction. The outcomes of instruction; the value of instruction to regional realities     | The values that are reflected in the core curriculum; the extent to which these values are understood beyond the institutional setting; the assumptions that guide these values; the effect of institutional values upon the learner |

The pedagogic paradigm is a framework for representing the learning process. Each element within the pedagogic paradigm comprises certain distinguishing characteristics. For example, the Learner element is comprised of a variety of characteristics – cognitive style, cultural and political background including religious beliefs, and prior experience. Identification of elements or sub-systems should be closely followed by stratification – a systemic presentation of levels of inter-relationship that exists between the diverse elements of the pedagogic paradigm. Sub-systems can be understood as independent factors that co-exist in

relationship with other sub-systems. Any construction of a curriculum for addressing African regional realities should endeavour to apply this process in order to gain a better understanding of:

1. Influences upon the learning (and teaching) encounter
2. Relevance of the curriculum to African realities

The pedagogic paradigm enables the curriculum planner to systematically identify all elements of the system, together with the establishment of their defining characteristics and their potential inter-relationships with other elements. Each element can be identified as a unit in which a given activity occurs. Inputs and outputs of each unit are embedded within other units, although inputs and outputs are not always easy to detect. Such a systemic approach enables the planner to link and organise sub-systems in such a way as to ensure a flow between the disparate parts. In systems thinking every picture tells a story (Senge et al., 1994). Within the pedagogic paradigm each sub-system is identified by the unique activity that occurs within it, thus presenting a picture of an integrated whole instead of a series of disassembled parts. The pedagogic paradigm enables the planner to understand the intricacies of the interrelationships of the sub-systems. Through such an analysis the planner is better able to identify all those aspects that influence:

- ❖ The cognitive style of the learner, i.e., the cultural environment and religious affiliations, economic context, and political influences. These elements also influence such aspects as thinking, reasoning, problem-solving capacities;
- ❖ The culture of the institution in engaging the learner; and
- ❖ The training that the institution provides, i.e., what is to be taught (developing goals and objectives); how it should be taught (selecting the right methods, and resources as well as tailoring content, and delivering the right type of learning experience); where it should be taught (understanding issues of socio-cultural diversity); sequencing of the learning encounter (delivering the learning experience in such a way that it reflects consistency and growth in the learner's management of the subject and skill acquisition).

### 2.3.2 The pedagogic paradigm as an Organismic approach to curriculum planning

In embarking on the task of identifying key curriculum elements that shape the pedagogic paradigm within an African regional context - and undertaking a heuristic assessment of the network of interrelationships within each of the elements - the curriculum planner views curriculum planning as a means of planning for change in human behaviour. This change impacts all levels of society. The curricular process is not simply a skills acquisition or materials-oriented process. Rather, the curriculum process is 'organismic', i.e., the whole human system is under assessment in order to draw conclusions about learning (Breunlin, Schwartz & Kune-Karrer, 1992:29). To view curriculum design simply as a materials-oriented process within an orchestrated learning environment, limits the way the learner actually thinks and behaves.

Breunlin, Schwartz and Kune-Karrer (1992) argue that there is a subtle distinction between a mechanistic system and organismic system. All systems communicate certain assumptions about the notion of personhood within those systems. Whatever their merit, a mechanistic view is essentially reductionistic and inanimate where human systems are perceived to operate in a mechanistic way. Behaviourism, for example, reduces the individual to the status of a machine responding to the exigencies of the environment.

An organismic system is dynamic and complex, as unpredictable as the mechanistic view is predictable. Whereas systems theory (in general) endeavours to organise the learning process in manageable related and interrelated forms, an organismic system broadens the viewpoint by characterising the learner as embedded within a bigger and dynamic system – that of the socio-cultural environment of which the learner is a part. An organismic process takes cognisance of the socio-cultural context through which the learner has acquired the symbols of learning – language, religion, values and standards - utilising those same cultural symbols where possible, to ensure effective learning.

The term culture or cultural symbols is difficult to define. In general, when referring to culture, what is implied are learned behavioural patterns or forms of expression that are passed from one generation to another. These patterns influence roles, forms of communication, beliefs, values, and practices within a particular social grouping (Triandis et al., 1980). At the same time, culture is more than behavioural patterns or forms of expression, however strongly one

might argue the case for human behaviour as a defining characteristic of culture. In positing the case for a 'metaframework' of understanding systems of individual and family behaviour, Breunlin, Schwartz and Kune-Karrer (1993) speak of culture as multi-faceted, incorporating economics, education, ethnicity, religion, gender, generation, race, minority or majority status, and regional background.

In Africa, this understanding is important given that the cultural context is dynamic – constantly changing and evolving because of transition, immigration and acculturation. As already mentioned in Section 2.1, Africans are embedded in multiple contexts that one can refer to as cultural, which in turn influence the diverse ways in which the African person expresses his or her identity. Therefore, in the context of the current study, culture will significantly influence how effective intervention measures might be applied in community counselling practices, and must be accorded a prominent place in the curriculum design process.

Yet, not only is the learner embedded within a cultural context, institutions are also embedded within a cultural framework. Each institution has its own established culture of learning and teaching that may or may not be consistent with the immediate and natural socio-cultural realities. Institutions are also multi-faceted, incorporating economics, education, ethnicity, religion, gender, generation, race, minority or majority status, and regional background. The institution may choose rather to create a system of learning and teaching very different to the cultural context in which it is embedded.

When considering Christian higher education in Africa, institutions have been dependent upon significant numbers of expatriate faculty and staff. As mentioned earlier in the Study (Chapter 1, Section 1.3.2) the 1985 ACTEA survey of sixty-six different theological schools throughout sub-Saharan Africa (Bowers, 1990) found that the majority (59.7%) of respondents participating in the survey were expatriate educators. Over 50% of these educators had studied overseas. Up until two decades ago, a high percentage of faculty members subscribed to first-world European cultural norms and values, with a majority of national faculty members also being trained in first-world European cultural settings. Inevitably, this increased the tendency to rely upon curriculum materials that are not rooted in the immediate socio-cultural context, and resulted in learners undergoing tertiary-level studies

largely unrelated to regional realities. In such cases, learning fails. The learner feels dislocated from the cultural context and the curriculum is perceived as irrelevant.

Within an organismic interpretation of the curriculum, the learner (individual) is embedded within a cultural framework. The cognitive style of the learner has already been shaped by the learner's cultural frame of reference. The institution will succeed to the degree that an organismic framework of curriculum planning is applied, i.e., where the educating role of culture is acknowledged and recognised as fundamental to the learning process. This view is consistent with that of Dewey (Boisvert, 1998) for whom education is always an activity of the present. Earlier educative experiences cannot be encountered and then discarded as if they have no further use or value. All experiences are important ingredients of present growth. These experiences have been absorbed as we continue life's journey, and have become part of our present reality. According to Dewey (cited in Boydston, 1976), infancy, youth and adulthood all stand on the same educative level. Thus, education is more than 'preparation'. If education were simply preparation, when a particular phase of preparation was completed that would be the end of education. But learning can never be divorced from experience. The process of formation never stops. There is never a starting point, and there is certainly no concluding point. Taking this principle up a level, Dewey identified the need to enhance the horizons of the learner in such a way that the learner is challenged to expand his/her own experience by imbibing the worthwhile experience of others. Rigidity and polarisation comprise the greatest threats to the principle of learning as experience (Boisvert, 1998).

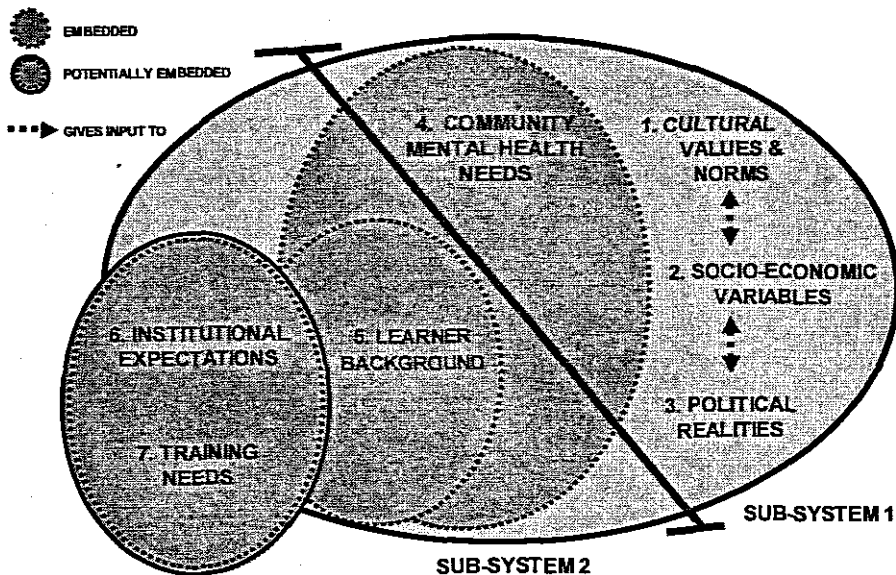
From an organismic perspective, the task of the curriculum planner is to identify and explain all external and internal elements of the pedagogic paradigm, by analysing the various sub-systems that operate within it. This results in the development of an integrated curriculum design that is holistic, not based on pre-established rules, and responsive to conditions of constant change and flexibility (Hunkins & Hammill, 1994). A curriculum that is integrative in its presentation and outcomes encourages learners to be actively involved in their own education. Learners have to learn to adapt and mould their own cognitive style regarding thinking, reasoning, and problem-solving capabilities.



### 2.3.3 Elements comprising the sub-systems of the pedagogic paradigm

Identifying and explaining these diverse elements within the sub-systems of the pedagogic paradigm can best be accomplished by the articulation of a series of broad and generalised statements. These statements serve as a catalyst for questions of a more specific nature regarding the training of counsellors for African regional realities. Elements comprising the sub-systems of the pedagogic paradigm provide a systemic perspective of both environmental and institutional factors that influence and counter-influence the curriculum as depicted in Figure 2.4.

Figure 2.4: *Elements comprising the sub-systems of the Pedagogic Paradigm*



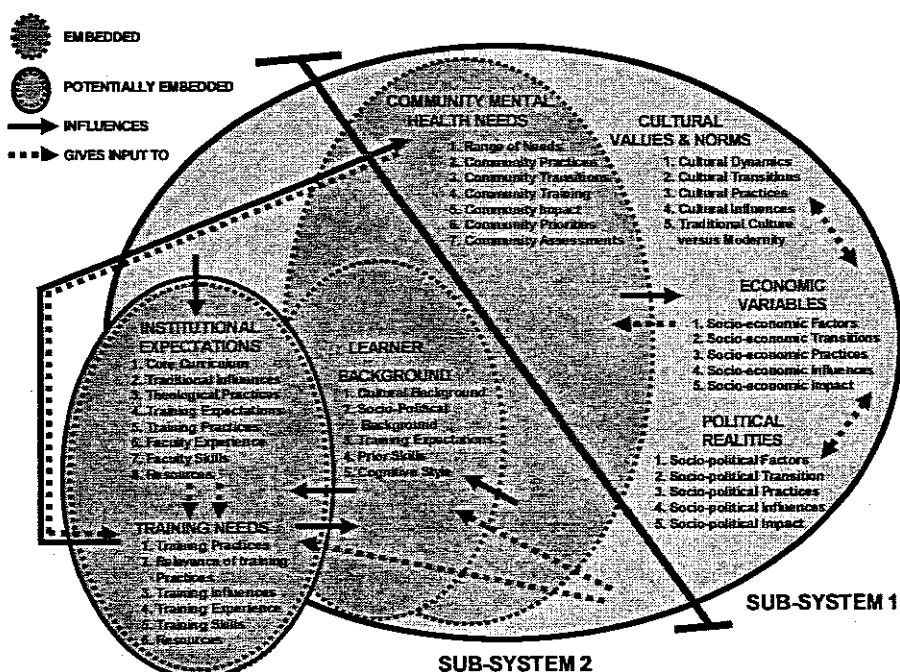
By analysing the dynamics of the sub-systems within the pedagogic paradigm, certain characteristics both represent and influence each of the elements as presented in Table 2.9.

**Table 2.9: Characteristics of elements within the Pedagogic Paradigm**

| SUB-SYSTEM 1  |  |  |  | SUB-SYSTEM 2   |  |   |
|---|--|--|--|--|--|---|
| CULTURAL VALUES AND NORMS   | ECONOMIC VARIABLES   | POLITICAL REALITIES  | COMMUNITY MENTAL HEALTH NEEDS  | LEARNER  | INSTITUTION  | TRAINING  |
| Characteristics   |  |  |  |  |  |   |
| 1. Cultural dynamics<br>2. Cultural transitions<br>3. Cultural practices<br>4. Cultural influences<br>5. Traditional culture versus modernity | 1. Socioeconomic factors<br>2. Socioeconomic transitions<br>3. Socioeconomic practices<br>4. Socioeconomic influences<br>5. Socioeconomic impact | 1. Sociopolitical factors<br>2. Sociopolitical transition<br>3. Sociopolitical practices<br>4. Sociopolitical influences<br>5. Sociopolitical impact | 1. Range of needs<br>2. Community practices<br>3. Community transitions<br>4. Community training<br>5. Community impact<br>6. Community priorities<br>7. Community assessments | 1. Cultural background<br>2. Sociopolitical background<br>3. Training expectations<br>4. Prior skills<br>Cognitive style | 1. Core curriculum<br>2. Traditional influences<br>3. Theological practices<br>4. Training expectations<br>5. Training practices<br>6. Faculty experience<br>7. Faculty skills<br>8. Resources | 1. Training practices<br>2. Relevance of training practices<br>3. Training influences<br>4. Training experience<br>5. Training skills<br>6. Resources |

A systemic view of how characteristics of each of the elements within the sub-systems of the pedagogic paradigm influence and counter influence one another is presented in Figure 2.5.

**Figure 2.5: Characteristics of interacting elements within the sub-systems of the Pedagogic Paradigm**



### 2.3.3.1 SUB-SYSTEM 1: 'Cultural' Encounter

The focus of this sub-system within the pedagogic paradigm is the environmental elements that mutually influence one another. These include cultural values and norms, economic variables and political realities within a given community or region. These environmental elements strongly influence mental health needs. Conversely, mental health needs influence environmental realities. For example, cultural dynamics such as gender roles (in both the domestic context and the work place) have a significant impact upon socio-economic practices, affecting the socio-economic status of workers, and vice versa. Similarly, socio-political factors, e.g., tribal conflict has a direct socio-economic impact directly affecting political realities. These in turn influence cultural practices. In the case of tribal conflict, gender roles have had to be adapted to accommodate community displacement. In general, cultural elements, together with economic context and political realities are inextricably linked, each influencing and counter-influencing the others. Environmental elements also give input to training needs and the effectiveness of present community counselling practices. Both learner and trainer are embedded within this dynamic system. If the curriculum planner views curriculum planning as a means of planning for change in human behaviour, then the ability to identify and explain these diverse elements within the sub-systems of the pedagogic paradigm can only enhance the curriculum. This articulation process ultimately serves to shape the types of training that are provided.

Embedded within the cultural context are community counselling needs. Factors such as cultural traditions give input into the way in which community counselling practices are viewed. Similarly, the way a given community addresses those needs (or otherwise) reflects community priorities. One example is the devastating effect and consequence of HIV/AIDS throughout sub-Saharan Africa. Many Africans, whether urban or rural, struggle to change their sexual practices to prevent HIV infection because they see that this 'sickness' (the human immunodeficiency virus) attacks everything except their sexual organs (van Dyk, 1999). Moreover, Africans have little cultural legacy by which to either understand or deal with the pandemic. Passive accommodation of HIV/AIDS carries enormous consequences for the future of African societies. In the context of HIV/AIDS, because the community counselling element is embedded within the culture as a whole, such a mental health need powerfully influences the cultural, economic and political elements of society. Moreover, as serious as the reality and implications of HIV/AIDS are for all African societies, it remains only one of a range of critical mental health needs negatively impacted by cultural beliefs. Understanding

the nature and impact of mental health needs of a regional community shapes the training practices of the institution in such a way as to ensure that training is effective and relevant.

#### 2.3.3.2 SUB-SYSTEM 2: Learning encounter

This sub-system within the pedagogic paradigm impacts upon all aspects of the learning encounter. The cognitive style of the learner, the institutional core curriculum, the training process and duration influence and counter-influence one another.

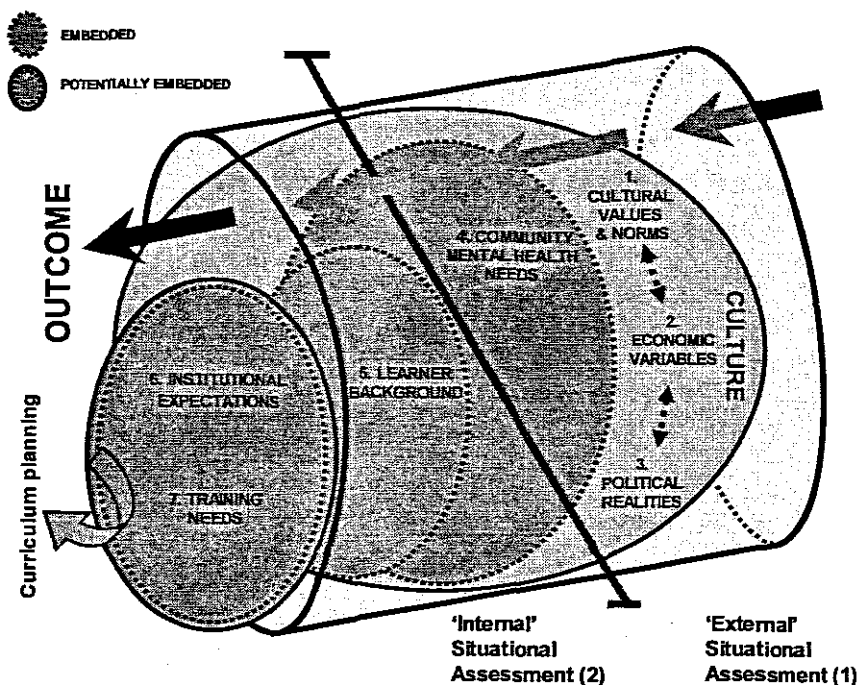
The learner element is embedded within cultural, economic and political realities. As referred to earlier, the cognitive style of the learner has already been shaped by the learner's cultural frame of reference. Aspects such as family background, life experiences and personal goals influence the way the curriculum is perceived by the learner. The better the planner understands the learner's background, the greater the congruence between the intended and the received curriculum. To a large extent, the learner's life experience is also affected by community counselling needs, and may have triggered the desire for learning.

The core curriculum, traditional influences, theological practices, faculty characteristics, and resources of the institution may not be influenced by the immediate cultural context. An adequate institutional assessment is required to shed light on the degree to which the institution is influenced (or chooses to be influenced) by the cultural context or otherwise. The study contends that Christian higher education institutions in Africa are precariously balanced between choosing to be deeply embedded within the community cultural context on the one hand, and being exclusively removed from immediate socio-cultural realities on the other. In turn, training practices (relevance, influences, skills dissemination) through practical community exposure are directly impacted by the distinctive characteristics of the institution. This is particularly true of Christian institutions that have a history, a pervasive culture that influences and defines the teaching and learning process. The diversity of institutional practices is reflected in the philosophies, values, perceptions held by the institution. Ultimately, the efficacy of training practices positively influences the mental health needs of a given region, which in turn assists in shaping the environment for good.

## 2.4 Demands for an adequate situational assessment

To understand and plan for the impact of each of the sub-systems within the pedagogic paradigm upon curriculum planning, a comprehensive situational assessment needs to be undertaken as depicted in Figure 2.6.

Figure 2.6: *Focus and direction of the situational assessment*



The success of an effective situational assessment in the curriculum planning process is three-fold. First, there is recognition of the curriculum as being grounded in cultural realities. Second, the curriculum acknowledges the importance of the learner's background and experience as a necessary and vital resource in the curriculum process. By undertaking both an external and internal situational assessment the curriculum planner is acknowledging a critical symbiotic alliance between cultural and institutional elements in achieving the 'ends' of the curriculum. Third, the curriculum is mediated through the institution, e.g., its historic/traditional values and training profile, its motive for engaging the curriculum design and its expectations of the learner. A critical issue to be addressed is the degree to which the

institution is in touch with the broader dynamic socio-cultural reality and, conversely, the degree to which the expectations of the learner are likely to be met, or otherwise.

This study endeavours to present a strong case for understanding the importance of cultural context in curriculum planning. Deacon and Parker (1993) suggest that in analysing the curriculum the starting point should not be descriptions of the apparent subjects and the actors and their interactions. In analysing the curriculum the focus should be upon the relations of power within which curricular subjects are embedded. In this context, 'power' must be understood as being something external to the institution, i.e., social and cultural realities (of which the institution is a part).

An effective situational assessment enhances the right environment for the learning encounter, because - from an organismic perspective - the task of the curriculum planner is to identify and explain the influence of all external and internal elements of each of the sub-systems within the pedagogic paradigm. If one is arguing for a sufficiently all-embracing methodology for effective curriculum planning, the situational assessment must begin with the cultural context (external elements).

#### **2.4.1 External situational assessment**

In undertaking an adequate external situational assessment, the planner focuses upon understanding the socio-cultural dynamics that operate within a given African regional setting. This, in turn, provides a realistic context for understanding the range of mental health needs of a given community. Ultimately, the learner's potential for benefiting from the curriculum is dependent upon the degree to which the curriculum planner is able to immerse the curriculum design in these regional socio-cultural realities. In the author's view there are three parts to a meaningful situational assessment:

1. Identify the range of mental health needs within the community or region,
2. Explore the connections (inter-relationships) that exist between mental health needs, and
3. Investigate socio-cultural dynamics that influence (positively or negatively) mental health needs in the community.

The situational assessment feeds the curriculum design. Where these three parts are adequately assessed, the curriculum reflects the range of mental health needs that exist; the connections between those needs, and the socio-cultural dynamics that influence those needs.

The learner is a product of his/her cultural context. Those same socio-cultural, economic and socio-political influences that impact upon mental health needs in the community also impact the cognitive style of the learner. Inevitably, the cognitive style of the learner is conditioned by expectations set by the institution. Nevertheless, cognitive style is largely the consequence of external rather than internal factors that enhance or inhibit the learning experience.

If training of counsellors for African regional community realities is going to be meaningful, it will be because real mental health needs are explored within the intricate cultural context of a given African region. To meaningfully assess such mental health needs requires a situational assessment of all aspects of community life. These include:

- A. Rural and urban poor communities with limited educational opportunities; their cultural traditions, values and expectations; the range and impact of mental health needs on quality of life;
- B. Urban middle class with tertiary level educational opportunities; their cultural traditions, values and expectations; the range and impact of mental health needs on quality of life;
- C. Youth and children in both urban and rural social contexts; their understanding of cultural traditions, values and expectations; the range and impact of mental health needs on quality of life, and
- D. The role and function of women merits special attention within the variety of cultural traditions represented by African regional community settings.

Against the backdrop of environmental factors, i.e., cultural values and norms, economic variables and political realities, a further aspect of an effective external situational assessment measures the following:

- A. The degree to which present community counselling strategies and training practices are transformative in the regional setting, and
- B. Community perceptions of the effectiveness (or otherwise) of existing community counselling practices presently undertaken by community counselling workers trained within a Christian higher education setting.

#### **2.4.2 Internal situational assessment**

When assessing internal elements that impinge on the curriculum process, the planner is primarily focusing on institutional programme aspects in both historic and futuristic frameworks. Regarding the historic framework, the planner should assess:

- ❖ Educational beliefs and values
- ❖ Structuring of the curriculum
- ❖ General training practices, i.e., course framework, course goals, teaching methodology, course assessment, teaching and learning resources etc.

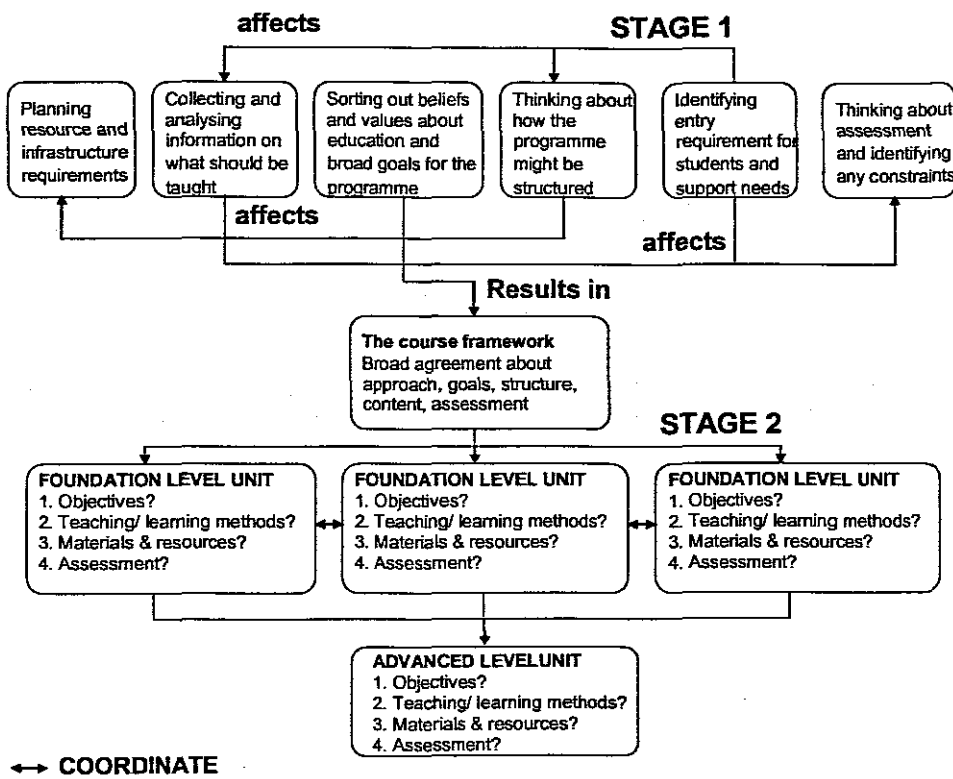
For those institutions where training of counsellors is undertaken, an internal situational assessment will assist in evaluating the level of effectiveness of such a programme. However, despite an intensive search, the author has been unable to identify any research study in which this specific question has been addressed. Historically there are few, if any, Christian institutions of higher learning in Africa with such a programme focus. In most cases Christian higher education has been directed towards preparation and training of pastors and Christian leaders within the academic discipline of Practical Theology. Given the levels of community counselling needs in all regions of Africa, this represents an area where further research is urgently needed, and will comprise part of the reflection in the final chapter of this study.

With future programme requirements in mind, the curriculum planner should undertake a situational assessment of desired methodological elements that contribute to an effective programme design. Any effective curriculum framework must collate such information as resource requirements, as well as articulate entry requirements and assessment criteria. Then the curriculum planner must construct the curriculum understanding how certain



elements in the planning process influence and affect other elements in the construction of course content. Susan Toohey (1999) provides an excellent summary overview of these aspects of curriculum development as illustrated in Figure 2.7.

**Figure 2.7: Desired methodological elements that contribute to an effective programme design**

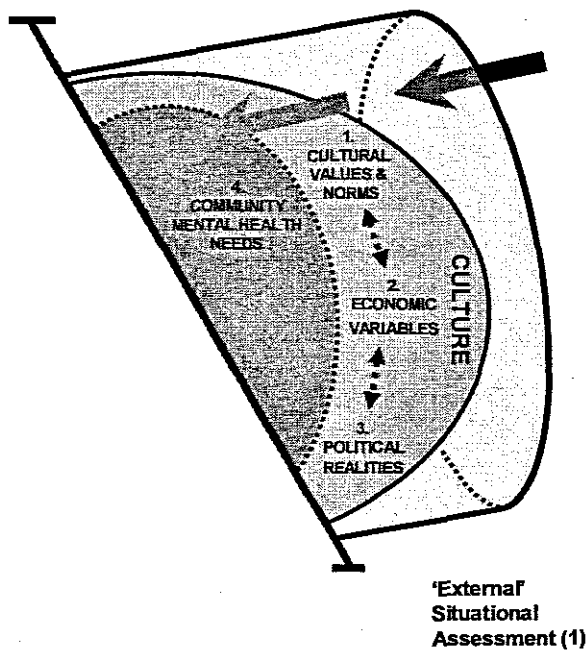


Other internal elements of importance are the extent to which trainers are able to reach beyond the knowledge base of the curriculum and balance their training with the learner's levels of cognitive readiness. This is largely dependent upon the level of familiarity with the socio-cultural context in which the curriculum is embedded. Moreover, institutional flexibility in adapting the core curriculum to the 'ends' or outcomes of the curriculum is crucial to the process and requires an adequate assessment of the core curriculum of the institution in question.

### 2.4.3 An external situational assessment applied

Both external and internal situational assessments are necessary to maximise the effectiveness of the undergraduate level curriculum design for providing community counsellors with effective community counselling skills. Only when all situational factors are accounted for and analysed can planners hope to draft a curriculum design that takes cognizance of those influences that impinge upon the training of counsellors in Africa. Where these influences are productively listed and analysed they can have a positive effect upon training. This will be demonstrated through the external situational assessment to be highlighted in the current study as depicted in Figure 2.8.

Figure 2.8: *Parameters of the external situational assessment*



Alternatively, where external and internal situational influences are ignored, the likelihood of generating an effective curriculum design is remote.

In these first two chapters, the present study has argued for a comprehensive situational assessment of African regional realities in order to enhance the potential for greater numbers of trained counsellors to work in a variety of community counselling settings throughout

Africa. Yet the complexity of these regional contexts is immense in a continent so polarised by economic and political realities and differences, both regionally and nationally. The dramatically changing social and cultural landscape presents a challenge to all educators within the domain of Christian higher education in Africa. At the same time the present study acknowledges the critical influence of the training environment and the need to better understand the short-term and long-term effects of its traditions and training practices upon the learner. Both situational assessments are necessary in the construction of a meaningful curriculum design. Both require intense planning and effort. The focus of this study is to implement the first stage of a comprehensive situational assessment, namely an external situational assessment of regional cultural factors as a necessary prerequisite for effective curriculum planning. The process of implementation forms the basis of Chapter 3.

## CHAPTER 3

### CONSTRUCTING AN EXTERNAL SITUATIONAL ASSESSMENT METHODOLOGY

#### 3.1 INITIAL METHODOLOGY

The previous chapter has presented a case for a systems approach to constructing a curriculum in community counselling. Such a curriculum should acknowledge the bi-directional influence of regional socio-cultural, socio-economic, and socio-political factors upon community counselling needs within a specific regional setting in Africa. This study proposes that in order to construct a curriculum to provide learners with effective intervention skills and strategies, socio-cultural, socio-economic and socio-political influences should be examined as they impact upon community counselling needs in three domains:

1. Personal counselling needs. The term 'personal' refers to those 'intrapsychic' elements of the personality, i.e., self-perception, meaning and value. By personal needs this study refers to those counselling needs that relate to issues of personal meaning, worth and value.
2. Family counselling needs. The term 'family' refers to the primary socialising element within society. The impact of family relationships is significant for all aspects of human development. In Africa the family system (both nuclear and extended forms) is highly valued for its influence upon child-rearing practices, the formation of identity, and for modelling acceptable social behaviour. In referring to family needs this study is concerned with investigating the consequences of family disorganisation and its impact upon personal and community behaviours.
3. Community counselling needs. In this study, the term 'community' refers to the learned beliefs, behaviours and attitudes that are characteristic of a particular community, society or population. In referring to 'community needs', this study investigated those consequences that occur when the community as a whole fails to meaningfully support its members.

However, community counselling needs are rarely located in personal/family/community domains independently. More often than not, such needs are inter-related, impacting two or more domains. Accounting for these interrelationships was a significant dimension of the

study in light of the curriculum construction process to be explained later (see Section 3.4.4). In order to address the intricate cultural context of a given African region, the situational assessment should account for distinct differences in realities in Africa (see Sections 3.5.1 and 3.6). Community counselling needs should also be understood against the backdrop of these differing urban-rural contexts. At all times the study would endeavour to be sensitive to the changing role and function of women within the variety of cultural traditions represented within the African regional community setting.

A further aspect of an effective external situational assessment would be to consider the type and level of training presently being carried out by community counsellors and whether those training practices were relevant and transformative. It would be helpful to gauge community perceptions of the effectiveness (or otherwise) of existing counselling interventions by community counsellors trained within a Christian higher education environment.

It was the author's initial intention to use the results of the situational assessment to produce a curriculum 'template' (see Annexure 2) that would focus upon community issues within a specific regional setting, as well as to:

1. Reflect recognised disciplines or areas of study within psychology, e.g., cognitive, behavioural, psychoanalytic and life span approaches as they influence the learner's understanding of community counselling needs;
2. Develop applied studies in each of the established sub-fields of counselling and psychotherapy as they are relevant to the outcomes of a situational assessment of a specific regional setting, and
3. Establish a strong theological foundation for evaluation and application of counselling practices to address community realities.

The author anticipated that the results of the situational assessment would reflect a broad-based picture of community mental health needs for regions represented in the present study. The curriculum template based on the findings of the situational assessment could then be presented as a complete package of training for each region. However, the critical question posed in this early stage of the present study was, "What was the best methodology to produce such data?"

### 3.1.1 Delphi Process

A quantitative methodology was adopted by the study utilising the Delphi process (Heath, Neimeyer & Pederson, 1988). The Delphi process would be utilised to undertake a broad-based situational assessment of community counselling needs and institutional training practices in Africa. The Delphi process was initially conceived at the RAND Corporation in Santa Monica, California (Saayman, Phillips & Kok, 1991). It is a useful technique to test the changing opinion of experts in a domain of special interest for use in long-range impact studies. A number of major characteristics of the Delphi process distinguish it from other group decision-making processes. Firstly, participants taking part in the process remain anonymous. As the questionnaire is usually administered by correspondence, the participants do not meet each other or discuss issues face to face. This eliminates the undesirable effects of bias caused by the domination of influential individuals. It may also avoid group pressure to conform to group opinion. Secondly, there are multiple iterations and controlled feedback between rounds (Baumann, Ervin & Reynolds, 1982). Thirdly, iterations continue until consensus is reached (Riggs, 1983), or until it becomes obvious that further iterations are unlikely to yield different or conclusive results. Perhaps the greatest value of the Delphi process is that it allows researchers to explore areas of disagreement and to evaluate the underlying reasons for these disagreements (Richey, Mar & Horner, 1985).

The present study chose to use the Delphi process as the most appropriate tool for assessing community counselling issues and training practices in African regional settings. As indicated earlier, this study highlighted the limitations of ethnic minority research (Chapter 1, Section 1.2) and the limitations of psychological research into African realities. In light of this fact, use of a term such as 'needs assessment' might be misconstrued as a weakness or inadequacy in the quality of education offered, prior to any assessment being undertaken. To avoid this assumption, the methodological emphasis was upon a 'situational assessment'.

### 3.1.2 Implementation of the Delphi process

It was envisaged that the Delphi process would consist of four rounds, and questionnaires for each round would be disseminated and retrieved electronically with stipulated time frames for completion and retrieval. The results of the external situational assessment in the Personal/

Family/Community domains (the foundation of the curriculum design proposed by this study) would assist in identifying regional and/or cultural issues to be incorporated into the curriculum design.

### 3.1.3 First Round: Preliminary questionnaire

The Preliminary questionnaire (see Annexure I) comprised a survey of community counselling issues and needs. Participants were presented with a list of mental health issues in Personal/Family/Community domains. The sets of questions in each category were generally the same, with adaptation where necessary to suit the Personal/Family/Community profile. The questionnaire utilised a Likert-type scale where respondents were required to indicate one of five possible responses, as follows:

- a) *Strongly agree* (5)
- b) *Agree* (4)
- c) *Neither agree nor disagree* (3)
- d) *Disagree* (2)
- e) *Strongly disagree* (1)

Items were drawn from the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), (American Psychiatric Association, 1993), and the literature of Berinyu (1989:10), Lartey (1987:22), Mpolo and Nwachuku (1991:23), Waruta and Kinoti (1994:104). Participants were also free to re-word/ re-phrase items for greater clarity. Participants could also propose new items to be included in an extended situational questionnaire for the second round. Of particular importance would be those mental health issues that are poorly reported in psychology literature but would be frequently reported in the regional setting. Based on the results of the questionnaire, a comprehensive situational assessment would be developed for the next round.

## 3.2 RESPONSE TO PARTICIPATION IN THE STUDY

Twenty-nine Christian higher education institutions around the African sub-continent were identified for this study, in five major African regions, namely North Africa (4 institutions),

West Africa (4 institutions), East and Central Africa (8 institutions), French-speaking Africa (6 institutions), and Southern Africa (7 institutions). Institutions in a number of African regions did not fit the profile of the study due to distinct cultural differences. For instance, in North Africa the diverse cultural and language barriers limited the extent and comparability with other regions of Africa. The cultural distinctiveness of North Africa was profound in contrast to other parts of Africa. Therefore institutions in this region were not included in the study.

Institutions in 'Francophone' Africa were omitted on the basis of distinct language differences that might present translation difficulties for the study.

In Southern Africa some institutions were omitted from the study on the basis that the majority of Christian higher education institutions were located in South Africa and Zimbabwe. These institutions reflected a predominantly Western educational curriculum bias in terms of community counselling training.

Of the original twenty-nine Christian higher education institutions who were invited to participate in the study, only six institutions responded positively to the invitation. These institutions were located in Ghana, Nigeria, Kenya and Zambia. The response to the original invitation was limited largely due to postal delays and difficulties with electronic mail. In a number of cases, institutions were contacted a second time, but without success.

### 3.3 IMPLEMENTATION CHALLENGES

Although there were obvious problems of postal delays and difficulties with electronic mail, the lack of response to such an invitation raised concerns about the type of expectations and demands this study was making of institutions, and forced the author to reflect on the data-collection process. Witkin (1984) encourages researchers to be clear in communicating:

- A. The purpose for conducting the study.
- B. The goals and objectives. This requires explaining what is required and by whom, e.g., demographic data, as well as identifying the target audience.



- C. The approach to be undertaken in collecting the information. Decide whether the information presently exists, or if a new data collection effort or combination of approaches is needed.

In line with this emphasis, the early correspondence (see Annexure II) with potential participants in the Study described:

- ❖ The purposes of the study
- ❖ The goals and objectives of the study
- ❖ The intended data collection process

The consent document sent to institutions stated that if individuals were willing to participate in the study, they were required to participate in all rounds of the situational assessment. Each institution was requested to include four participants in the study, as follows:

**Participant 1:** A full-time faculty member teaching in either the Practical Theology or Christian Counselling department.

**Participants 2 & 3:** One male, one female learner presently completing his/her final year of studies, majoring in Practical Theology and/or Christian Counselling.

**Respondent 4:** A lay-counsellor, church minister, or community worker, recommended by the partner institution, with a strong focus on community counselling.

Preliminary questionnaires (together with respondent information forms to be completed by each participating respondent) were sent to each of the participating institutions in August 2002. Four questionnaires were to be completed by each participating institution. A time frame of 40 working days for dissemination and completion of the questionnaires was negotiated with each institution.

At the end of the 40-day period, a total of two questionnaires had been received. One questionnaire was received from Accra, Ghana, and another from Lagos, Nigeria. Neither of

these questionnaires had been fully completed. Despite repeated follow up requests for the return of questionnaires, none were received from other institutions.

### **3.3.1 Preliminary questionnaire outcomes**

Questionnaires were again sent to each of the participating institutions in January 2003. Facilitators were provided with clearer guidelines of how to disseminate and retrieve the data. Again, a clear time frame of 40 working days for dissemination and completion of the questionnaires was planned.

At the end of the second 40-day period, a total of three questionnaires was returned. An extension was given until the end of May 2003. However, even after this extension of time only eight questionnaires were returned. Four questionnaires were completed by the Cape Town-based West African group, and a further four from Christian higher education institutions in Kenya. It was apparent that a radical shift in research methodology was necessary. By this stage in the research process there was limited data to significantly influence revisions for a second round of the situational assessment. Despite careful preparation, and much encouragement of facilitators, data collection using the Delphi process was proving impossible. However, important lessons germane to the study were being presented.

### **3.3.2 Withdrawal of the Delphi process**

The lack of success in applying the Delphi process was puzzling given the initial enthusiasm of many institutions to be involved in the process. The early documentation may have reflected an overly prescriptive approach, without sufficient dialogue with participants prior to the formal invitation being received. Alternatively, the research methodology may have conveyed a non-consultative attitude. Moreover, the wording in the formal invitation may have reflected a criticism of existing training practices. An excerpt from the formal invitation reads as follows:

*This project is based on the need for a Psychology and Christian counselling curriculum for use in theological institutions throughout the African sub-continent, which adequately reflects regional community needs and a Christian world view.*

Such wording may have implied deficiencies in training prior to any meaningful analysis having been undertaken. Finally, the research approach may have been too 'mechanistic' in a cultural environment where relationships are valued highly, and little effort was expended on personal relationship-building with faculty members in those institutions who were invited to participate in the study. Notwithstanding these reasons, it was clear that other sources of regional information would have to be located.

It became necessary in December 2002 to make a visit to Nairobi, where the majority of participating institutions were located. A series of meetings was arranged with facilitators from the Institute for the Study of African Realities (ISAR), Nairobi; Nairobi International School of Theology (NIST), and Daystar University. The visit proved to be a watershed in the situational assessment process. This visit helped the author gain a better understanding of regional counselling and training realities as well as possible research alternatives to the Delphi process. The visit particularly highlighted the importance of building meaningful relationships with facilitators regionally. A meeting was convened with facilitators who had participated in the Delphi process, namely, Dr Sammy Linge, Director of the Counselling Department of Nairobi International School of Theology (NIST) and Dr Karl Dortzbach, Director of the Institute for the Study of African Realities (ISAR). The meeting was held at the Nairobi Evangelical Graduate School of Theology (NEGST). These facilitators provided some insight into the failure of the Delphi process. They felt that:

1. Facilitators were not given an opportunity for personal dialogue regarding the structure and outcomes of the situational assessment. The focus of the study could be perceived as suggesting that Christian higher education in Africa was inadequate in providing quality counsellor training which genuinely addressed mental health issues and challenges in the regional context. For example, many of those participating in the study were themselves trainers within the academic discipline of Christian counselling in their respective institutions. The outcomes of the study likely posed a threat to their own sense of competence in providing meaningful training.
2. Results of such research were rarely, if ever, shared with the constituency who assisted in the research process.
3. It was important for the author to gain a personal understanding of regional community realities through activities such as personal interviews and workshops. They emphasised the importance of building trust, i.e., establishing the bona fides of

the researcher and establishing transparency in the research process. Building such relationships with institutional facilitators would be critical to the longer-term challenge of being able to meaningfully identify regional counselling resources in the development of an adequate community-based counselling curriculum.

4. There were limitations to a survey approach for uncovering mental health issues in the African community setting. One aspect concerned perceptions of what constitutes a mental health need in Africa. For example, Sobal and Stunkard (1989) compare the perception of obesity in a developed society with the same condition in a developing society. In a developed society, obesity is perceived as a major physical and mental health problem. However, in many developing societies, obesity is a function of the structural elements in society, such as availability of food supplies and cultural values favouring fat body shapes. In some African cultural settings, fatness reflects 'wellness'. A fat person is a prosperous and healthy person.
5. They also indicated that guidelines provided for the dissemination of the questionnaires and retrieval of data were vague.

In light of these insights, the Delphi process was aborted for the following reasons:

- A. The Delphi process requires ready access to participants. This is problematic in Africa where electronic communication is unreliable and not available in many institutions.
- B. The questionnaire was not user-friendly. It required too much of the participants' time. For example, requiring participants to specify why they 'disagree' / 'strongly disagree' with certain items was, in effect, further taxing participants for making those two choices by requiring further information.
- C. There was no way of guaranteeing participation in all rounds of the Delphi process. No provision was made for respondent attrition.
- D. Requiring participants to 'strongly agree' or 'strongly disagree' assumes that those participating in the Delphi process are the most knowledgeable about mental health issues of people in the region they are located. This assumption is not strongly defensible.
- E. There is a tendency in Africa to comply with what the respondent thinks the researcher wants to hear. In many ways this is a legacy of post-colonial education. Earlier, the study reflected on the issue of power relations between teacher knowledge and learner control (see Section 2.2.1). According to Paulo Freire (Shor,

2000), traditional education invents its themes, language, and materials from the top down rather than from the bottom up [particularly in a developing-world setting]. The teacher's [unconscious] intention is to educate the learner to speak, think and act like the teacher. Therefore, respect for 'authority' may script the learner to tell the teacher what the teacher wants to hear.

Inevitably, this raises the question as to whether a quantitative methodology such as the Delphi process should be used in an African setting. Africa offers unique opportunities for research in the Social Sciences, but a process such as the Delphi is largely untried in the broader African context (outside of South Africa). In light of the attempt of this study to implement such a process, it would appear that the use of such a technique might be contra-indicated. In the first chapter (Section 1.2), a reference was made to Cheryl Foxcroft's (2002) experience of research in an African setting. Foxcroft (2002:3) makes the point that:

You should never presume that you know how best to assess some aspect of human or cognitive functioning [or how to interpret test performance] without first having immersed yourself in the lived world [of the test-taker]. This implies adopting an emic approach in which human behaviour is examined using criteria related to a specific culture as opposed to using behavioural criteria that are presumed to be universal (etic approach).

Although her focus was different to this study, Foxcroft's premise certainly holds true for this study. There is no substitute for the time-consuming, but ultimately rewarding task of immersing oneself in the lived experience of those who have courageously engaged community counselling needs, and whose focus is to bring about transformation in African community life. Hence an alternative method to the Delphi process was needed to harness the wealth of insight provided by community trainers and workers involved in community counselling interventions in Africa.

### **3.4 RE-DESIGNING THE EXTERNAL SITUATIONAL ASSESSMENT METHODOLOGY**

As a follow-up to the initial meeting with facilitators in Nairobi, a working group was convened in August, 2003, in Nairobi. The working group consisted of Dr Sammy Linge from Nairobi international School of Theology (NIST), Dr Karl Dortzbach from the Institute for the Study of African Realities (ISAR) and Dr Kimani Chege from Daystar University. Recommendations that ensued out of this discussion were as follows:

1. The research should focus on a curriculum development process i.e. how to develop a meaningful undergraduate-level curriculum design for providing community counselling practitioners with effective intervention skills within an African social context, rather than a curriculum content focus. This required narrowing the regional parameters of the study. A focused field study in one region would provide better insight into how best to construct or develop the curriculum by means of a viable regional situational assessment process. Lessons learned from conducting one regional study could then be meaningfully applied to other regions on the African sub-continent.
2. Regional parameters of the study should be an assessment of community counselling practices in the Great Lakes regional context (Kenya, Democratic Republic of Congo, Rwanda and Burundi). Large numbers of refugees from the Democratic Republic of Congo, Rwanda and Burundi have relocated to Nairobi, Kenya. This creates greater accessibility to people groups otherwise difficult to reach and this was particularly helpful where one wished to compare mental health issues created in the context of conflict-driven societies as compared to other East African societies.
3. The focus of the situational assessment should shift from a quantitative survey-based methodology to a qualitative focus group methodology. Begin with an assessment of present training practices and their effects. Through this process, one is able to gain a better sense of the 'lived experience' of trainers. The involvement of practitioners and trainers in the research process would create confidence in the research process, and lead to further involvement and ownership of the study outcomes. This should be followed up by an assessment of community counselling needs in the regional setting. For an effective assessment of both training challenges and community counselling needs, the situational assessment focus should utilise focus group workshops, and become the primary source of data for this study.

The author took cognisance of these recommendations. Despite the fact that a significant amount of time and effort had been expended on developing and implementing the Delphi process, the author was in no doubt of the greater value of imbibing the 'lived experience' of both trainers and practitioners in gaining a qualitatively rich understanding of both training needs and community mental health needs in constructing an effective community

counselling curriculum for African realities. It would also prove more beneficial to undertake a focused field study in one region as a way of gaining an insight into how best to construct or develop the curriculum by means of a viable regional situational assessment process. The fact that lessons learned from conducting one regional study could then be meaningfully applied to other regions on the African sub-continent retained something of the original focus of the study.

#### **3.4.1 A qualitative methodology utilising focus groups**

The use of focus groups has a long history in market research (Powell & Single, 1996) and has become an increasingly popular tool for social researchers (Gibbs, 1997). The popularity of focus groups for the social sciences has a relatively recent history as a very intuitive method of research. There has been some reticence in the adoption of focus groups for the social sciences because of the widespread use of such groups for market research purposes. However, over the past 20 or so years attitudes of social science researchers have changed, with a renewed awareness and appreciation for focus groups as a tool for providing data and insights that would be less accessible otherwise (Morgan, 1988).

There are many different descriptions of focus groups, ranging from an organised discussion around a particular theme or topic (Kitzinger, 1995) to the use of group interactions to stimulate new ideas and reflect on events experienced by the group. In terms of group construction, Berg (1998:100) states that a focus group typically involves six to ten people working together with one or more moderators. The focus group is essentially organised around an interview style designed for small groups.

#### **3.4.2 Advantages and Disadvantages of using focus groups**

The advantages of focus groups lie in their flexibility. Focus groups can be relatively structured or completely unstructured depending upon the research purpose (Fontana & Frey, 1994). Focus groups provide an opportunity to gain insights through the shared understanding of the group, aptly called the 'synergising group effect' where ideas are stimulated by group interactions (Stewart & Shamdasani, 1990:19). Moreover, group members can feel safe to express their personal views knowing that the focus is on the group rather than the individual. Focus groups excel at providing qualitative insights gleaned from a

relatively small number of people. The greatest advantage in the use of focus groups is that results or outcomes are not measurable quantitatively. Rather, focus groups collect a breadth and range of information that allow for a qualitative depth of insight into a particular theme or topic.

Whilst there are distinct advantages to utilising focus groups in qualitative research, there are also disadvantages. Results cannot be easily generalised or treated statistically. This problem can be overcome by using focus groups and surveys/questionnaires together. In such cases, focus groups provide qualitative depth and surveys/questionnaires provide more precise quantitative data (American Statistical Association, 1997:10). A further disadvantage is that focus group participants are neither randomly selected nor representative of a larger population. This makes forecasting difficult. There is always the potential for the focus group to be negatively influenced by the skills and 'agenda' (or motivation) of the moderator. The moderator is likely to have a clear sense of what he/she wants to achieve through the focus group. This in turn creates the potential for biased outcomes. Because focus groups tend toward a relatively small number of individuals, there is the potential for the group to be dominated by one individual or a few strong personalities. Similarly, the group can be overly-influenced by the potentially dominating role of the moderator or facilitator. Power issues (e.g., gender distribution, socio-economic status) can also potentially negatively influence group outcomes. Robinson (1999) cites Kitzinger (1994) in addressing the difficult challenge of reporting on focus group outcomes. The analysis of focus group outcomes may be the least developed aspect of the focus group methodology.

### 3.4.3 Research aims as a precursor to using focus groups

Any use of focus groups must be tempered by the type of research being undertaken. A decision to use focus groups must be linked to an *a priori* question regarding research aims and available resources. Research aims guide the suitability or otherwise of the focus group method for gathering qualitative data. With this in mind, Kirsten Mitchell and Patrick Branigan (2000:261) outline a number of critical evaluative steps in using focus groups:

1. What type of evaluation is it and what are its aims?
2. Who are the research participants?
3. What resources are available?



#### 4. Who facilitates the group?

The focus of Mitchell and Branigan's research was to evaluate health promotion interventions. However, regardless of their focus, Mitchell and Branigan (2002) highlighted an effective process to be undertaken in deciding on the appropriate use of focus groups as follows:

##### 1. What type of evaluation is it and what are its aims?

*There are a number of evaluative possibilities depending upon the outcomes of the research. Mitchell and Branigan (2002:262) identify formative, process [based] or outcome [based] evaluative approaches depending on the type of data required.*

A formative evaluation is more of a deductive process where a concrete hypothesis is being tested. The formative process aims to provide focus group participants with a clear outline of purpose, usefulness, methods and expected benefits of the evaluation prior to implementation. In a formative evaluation participants are also provided with information detailing the scope, methods and usefulness of the evaluation.

By contrast, a process-based evaluation is more of an inductive, open-ended and non-directive process, where the insights of the group contribute to the successful implementation of a project or programme.

Finally, an outcome-based evaluation has a more quantitative focus, utilising materials that can generate statistical data. In general an outcome-based evaluation does not easily fit with the focus group method of gathering data. Focus group results are not sufficiently representative and cannot be easily generalised or treated statistically. At the same time this approach is useful in combination with other focus group processes.

##### 2. Who are the research participants?

Once the research question is established, the next step is to identify suitable participants. Characteristics of participants to be considered include:

- ❖ Degree of homogeneity
- ❖ Experts or lay people
- ❖ Pre-existing hierarchies that could influence the focus group
- ❖ Distribution of gender
- ❖ The degree to which the group is 'naturally occurring' or whether the group is brought together specifically for the group discussion
- ❖ The degree of ease or difficulty in recruiting participants

### 3. What resources are available?

Preparation for an effective focus group is intense. Preparation covers issues of availability of a suitable facilitator or moderator; recording of discussions; transcribing skills etc. There are financial costs to consider in regard to venue, meals, transport. In summary, the following practical aspects should be considered:

- ❖ Venue
- ❖ Recruitment
- ❖ Facilitation
- ❖ Analysis of results
- ❖ Reporting

### 4. Who facilitates the group?

The right facilitator is essential to an effective focus group process regardless of whether the researcher adopts a deductive or inductive process. Facilitator skills include:

- ❖ Managing the research themes
- ❖ Timing
- ❖ Keeping the 'big picture' and not being side-tracked
- ❖ Ensuring a balance of participation
- ❖ Feedback
- ❖ Accountability for the fulfillment of the research aims
- ❖ Openness
- ❖ Entertaining

- ❖ Incorporating diverse opinion

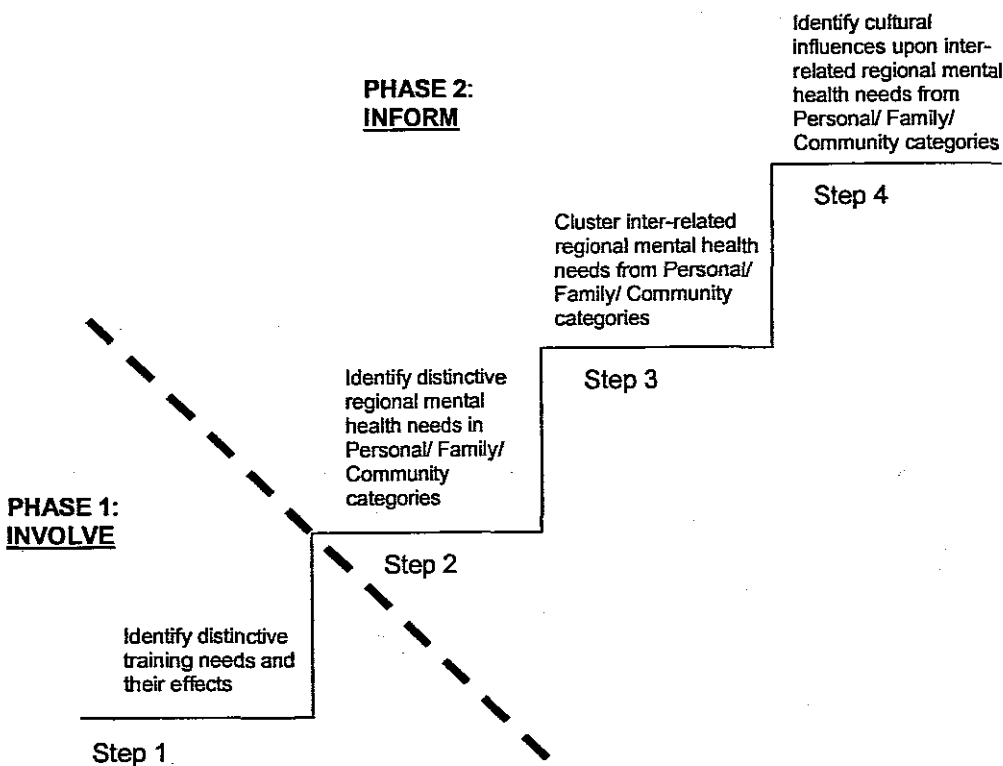
### 3.4.4 Applying the critical evaluative steps to this study

The afore-mentioned guidelines proved useful in deciding upon the appropriateness of focus groups for this study, and served to guide the formation of a fresh qualitative approach to the study, as follows:

#### 3.4.4.1. What type of evaluation was it and what were its aims?

The methodology for a qualitative adaptation of the study was developed around a two-phase approach to analysing both training and mental health needs in the Great Lakes region. This two-phase process is depicted in Figure 3.1

**Figure 3.1: Two-phase approach for identifying and analysing regional training and mental health needs in the Great Lakes region**



The goal of Phase 1 would be to encourage trainers and practitioners to become actively involved in evaluating the effectiveness of present training practices in preparing community

counsellors for mental health interventions in the Great Lakes region. By assisting in identifying successes and failures in present training practices, participants would better understand the importance of the study, and be more likely to become actively involved in advising the construction of a more effective curriculum design. At the same time, the terms 'success' and 'failure' are loaded with stigmatic implications. As mentioned previously in Chapter 2, Section 2.2.1 this concern is well articulated by Ahia (1984 :341) who encourages practitioners to approach their work from the premise that cultures are not to be viewed as 'better' or 'worse', 'superior' or 'inferior', 'meaningful' or 'meaningless'. The point is that Step 1 would be an important step in gaining insight of present training practices, and identifying key training needs.

- ❖ Preparation of community counselling practitioners to address community counselling needs
- ❖ Types of psychological models presently used in community counselling training and their effectiveness or otherwise
- ❖ Understanding the root causes of community counselling needs
- ❖ Range of community counselling presently being experienced in the regional context

On the basis of their community skills and experience, participants would be assigned to sub-groups. Table 3.1 presents the sub-groups to which participants were assigned..

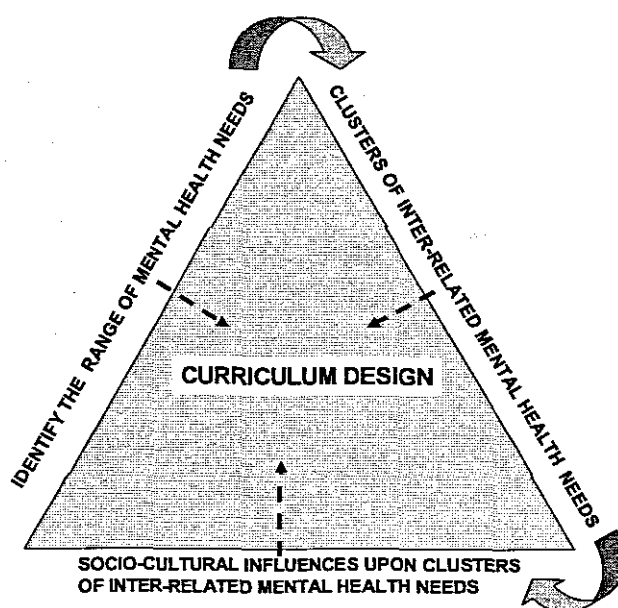
**Table 3.1: Socio-cultural groupings representing communities in the Great Lakes region**

|                     |  |
|---------------------|--|
| <b>SUB-GROUP 1:</b> | Populations with primary/secondary education: children and adolescents (low education) |
| <b>SUB-GROUP 2:</b> | Populations in conflict (Democratic Republic of Congo, Rwanda/Burundi)                 |
| <b>SUB-GROUP 3:</b> | Adult populations educated at the tertiary level (high education)                      |
| <b>SUB-GROUP 4:</b> | Populations in rural areas: adults with primary/secondary education (low education)    |

Phase 2 would apply a more inductive process relying heavily on the insights of participants to inform the construction of the curriculum design. The progression of Phase 2 activities in

terms of how each step serves to inform the construction of the curriculum design is illustrated in Figure 3.2.

**Figure 3.2: Phase 2 inductive process to inform the construction of the curriculum**



In Step 2, participants would assist in identifying the range of distinctive regional mental health needs in Personal/Family/Community domains. In order to assist the curriculum design, the situational assessment must be able to investigate and report on the range and severity of regional community counselling issues needs in the Great Lakes region. In light of the 'clustering' exercise to be completed in Step 3, it is essential to begin by identifying specific community counselling needs. This task is accomplished by means of a simple and user-friendly questionnaire highlighting a range of community counselling issues in Personal/Family/Community domains. The questionnaire would be a shortened and refined version of the preliminary questionnaire prepared for the Delphi process. As previously indicated (Chapter 3, Section 3.1.3), items were drawn from the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), together with insights gleaned from other literature sources on African mental health needs, namely Berinyu (1989:10), Lartey (1987:22), and Waruta and Kinoti (1994:104).

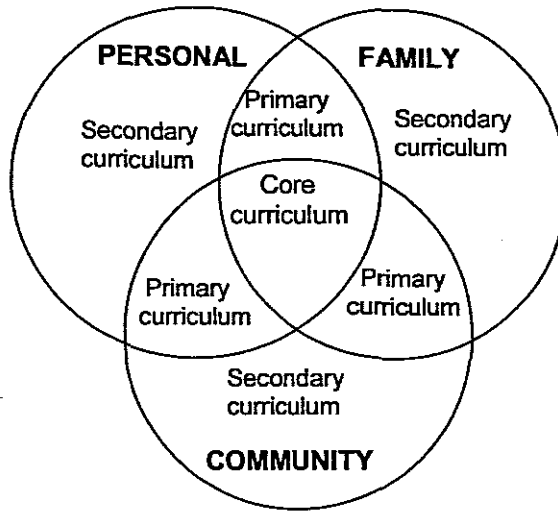
Importantly, this questionnaire would allow for a broader response range than was provided

in the original questionnaire designed for the Delphi process. The refined questionnaire asks participants to respond to items in 'frequently', 'sometimes', 'seldom' or 'never' categories (see Annexure VII). Furthermore, participants would be free to add items to the questionnaire which they regard as occurring 'frequently' in the community, but that do not appear in the questionnaire. On completion of the questionnaire, participants would then compare results of the questionnaire with other members of the focus group.

In Step 3, participants would endeavour to cluster inter-related regional mental health needs from Personal/Family/Community domains in the questionnaire. Community counselling needs rarely occur in isolation of other needs. Mental health problems are invariably linked to other problems. Counselling interventions must take cognisance of those relationships if interventions are to be effective. As an exercise, participants would be asked to select those mental health needs which could be organised into clusters of inter-related needs across Personal/Family/Community domains. In another setting where more time was available, all priority needs (those indicated as 'frequently' occurring needs) could be analysed in such clusters of inter-related needs.

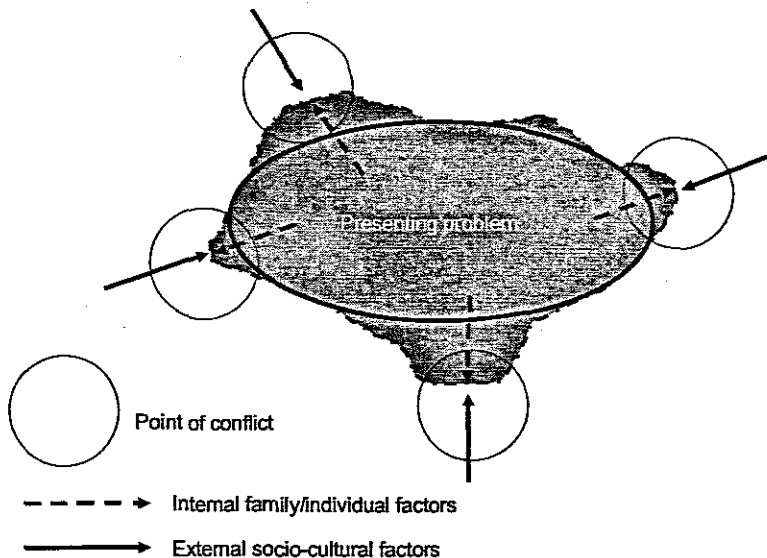
As mentioned earlier, this particular exercise is most important in guiding the construction of the curriculum. An understanding of specific mental health needs is vital. However, by identifying specific mental health needs, participants are better able to identify inter-related clusters of mental health needs that form the basis of a curriculum design that is contextually relevant. In this sense it could be said that 'clusters build courses' (or parts thereof). Once a cluster has been identified, the researcher is able to assign a 'weighting' to that cluster regarding the instructional emphasis in Personal/Family/Community domains. These weightings indicate whether items within a given cluster encompass all three categories (core curriculum); whether they encompass only two of these categories (primary curriculum) or whether items within a cluster only fall into one of these categories (secondary curriculum) as illustrated in Figure 3.3.

**Figure 3.3: Weightings assigned to clusters of mental health needs in Personal/Family/Community domains**



In Step 4, participants would identify socio-cultural influences that impact upon these clusters of inter-related regional mental health needs. This step is vital to understanding how and why these clusters of needs exist. Participants need to understand that for each presenting problem (or cluster of problems), there are external forces (e.g., economic, political, cultural) as well as internal forces (e.g., family social dynamics, family traditions) that influence its presentation as depicted in Figure 3.4. These forces shape the presentation of the problem within the regional setting in which the problem is present. For the problem to be meaningfully addressed requires an understanding of those external and internal forces. For the Step 4 exercise, focus groups will appoint a group member to record the findings of the group.

**Figure 3.4: Distorting tendency caused by external socio-cultural contributory factors upon a presenting need**

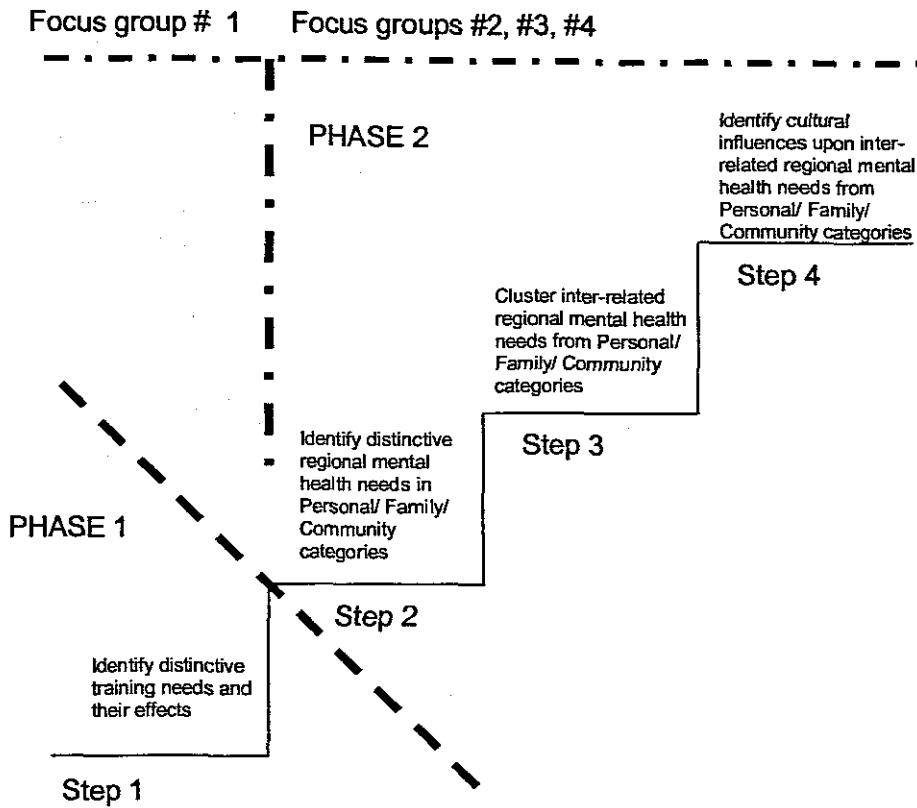


In summary, Phase 1 of the situational assessment would adopt a more deductive process by evaluating the effectiveness of present training practices in preparing community counsellors for mental health interventions in the Great Lakes region. By contrast, Phase 2 utilises a process-based evaluation requiring more of an inductive, open-ended and non-directive approach. The insights of participants regarding the range and depth of mental health needs in the Great Lakes region will meaningfully contribute to the effective construction of a more meaningful and relevant curriculum design for future training practices. Whereas the aims of focus group activities in Phase 1 would be to inform the need for a more contextualised curriculum design, the aims of focus group activities in Phase 2 would better inform the content of the curriculum design.

In light of the above analysis, the goals of the study would best be served through the use of focus groups. Focus groups could meaningfully address distinctive areas of enquiry as outlined in Figure 3.1. This two-phase process together with focus group demarcations is depicted in Figure 3.5.



**Figure 3.5: Focus group allocations in implementing a two-phase approach for identifying and analysing regional training and mental health needs in the Great Lakes region**



For Phase 1, focus group #1 would be convened to identify distinctive training needs and their effects in addressing community counselling needs for different population groupings in the Great Lakes region.

For Phase 2, focus groups #2, #3, and #4 would endeavour to investigate mental health needs for the same or different population groupings in the Great Lakes region. Each focus group would be required to complete Steps 2, 3, and 4, as follows:

- ❖ Identify distinctive regional mental health needs in Personal/Family/Community domains
- ❖ Cluster inter-related regional mental health needs from Personal/Family/Community domains

- ❖ Identify cultural influences upon inter-related regional mental health needs from Personal/ Family/Community domains

#### 3.4.4.2. Who are the research participants?

Institutions participating in the study would be approached to assist in identifying participants for the focus groups. Participants should be trainers and practitioners representing various sectors of community involvement. There should be a strong degree of homogeneity of interest amongst participants in counsellor training and community practice. A balance amongst participants of both experts and lay people is important. It would be important to avoid hierarchies, e.g., professional trainers being the 'experts in the field', which could then overly influence focus group outcomes. There would also be a balance of gender. The only pre-requisite should be that participants have sufficient counselling experience to be able to meaningfully reflect on community counselling issues and training challenges in their sector of experience. Preferably they should have received their training on the African sub-continent.

#### 3.4.4.3. What resources are available?

At the meeting convened in Nairobi in December 2002, Dr Dortzbach offered the facilities of the Nairobi Evangelical Graduate School of Theology (NEGST) as a venue for the all focus group workshops. Furthermore, he offered the services of ISAR in all aspects of planning and preparation, including transport and meals. Ms Patrice Penney, a clinical social worker by profession (biographical data provided in Annexure III), offered her services in any recording of discussions, transcribing skills, and reporting capacity. She offered to write up a full report at the conclusion of the first focus group.

#### 3.4.4.4. Who facilitates the groups?

Immediately prior to the implementation of Phase 1 focus group activities on the 9<sup>th</sup> August 2003, a planning workshop was held to plan all future focus group activities. The workshop was attended by Dr Sammy Linge (NIST), Dr Karl Dortzbach (ISAR), Dr Kimani Chege from Daystar University and the author. Also in attendance was Ms Patrice Penney. Dr. Dortzbach was invited to facilitate focus group activities. He has lived in Kenya for many years, and is

respected in Christian higher education in Africa for his work at ISAR. He is in contact with a network of community counsellors and trainers, who could be called upon to participate in the focus groups. Furthermore, he had experience of facilitating many consultations in line with the goals of ISAR (see Annexure V). Dr Dortzbach agreed to facilitate all focus groups in line with the focus group goals outlined in Section 3.4.1.3. On his advice, the maximum time that could be allocated to a focus group workshop would be four hours. He would organise refreshments, and transport where necessary. The focus group #1 workshop would be implemented in August 2003, with further focus group workshops being implemented in February 2004. Invitations to participants would be sent out from the Institute for the Study of African Realities (ISAR) office. In order to maintain focus and consistency, all participants from Focus group #1 would be encouraged to participate in any future focus group activities, together with any new participants. Participants would be drawn from the following sectors of the community:

- ❖ Community counselling practitioners in private and community-based practices
- ❖ Pastoral workers from local church and denominational settings actively involved in community counselling
- ❖ Youth and children's workers

### **3.5 PHASE 1 IMPLEMENTATION**

For Tier 1, Focus group #1 was convened on 9<sup>th</sup> August 2003. Table 3.7 reflects those participants who attended, together with their nationalities and domains of community responsibility.

**Table 3.2: Participants who attended Phase 1 Focus group**

| COMMUNITY ROLE   | NUMBER    | REGION                                | DOMAIN OF RESPONSIBILITY   |
|------------------|-----------|---------------------------------------|--|
| PASTOR           | 2         | Rwanda<br>Kenya                       | Church: Pastoral counselling   |
| LECTURER         | 5         | Kenya                                 | Christian higher education institutions  |
| COMMUNITY WORKER | 6         | Kenya<br>Democratic Republic of Congo | Counselling services<br>UNESCO<br>Hospital administrator<br>Mental health Centre |
| TEACHER          | 2         | Kenya                                 | High school setting  |
| <b>TOTAL</b>     | <b>15</b> |                                       |  |

Biographical details (see Annexure III) indicated that all participants were trainers and/or practitioners in community counselling in the Great Lakes regional context.

The purpose of this focus group was two-fold. First, participants were acquainted with the overall research effort to date. Second, participants were invited to assist in exploring societal and cultural factors influencing the construction of a contextualised curriculum design for undergraduate-level training of community counsellors in Christian higher education in Africa. This required identifying specific mental health needs and challenges in the training of community counsellors for the Great Lakes regional context. Participants understood that they were engaged in a deductive process where a concrete hypothesis was being tested, namely that existing training practices are under-developed and ineffectual, requiring the construction of a more effective curriculum.

### **3.5.1 Phase 1, Focus group #1: Assessing training needs in the Great Lakes region**

In order to assign participants to sub-groups, participants were presented with the division of sub-groups as depicted in Table 3.7. These sub-groups were approved by participants. On the basis of nationality and cultural background, personal experience and expertise, participants were then assigned to these sub-groups.

**Table 3.3: Focus group divisions into socio-cultural groupings representing communities in the Great Lakes region**

|   |
|---|
| <b>SUB-GROUP 1:</b> Those working with primary/secondary education children and adolescents (low education)             |
| <b>SUB-GROUP 2:</b> Those working in the context of peoples in conflict (Rwanda, Burundi, Democratic Republic of Congo) |
| <b>SUB-GROUP 3:</b> Those working with adults educated at the tertiary level (high education)                           |
| <b>SUB-GROUP 4:</b> Those working with rural populations: adults with primary/secondary education (low education)       |

First, participants in each of the sub-groups were required to identify 'successes' in present training practices, i.e., where training has been effective. Participants were also required to analyse 'failures' in present training practices, i.e., where there are gaps in training, or where community counselling practices reflect inadequate training, or where there is a poor application of training to community realities. The term 'failure' was the term considered most appropriate by focus group participants in clearly delineating poor community counselling practices. At the heart of training is the use the selection of appropriate people, the use of appropriate training models, and an accurate perception of community counselling needs. On this basis, participants were asked to consider the following questions:

- ❖ Are we preparing the right people?
- ❖ Are we preparing with a right understanding of root causes, and how do we identify root causes of problems?
- ❖ Are we preparing with the right models?
- ❖ Are we preparing for the right needs?

Second, each sub-group was given the opportunity to present their findings at a plenary session involving the whole group. Findings were displayed for all groups to view and comment. A wide range of successes and failures in existing training practices were identified and presented. Participants were able to acknowledge the reality that existing training practices were weak and ineffectual, requiring the construction of a more effective curriculum. Third, after each sub-group had presented their findings, participants were then invited to cast three votes highlighting those areas of failure that are most universally felt in any of the four

key areas. This exercise helped identify priorities in community counselling training needs. Details of the findings will be addressed in Chapter 4 of the Study. A summary report of focus group #1 was provided by Ms Patrice Penney and is presented in Annexure IV. Permission was also obtained from the participants to use their personal biographical details (see Annexure III).

### 3.6 PHASE 2 IMPLEMENTATION

A further visit to Nairobi took place between the 7<sup>th</sup> and 25<sup>th</sup> February 2004 in order to implement Phase 2 of the qualitative methodology. Dr Karl Dortzbach (ISAR) was available to act as the facilitator for focus group activities.

A working group consisting of Dr Sammy Linge (NIST), Dr Karl Dortzbach (ISAR) and Ms Patrice Penney met with the author to plan the implementation of this second phase of the situational assessment. It was agreed to utilise a process-based evaluation requiring more of an inductive, open-ended and non-directive approach (as referred to earlier in Section 3.4.1.3). Outcomes would inform the curriculum design.

This working group was of the opinion that participants should be allocated to focus groups on the basis of socio-economic groupings rather than the socio-cultural parameters, i.e., *nationality and cultural background of the participants (as was the case for focus group #1 activities)*. Historically, living standards in rural areas have lagged far behind the urban areas leading to a 'consequential conflict' between the urban and rural classes in Africa (Lipton, 1976). At the same time, inequality in living standards in the urban areas of Africa has been growing. Haddad et al. (1999) argued that for a majority of countries in Africa, the absolute number of the urban poor and undernourished has increased in the last 15-20 years, and has done so at a rate that outpaces corresponding changes in rural areas. This conclusion was based on the results of the demographic and health survey programme (DHS) which was implemented through Macro International, Inc., with the assistance of USAID. The survey results were based on household sampling and an individual questionnaire for women between the ages of 15-49. This survey helped to shed light on rural-urban disparities in welfare indicators in more than 50 countries in sub-Saharan Africa (Sahn & Stifel, 2002). The

rural-urban gaps in living standards indicated that standards of living in rural areas almost universally lag behind urban areas. Kenya showed the smallest urban-rural disparity.

Survey results (Sahn & Stifel, 2002:2) showed that for certain countries this disparity was evident across a number of key indicators:

- ❖ **Assets:** The asset index poverty headcount (utilising \$1/day poverty rate) was more than 50% greater in rural areas than in urban areas. The smallest rural-urban difference was thirty percentage points
- ❖ **Neonatal care:** In the urban areas of Burundi, skilled health personnel attended 83% of births in urban areas compared to 16% of births in rural areas
- ❖ **School enrolment:** In the urban areas of Burkino Faso and Niger, the urban enrolment rate was 69% whereas it was only 18% in the rural areas
- ❖ **In 19 of 24 countries surveyed,** infant mortality rates were dramatically lower in urban areas. However, in Rwanda and Burundi the infant mortality rate was higher in urban areas, probably as a result of the influx of refugees fleeing ethnic violence in rural areas, and relocating to urban areas
- ❖ **Education inequality:** The 'within region' ratio of rural to urban inequality generally exceeded two. Generally higher levels of education were achieved in the urban areas of 23 countries compared with the rural areas. There was significantly greater inequality in the distributions of education in rural than urban areas
- ❖ **Health status:** Rural inequality in health tended to be greater than urban inequality in most cases. However, there were exceptions in Benin, Rwanda and Burundi, where there was a greater intra-urban inequality than intra-rural inequality, again probably because of the refugee problem in the urban areas

Given these enormous disparities between urban and rural communities throughout Africa, the situational assessment accounted for these disparities in the curriculum design by directing participants to focus groups representing:

- A. Rural and urban low income communities. As part of the assessment process participants needed to recognise the unique social problems of particular regions, such as the Democratic Republic of Congo, Rwanda and Burundi, where the urban centres have witnessed the re-settlement of large numbers of refugees

fleeing ethnic and tribal conflict. Although many refugees have settled in the urban context, they have brought with them their cultural traditions, values and expectations, which remain rooted in a rural context.

- B. Urban middle class higher income communities. The cultural traditions, values and expectations of this group have been influenced by modernity. This group was *particularly struggling with issues of cultural identity.*
- C. Youth and children in both urban and rural social contexts. This group was the most susceptible to the influences of modernity because of their age and the influence of the media. As a result of the strong influence of modernity, their *understanding of cultural traditions, community values and expectations were affected.*

These socio-economic divisions were more appropriate because the competence of participants often extended well beyond their immediate or historical socio-geographical setting. For example, because of conflict in the Democratic Republic of Congo, Rwanda and Burundi, many community counselling workers who had been one-time residents of these regions had been forced to reside elsewhere. Whilst maintaining a unique awareness of, and sensitivity to, mental health needs in a conflict-driven cultural environment, these participants had gained a broader experience of mental health needs and issues elsewhere in the Great Lakes region.

In summary, it was decided that all participants were to be allocated to focus groups defined socio-economically. Within these socio-economic groupings participants could reflect upon social issues such as regional/ ethnic conflict as well as other issues such as HIV/AIDS and poverty etc., as they impacted these broader socio-economic population groupings.

### **3.6.1 Phase 2, Focus groups #2, #3, #4: Exploring mental health needs in the Great Lakes region**

Participants who had attended focus group #1 were invited. Invitations were also sent to new prospective participants. There was such an excellent response to the invitation (17 participants excluding Dr Dortzbach and Ms Penney) that it was decided to spread workshops



over two days (9<sup>th</sup> and 14<sup>th</sup> February 2004) in order to ensure that focus group numbers remained small. The second day was a repetition of the first. Biographical details (see Annexure VI) indicated that all participants were trainers/practitioners in various aspects of community counselling in the Great Lakes region. Participants who attended these workshops, together with their nationalities and domains of community responsibility are indicated in Table 3.4.

**Table 3.4: Number of Participants attending Phase 2 Focus groups**

| COMMUNITY ROLE                        | NUMBER    | REGION   | DOMAIN OF RESPONSIBILITY  | PREVIOUS ATTENDANCE AT FOCUS GROUP #1 WORKSHOP |
|---------------------------------------|-----------|--|---|--|
| PASTORAL WORKERS                      | 3         | Burundi<br>Democratic Republic of Congo<br>Kenya | Orphanage<br>Hospital chaplain<br>Rural community worker  | None   |
| LECTURERS                             | 5         | Kenya  | Christian higher education  | 5  |
| STUDENT                               | 1         | Kenya  | Christian higher education  |  |
| COMMUNITY WORKERS inc.<br>Social work | 6         | Kenya<br>Democratic Republic of Congo            | Orphanage<br>Children's Centre<br>Hospital administration<br>Counselling services<br>Medical Centre<br>UNESCO<br>Mental health Centre | 1<br>1   |
| TEACHERS/<br>COUNSELLORS              | 2         | Kenya  | Deputy Principal<br>High school counsellor<br>University Colleges<br>counsellor   | None   |
| <b>TOTAL</b>                          | <b>17</b> |  |   | <b>7</b>                                       |

Participants were divided into focus groups categories according to their experience and expertise in working with the designated groups:

- a) Focus group #2: Urban middle to upper income communities
- b) Focus group #3: Youth and children
- c) Focus group #4: Urban low income/rural communities

Each focus group undertook Steps 2, 3 and 4 (as indicated in Figure 3.5) by exploring the following themes and questions:

**Step 2**

**THEME:** What distinctive mental health issues have you addressed in your social context and how frequently?

For Step 2, participants individually completed the questionnaire (see Annexure VII).

**Step 3**

**THEME:** Are mental health needs able to be clustered into groupings of inter-connected needs?

For Step 3 participants in each focus group compared results from the questionnaire regarding which items were most frequently presented in the community setting. Participants were free to randomly select those mental health problems which could be organised into clusters of inter-related needs across Personal/ Family/ Community domains.

**Step 4**

**THEME:** What cultural influences impact upon these clusters of mental health needs in Personal/ Family /Community domains?

In this final exercise, focus groups reflected on cultural factors that positively (or negatively) influenced clusters of mental health needs. Focus groups then explored cultural perceptions that contributed to the complexity of these clusters of needs. Dr Dortzbach explained how for each presenting need (or clusters of needs), there were forces that externally (e.g., economic), and internally (e.g., family social dynamics) influence its presentation as depicted in Figure 3.3. Those influences needed to be understood. Participants were challenged to ask, "What causes this need (or cluster of needs) to exist?" Participants attempted to identify the cultural pre-determinants that gave rise to community counselling presenting problems. Finally, participants were asked to report on the degree to which the communities in the Great Lakes region were able to understand and accept the presentation of mental health needs within the community. Each focus group appointed a group member to record the findings of the group.

### 3.7 Conclusion

The significant limitations of the Delphi-based situational assessment as originally conceived led to a major re-alignment of the assessment process. This realignment was productive insofar as it led to a specific focus upon the Great Lakes region in terms of community counselling needs and training practices. Moreover, the primary medium of data-capturing was by means of focus groups. This revision to the original situational assessment was designed to provide a qualitatively rich methodology, which more effectively evaluated counselling needs and training practices for this region. The results of this methodology are analysed in Chapter 4.

## CHAPTER 4

### RESULTS OF THE EXTERNAL SITUATIONAL ASSESSMENT

#### 4.1 INTENDED OUTCOMES

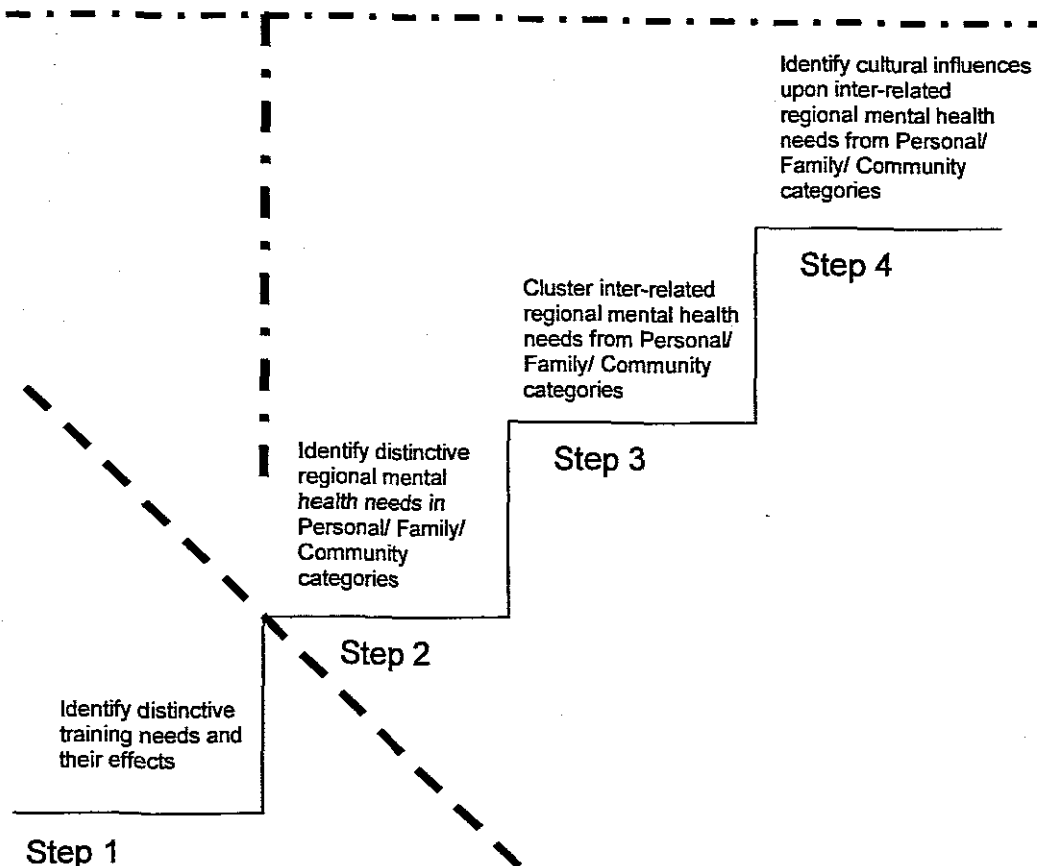
The methodology for the qualitative adaptation of the study was developed around a two-phase approach to analysing both training practices and mental health needs in the Great Lakes region. The *modus operandi* of the two-phase qualitative methodology presented and explored in chapter 3, was the use of focus groups.

The first phase of focus group activity consisted of participants from Christian higher education institutions and community contexts in the Great Lakes region. Those participating were able to gain a better insight of existing training practices in preparing learners to address mental health needs amongst different population groupings. Focus group participants assisted in a broad-based evaluation of such training practices. By recognising the limitations of existing training practices, participants were eager to participate in further focus group activities designed to investigate the range and severity of regional mental health needs in the Great Lakes region.

In the second phase, a further three focus groups were convened to investigate the range and severity of mental health needs for different population groupings (see Section 4.2) in the Great Lakes region. Understanding these needs and their impact on communities in the Great Lakes region was considered essential to the construction of an effective undergraduate curriculum in community counselling for this region. The experience of conducting such a regional study could then be meaningfully applied to other regions on the African sub-continent.

In light of these focus group activities, the intended outcomes for chapter 4 are to present the results of focus group activities following the step-by-step process illustrated in Figure 4.1. The interpretation of these results will be presented in Chapter 5.

**Figure 4.1: Presentation of results as a step-by-step process for Phases #1 and #2.**



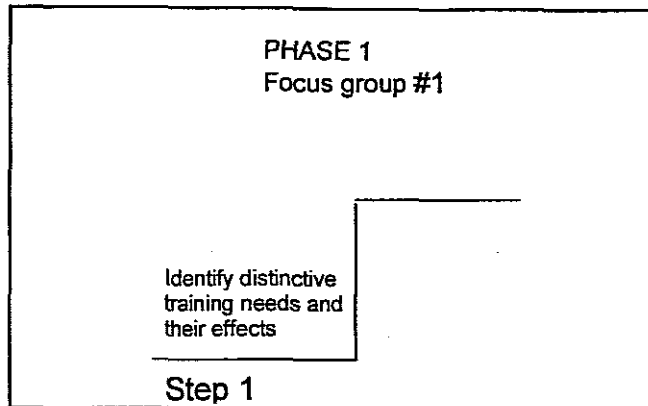
**Outcome 1:** Presentation of results arising out of the analysis of specific training needs and their effects undertaken by focus group #1 (Step 1). In this first step, focus group participants analysed the successes and failures of present training practices in addressing community counselling needs for different population groupings.

**Outcome 2:** Presentation of results of the questionnaire completed by Focus groups #2 #3 and #4 participants (Step 2). Questionnaire results assisted in assessing the scope and severity of mental health needs at grass roots level in the Great Lakes region in Personal/ Family/ Community domains.

**Outcome 3:** Presentation of results of the 'clustering' of inter-related regional mental health needs completed by focus group #2, #3 and #4 participants (Step 3). Results will be presented for all socio-economic groupings (see Chapter 3, Section 3.6.1).

Outcome 4: Presentation of results of the analysis of cultural factors that impact upon 'clusters' of mental health needs (Step 4).

#### 4.2 OUTCOME 1: RESULTS OF THE ANALYSIS OF SPECIFIC TRAINING NEEDS AND THEIR EFFECTS UNDERTAKEN BY FOCUS GROUP #1 (Step 1)



In Step 1, focus group #1 participants were allocated to sub-groups on the basis of personal experience and expertise in community counselling, as follows:

**SUB-GROUP 1:** Those working with primary/secondary education children and adolescents (low education)

**SUB-GROUP 2:** Those working in the context of peoples in conflict (Rwanda, Burundi, Democratic Republic of Congo)

**SUB-GROUP 3:** Those working with adults educated at the tertiary level (high education)

**SUB-GROUP 4:** Those working with rural populations: adults with primary/secondary education (low education)

Each sub-group was required to identify successes and failures in training based on the following categories:

- A. Preparing the right people.
- B. Preparing with a right understanding of root causes.
- C. Preparing using appropriate models and methods.
- D. Preparing for the right needs.

#### 4.2.1 Successes and failures in present training practices

Successes and failures (as per definitions outlined in Chapter 3, Section 3.5.1) for each of the categories across all sub-groups, are presented in Annexures VIII to XI. These findings are derived from the summary transcript of focus group #1 (Annexure IV). The findings are not a content analysis of focus group #1 interactions. Rather, they are a summary of focus group #1 interactions as reported in the summary transcript. In this sense, the author used a 'filter', i.e., the reporting mechanism, to interpret the focus group process.

#### 4.2.2 Findings regarding urgent training needs in the Great Lakes region

After all sub-groups had completed this exercise, participants attended a plenary session in order to present their findings. Tables 4.1 to 4.4 are a tabulation of successes and failures in existing training practices which were identified by each sub-group.

**Table 4.1: Participants working with primary/ secondary education children and adolescents (low education)**

| Successes  | Failures  |
|--|---|
| <b>PREPARING THE RIGHT PEOPLE</b>  |   |
| 1. Peer support works well with youth<br>2. Teachers, parents, pastors, professionals have generally been trained adequately   | 1. [Counsellors] Too easily give away responsibility to others<br>2. Parents/School staff do not stay current with youth issues<br>3. Unrealistic demands placed [on counsellors]   |
| <b>PREPARING WITH A RIGHT UNDERSTANDING OF ROOT CAUSES</b>   |   |
| 1. Willing to listen<br>2. Able to understand what happens to those being counselled [in the counselling encounter]  | 1. Not able to relate to causes of mental health problems<br>2. Unable to analyse political, social context<br>3. Poor understanding [of issues] of theology and social justice<br>4. Fear to speak the truth   |
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>  |   |
| 1. Mentoring<br>2. Workshop, seminars [updating of counsellor skills]  | 1. All needs are not covered in training<br>2. No regular ongoing training [internship]   |
| <b>PREPARING TO MEET THE REAL NEEDS</b>  |   |
| 1. Good empathy due to constant contact [with counselees]<br>2. Well-qualified teachers are working in the community<br>3. Pastors prepared to meet community challenges | 1. Youth not understood by teachers, parents, pastors<br>2. Learners from a rural context are treated as though they/ their views and experience are not important<br>3. Counsellors who are unwilling to identify [with counselee]<br>4. Parents are not prepared to understand needs of youth |

**Table 4.2: Participants working in the context of peoples in conflict (Rwanda, Burundi, Democratic Republic of Congo)**

| Successes   | Failures   |
|---|--|
| <b>PREPARING THE RIGHT PEOPLE</b>   |  |
| <ol style="list-style-type: none"> <li>1. There is potential for the development of good counsellors—pastors, teachers,</li> <li>2. Lay leaders [are available]</li> <li>3. Good background of training/ good intentions</li> </ol> | <ol style="list-style-type: none"> <li>1. Little understanding of local culture</li> <li>2. Dramatic culture change</li> <li>3. Education is (disconnected) from local culture</li> <li>4. Ethnic bias not addressed [in counselling]</li> <li>5. Causes of conflict are not understood</li> </ol> |
| <b>PREPARING WITH A RIGHT UNDERSTANDING OF ROOT CAUSES</b>  |  |
| <ol style="list-style-type: none"> <li>1. Courage to listen (in the midst of trauma)</li> </ol>   | <ol style="list-style-type: none"> <li>1. Inadequate training</li> <li>2. Social change, cultural change not understood</li> <li>3. Responses [of counsellors] are culturally bound and therefore irrelevant</li> </ol>  |
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>   |  |
| <ol style="list-style-type: none"> <li>1. Role plays help [in training]</li> <li>2. Peer counselling is supportive</li> <li>3. [Practitioners] know theories of counselling</li> </ol>  | <ol style="list-style-type: none"> <li>1. Lack of openness [about counselling needs]</li> <li>2. Psychological theories may not fit social situation, not applied</li> </ol>   |
| <b>PREPARING TO MEET THE REAL NEEDS</b>   |  |
| <ol style="list-style-type: none"> <li>1. Attempt to address mental health problems at community level, and not at the level of the family</li> </ol>   | <ol style="list-style-type: none"> <li>1. No solution to needs. Grass root level needs are not met</li> <li>2. Individual/family needs are not addressed</li> <li>3. National 'mega' needs are too overwhelming</li> </ol>   |

**Table 4.3: Participants working with adults educated at the tertiary level (high education)**

| Successes  | Failures  |
|--|---|
| <b>PREPARING THE RIGHT PEOPLE</b>  |   |
| <ol style="list-style-type: none"> <li>1. The right people are generally being trained as 'people helpers'</li> <li>2. Peer support is working</li> <li>3. Counsellors are mature in age, training, and experience</li> <li>4. Genders balanced [amongst counsellors]</li> </ol> | <ol style="list-style-type: none"> <li>1. Sometimes people train for their own needs/welfare [status]</li> <li>2. Some counsellors are ill prepared and immature.</li> <li>3. More male counsellors are needed</li> </ol> |
| <b>PREPARING WITH A RIGHT UNDERSTANDING OF ROOT CAUSES</b>   |   |
| <ol style="list-style-type: none"> <li>1. Trained from the same community</li> </ol>   | <ol style="list-style-type: none"> <li>1. Tendency to generalise human behaviour (rather than listening to counselee)</li> <li>2. Counsellors may project their own needs.</li> </ol>                                     |
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>  |   |
| <ol style="list-style-type: none"> <li>1. Holistic needs: behaviour-feeling context; no one theory is enough to address community counselling needs</li> </ol>   | <ol style="list-style-type: none"> <li>1. Many counsellors have no theoretical framework</li> <li>2. Some use western theories (fragmented)</li> <li>3. Counsellors may become overloaded</li> </ol>                      |



Table 4.3 continued

| Successes   | Failures  |
|---|---|
| <b>PREPARING TO MEET THE REAL NEEDS</b>   |   |
| 1. Specific needs have been addressed through programmes (HIV, etc).<br>2. Family [involvement] is central to counselling. Context of all relationships is God, family, community | 1. Training may be too specific, too narrow for many situations<br>2. Training too broad/abstract for transfer to specific situations<br>3. Inadequate research on African realities<br>4. Lack of support or accountability in personal/professional growth of counsellors |

Table 4.4: Participants working with rural populations: adults with primary/secondary education (low education)

| Successes  | Failures   |
|--|--|
| <b>PREPARING THE RIGHT PEOPLE</b>  |  |
| 1. Counsellors generally are trained to O-level or lower<br>2. Counsellors are generally from the community<br>3. Counsellors are volunteers<br>4. Counsellors are the Pastors   | 1. Low qualifications is a problem<br>2. Counselling gets buried under other needs<br>3. Gender inequality in counselling<br>4. Counselling is not recognised as a profession<br>5. Inexperience of counsellors  |
| <b>PREPARING WITH A RIGHT UNDER-STANDING OF ROOT CAUSES</b>  |  |
|  | 1. Need to investigate [further] when counselling<br>2. No openness/no communication<br>3. Assumption that cause/ response is known without really listening   |
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>  |  |
| 1. Use of some traditional models/ approaches in counselling<br>2. Attempt to contextualise models from outside [culture]  | 1. Models are too broad, not specific and individualistic<br>2. Not interactive in addressing real counselling needs<br>3. Imposition of values on counselees<br>4. Communication failures due to language limitations<br>5. Models of psychology are not being adapted to the African context |
| <b>PREPARING TO MEET THE REAL NEEDS</b>  |  |
| 1. Shared understanding between counsellor and client where counsellors take the time to understand the needs of counselees<br>2. Family is a support resource [for counsellors] | 1. Shared understanding of counsellors and counselees is often shallow due to counsellor busyness<br>2. Tend to deal with symptoms not causes, behaviour not character<br>3. Generation gap frequently exists between counsellor and client  |

In reflecting upon the outcomes of this first phase, there was a significant overlap of reported failures in training, although these failures were frequently placed in different categories. This finding is extremely helpful. Whereas participants may have placed failures in different categories, nevertheless there was a consensus of similar concerns regarding failures in

present training practices. These overlapping themes, together with their category placements, are summarised in Table 4.5 as follows:

**Table 4.5: Themes which emerged from focus group #1 sub-group discussions**

| FAILURE   | REPORTED BY | CATEGORY PLACEMENT                                  |
|---|-------------|---|
| <b>PREPARING THE RIGHT PEOPLE</b>   |             |   |
| Parents/School staff do not stay current with youth issues  | Sub-group 1 | Preparing the right people                          |
| Imposition of values on counselees  | Sub-group 1 | Preparing using appropriate models and methods      |
| Counsellors who are unwilling to identify [with counselee]  | Sub-group 1 | Preparing to meet real needs                        |
| Lack of openness  | Sub-group 2 | Preparing using appropriate models and methods      |
| Tendency to generalise human behaviour (rather than listening to counselee)                         | Sub-group 3 | Preparing with a right understanding of root causes |
| Sometimes people train for their own needs/welfare [status]   | Sub-group 3 | Preparing the right people                          |
| No openness/ no communication in counselling  | Sub-group 4 | Preparing with a right understanding of root causes |
| Generation gap  | Sub-group 4 | Preparing to meet real needs                        |
| <b>PREPARING WITH A RIGHT UNDERSTANDING OF ROOT CAUSES</b>  |             |   |
| Unable to analyse the political and social context  | Sub-group 1 | Preparing with a right understanding of root causes |
| Social change, cultural change not understood   | Sub-group 2 | Preparing with a right understanding of root causes |
| Dramatic cultural change  | Sub-group 2 | Preparing the right people                          |
| Little understanding of local culture   | Sub-group 2 | Preparing the right people                          |
| Inadequate training in understanding the cause of conflict on mental health status in the community | Sub-group 2 | Preparing with a right understanding of root causes |
| Tend to deal with symptoms not causes, behaviour not character                                      | Sub-group 4 | Preparing to meet real needs                        |
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>   |             |   |
| Psychological theories may not fit social situation, theories not applied                           | Sub-group 2 | Preparing using appropriate models and methods      |
| Not adequate research on African realities  | Sub-group 3 | Preparing to meet real needs                        |
| FAILURE   | REPORTED BY | CATEGORY PLACEMENT                                  |
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>   |             |   |
| Training too broad and abstract to transfer to specific situations                                  | Sub-group 3 | Preparing to meet real needs                        |

Table 4.5 continued

| FAILURE   | REPORTED BY | CATEGORY PLACEMENT                                  |
|---|-------------|---|
| <b>PREPARING USING APPROPRIATE MODELS AND METHODS</b>       |             |   |
| Some [counsellors] use western theories [fragmented]        | Sub-group 3 | Preparing using appropriate models and methods      |
| Models not being adapted to the African context             | Sub-group 4 | Preparing using appropriate models and methods      |
| <b>PREPARING TO MEET THE REAL NEEDS</b>                     |             |   |
| Not able to understand the causes of mental health problems | Sub-group 1 | Preparing with a right understanding of root causes |
| Individual/ family needs are not being addressed            | Sub-group 2 | Preparing to meet real needs                        |
| No solution to needs. Grass roots-level needs are not met   | Sub-group 2 | Preparing to meet real needs                        |
| Counsellors may become overloaded                           | Sub-group 3 | Preparing using appropriate models and methods      |
| Assumption that cause/ response is known without listening  | Sub-group 4 | Preparing with a right understanding of root causes |

Finally, participants were introduced to an exercise designed to highlight priorities in future training practices. Each participant was invited to review those failures identified by each sub-group within each of the categories and cast up to 3 votes against those failures which need to be urgently addressed for each set of sub-group results. Given that there were 15 participants in focus group #1 and four sets of sub-group results, this meant that a possible 180 votes could be cast. Not all participants used all of their votes, and a total of 83 votes were cast. These priority training needs were then collated and listed as reflected in Table 4.6.

Table 4.6: *Priorities in community counselling training needs*

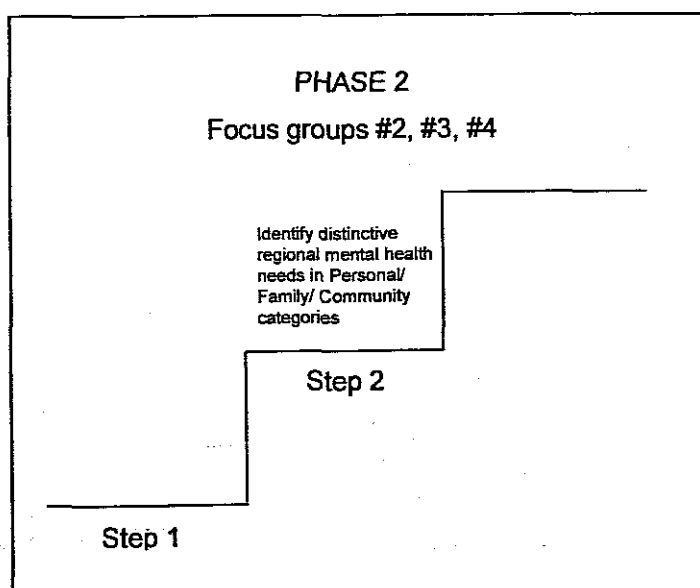
| FAILURE   | VOTES |
|---|-------|
| Psychological theories may not fit social situation, theories not applied   | 10    |
| Inadequate research on African realities                                    | 7     |
| Tend to deal with symptoms not causes, behaviour not character              | 7     |
| Tendency to generalise human behaviour (rather than listening to counselee) | 6     |
| Social change, cultural change not understood                               | 6     |
| Parents/School staff do not stay current with youth issues                  | 6     |
| Sometimes people train for their own needs/welfare [status]                 | 5     |
| Dramatic cultural change  | 4     |
| Imposition of values on counselees  | 4     |
| Training too broad and abstract to transfer to specific situations          | 4     |

Table 4.6 continued

| FAILURE   | VOTES |
|---|-------|
| Little understanding of local culture   | 3     |
| No openness/ no communication in counselling  | 3     |
| Models not being adapted to the African context   | 3     |
| Individual/ family needs are not being addressed  | 2     |
| Unable to analyse the political and social context  | 2     |
| Not able to understand the causes of mental health problems   | 2     |
| Generation gap  | 1     |
| Grass root level needs are not met  | 1     |
| No solution to needs  | 1     |
| Counsellors who are unwilling to identify [with needs]  | 1     |
| Counsellors may become overloaded   | 1     |
| Some [counsellors] use western theories [fragmented]  | 1     |
| Lack of openness  | 1     |
| Assumption that cause/ response is known without listening  | 1     |
| Inadequate training in understanding the cause of conflict on mental health status in the community | 1     |

This exercise concluded the first phase of focus group activities. An analysis and interpretation of these results will be presented in Chapter 5.

#### 4.3 OUTCOME 2: RESULTS OF THE QUESTIONNAIRE FOR FOCUS GROUPS #2, #3, AND #4



In Step 2, focus groups #2, #3, and #4 were given an overview of the purpose of Phase 2, namely to identify distinctive regional mental health needs in Personal/Family/Community

domains with a view to informing a more relevant curriculum design for training community counsellors in the Great Lakes region. From the outset of the study, the situational assessment exercise sought to examine community counselling needs under these personal, family, and community domains (see Chapter 3, Section 3.1., Section 3.4.4; Chapter 4, Section 4.3). As mentioned previously in Chapter 3, the use of the term 'personal' refers to those 'intrapsychic' elements of the personality i.e. self-perception, meaning and value. By personal needs this study refers to those needs that relate to issues of personal meaning, worth and value. The use of the term 'family' refers to the primary socialising element within society. The impact of family relationships is significant for all aspects of human development. In Africa the family system is highly valued for its influence upon child-rearing practices, the formation of identity, and for modelling acceptable social behaviour. In referring to family needs this study was concerned to investigate the consequences of family disorganisation and its impact upon personal and community behaviours. In this study, the use of the term 'community' refers to the learned beliefs, behaviours and attitudes that are characteristic of a particular community, society or population. In referring to community needs, this study investigated those consequences that occur when the community as a whole fails to (or is unable to) care for and support its members. These categories are critical in guiding the curriculum design. Mental health needs are rarely witnessed exclusively in personal or family or community domains. More often than not, mental health needs are inter-related across such categories. Accounting for these interrelationships was a significant dimension of the study in light of the curriculum development process. On the basis of cultural background, training, exposure and experience, participants were assigned to focus groups as described in Table 4.7.

**Table 4.7: Sub-groups together with number of participants assigned to each sub-group**

| CLASSIFICATION               | FOCUS GROUP | NUMBER OF PARTICIPANTS |
|------------------------------|-------------|------------------------|
| Urban middle to upper income | #2          | 5                      |
| Youth and children           | #3          | 7                      |
| Urban low income/ rural      | #4          | 5                      |

Participants within each focus group completed the needs questionnaire (Annexure VII). This exercise was designed to investigate the scope and severity of mental health needs at grass roots level in the Great Lakes region in Personal/Family/Community domains. The

questionnaire required participants to respond to items in 'frequently', 'sometimes', 'seldom' or 'never' categories. Full results are reflected in Annexure XII (focus group #2), Annexure XIII (focus group #3), and Annexure XIV (focus group #4). Where participants listed new items, those items added by participants are indicated using the prefix ('P', 'F', and 'C') under the heading 'Other'.

Questionnaires from each focus group were then collated. The items that received high frequency rankings are presented in Annexures XV to XVII. High frequency rankings are interpreted as follows:

1. High/High (H/H): 100% of participants responded in the 'Frequently' category.
2. High/Low (H/L): >50% of participants responded in the 'Frequently' or 'Sometimes' categories.

Each priority item was listed with the prefix 'P' (Personal category), or 'F' (Family category), or 'C' (Community category) followed by a numeral denoting the item number listed in the questionnaire. Any new items that were added by participants are indicated using the prefix ('P', 'F', and 'C') and followed by the numeral '0' (see Annexures XV and XVI).

#### 4.3.1 Summary of mental health needs receiving high frequency rankings across all sub-groups

In summary, a number of community counselling needs received high frequency rankings across all socio-economic sub-groups. For items listed in Table 4.8., more than 50% of participants responded in the High/Low (H/L) categories.

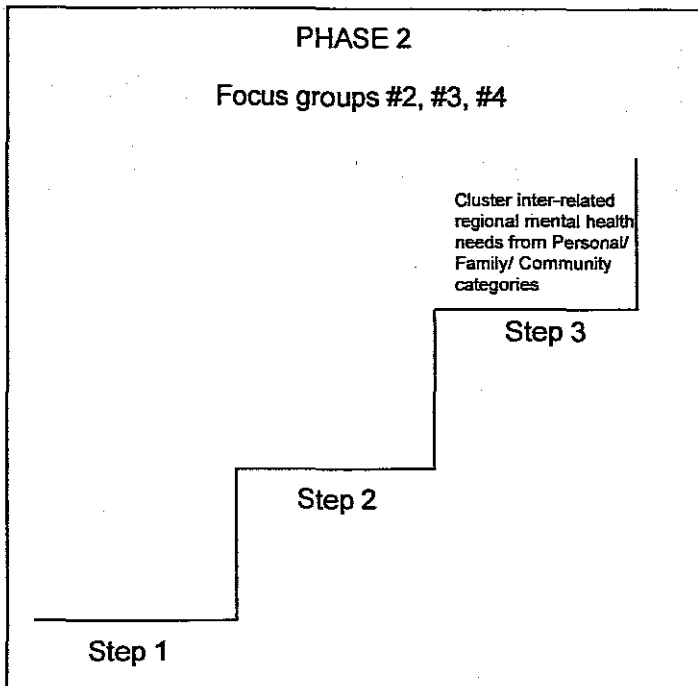
**Table 4.8 Summary of the most frequent mental health needs across all socio-economic sub-groups in Personal, Family and Community domains**

| <b>PRIORITY MENTAL HEALTH NEEDS COMMON TO ALL SUB-GROUPS</b> |     |   |
|--|-----|---|
| <b>PERSONAL (H/L)</b>  |     |   |
|  | P2  | Adult depression (sad affect, loss of interest in life, inability to function well) |
|  | P5  | Anxiety (fear that interferes with functioning, avoidance)                          |
|  | P8  | Grief/loss (death of family member, other significant loss)                         |
|  | P9  | Diagnosis of HIV/AIDS   |
|  | P13 | Poor self-concept   |
|  | P14 | Suicidal thoughts or attempts (adult)   |
|  | P16 | Psychosomatic illness (feelings of ill-health with no specific organic cause)       |
|  | P18 | Sexual promiscuity  |
|  | P19 | Self-injury (e.g. cutting)  |
|  | P21 | Coping with illness or injury   |
|  | P24 | Alcohol abuse or alcoholism   |
|  | P25 | Aggression (volatile and sometimes violent behaviour)                               |
|  | P29 | Physical abuse survivor (adult)   |
|  | P30 | Physical abuse victim (child)   |
|  | P32 | Emotional neglect/abuse victim (child)  |
| <b>FAMILY (H/L)</b>  |     |   |
|  | F1  | Alcohol abuse or addiction  |
|  | F2  | Family conflict (e.g. verbal fighting or discord)                                   |
|  | F3  | Addressing HIV/AIDS' impact on the family   |
|  | F8  | Parenting a child who is defiant, oppositional or behaving rebelliously             |
|  | F9  | Domestic violence (spouse abuse)  |
|  | F10 | Family rejection or estrangement  |
|  | F11 | Marital dissatisfaction   |
|  | F12 | Marital problems related to an affair or affairs                                    |
|  | F14 | Adolescent premarital sex   |
| <b>COMMUNITY (H/L)</b>                                       |     |   |
|  | C1  | Antisocial behaviour (gangs, gang violence, illegal/illicit activities)             |
|  | C2  | Begging   |
|  | C3  | Curses/spells (occult activities)   |
|  | C4  | Displacement/dislocation (from war, famine, and unemployment)                       |
|  | C5  | Demonic manifestations  |
|  | C6  | Drug addiction  |
|  | C8  | HIV/AIDS  |
|  | C9  | Homelessness  |
|  | C10 | Hunger/starvation   |
|  | C11 | Malnutrition  |
|  | C12 | Unemployment or underemployment   |
|  | C13 | Illiteracy  |
|  | C14 | Poverty   |
|  | C18 | Loss of property (bad debt, bankruptcy)   |
|  | C19 | Murder and other violent crime  |
|  | C21 | Post-traumatic stress   |
|  | C22 | Rape  |
|  | C23 | Sexually Transmitted Diseases (STDs')   |
|  | C25 | Rampant (possibly violent) theft  |
|  | C26 | Torture   |

The primary purpose for the use of the questionnaire was to assist participants to engage in a 'clustering of inter-related mental health needs' exercise considered essential to the

development of the curriculum. The extraordinary range of mental health needs reflected in Annexures XV to XVII provided a depth of insight into the challenges facing community counsellors in the Great Lakes region.

#### 4.4 OUTCOME 3: RESULTS OF 'CLUSTERING' INTER-RELATED REGIONAL MENTAL HEALTH NEEDS



In Step 3, focus groups were required to select those mental health needs which could be organised into clusters of inter-related needs across Personal/Family/Community domains. Tables 4.9 to 4.11 reflect the results of focus group discussions regarding the 'clustering' of these regional mental health needs. Items reflected in these clusters are derived from Personal/Family/Community domains of the questionnaire for the relevant socio-economic sub-group. Items are generally presented in the order decided upon by focus groups in explaining the formation of each of the clusters. Participants who examined clusters of inter-related mental health needs in the urban low-income/ rural focus group were experienced in understanding the range of mental health needs present in the conflict-driven societies of the Democratic Republic of Congo, Rwanda and Burundi. These participants chose to focus on clustering mental health needs in these regions.



**Table 4.9: Focus group #2: Clusters of inter-related mental health needs for the Urban middle to upper income sub-group**

| CLUSTER | ITEMS | DESCRIPTION   |
|---------|-------|---|
| 1.      |       | <b>SPOUSAL CONFLICT</b>   |
|         | F9    | Domestic violence (spouse abuse)  |
|         | P2    | Adult depression (sad affect, loss of interest in life, inability to function well) |
|         | P5    | Anxiety (fear that interferes with functioning, avoidance)                          |
|         | P8    | Grief/loss (death of family member, other significant loss)                         |
| 2.      |       | <b>HIV/AIDS IMPACT ON THE FAMILY</b>  |
|         | F3    | Addressing HIV/AIDS' impact on the family   |
|         | F9    | Domestic violence (spouse abuse)  |
|         | F10   | Family rejection or estrangement  |
|         | F12   | Marital problems related to an affair or affairs                                    |
|         | F16   | Cultural conflict (family members' tension living in a culture in which they are    |
|         | C9    | Homelessness  |
|         | C14   | Poverty   |
| 3.      |       | <b>FAMILY CONFLICT</b>  |
|         | F2    | Family conflict (e.g. verbal fighting or discord)                                   |
|         | F8    | Parenting a child who is defiant, oppositional or behaving rebelliously             |
|         | F9    | Domestic violence (spouse abuse)  |
|         | F10   | Family rejection or estrangement  |
|         | F12   | Marital problems related to an affair or affairs                                    |
| 4.      |       | <b>GENDER ROLE CONFUSION</b>  |
|         | F0    | Gender role confusion   |
|         | F16   | Cultural conflict (family members' tension living in a culture in which they are    |
|         | C0    | (Other) conflict over modern versus traditional values                              |
|         | F2    | Family conflict (e.g. verbal fighting or discord)                                   |
|         | F9    | Domestic violence (spouse abuse)  |
|         | F10   | Family rejection or estrangement  |
| 5.      |       | <b>GRIEF/LOSS AND IMPACT OF MODERNITY ON CULTURAL VALUES</b>                        |
|         | P8    | Grief/loss (death of family member, other significant loss)                         |
|         | P2    | Adult depression (sad affect, loss of interest in life, inability to function well) |
|         | P0    | (other) stress and frustration  |
|         | F2    | Family conflict (e.g. verbal fighting or discord)                                   |
|         | F16   | Cultural conflict (family members' tension living in a culture in which they are    |
|         | C0    | (Other) conflict over modern versus traditional values                              |
|         | C0    | (Other) insecurity  |

**Table 4.10: Focus group #3: Clusters of inter-related mental health needs for the Youth and children sub-group**

| CLUSTER | ITEMS | DESCRIPTION   |
|---------|-------|---|
| 1       |       | <b>RELATIONSHIP DIFFICULTIES BETWEEN PARENT AND CHILD</b>                     |
|         | F2    | Family conflict (e.g. verbal fighting or discord)                             |
|         | F0    | Family instability and breakdown  |
|         | P3    | Child/adolescent depression (sad affect, loss of interest)                    |
|         | P5    | Anxiety (fear that interferes with functioning, avoidance)                    |
|         | P13   | Poor self-concept   |
|         | P25   | Aggression (volatile and sometimes violent behaviour)                         |
|         | P28   | Sexual abuse victim (child/adolescent)  |
|         | F8    | Parenting a child who is defiant, oppositional or behaving rebelliously       |
|         | F14   | Adolescent premarital sex   |
|         | C1    | Antisocial behaviour (gangs, gang violence, illegal/illicit activities)       |
| 2       |       | <b>SEXUAL PROMISCUITY</b>   |
|         | P18   | Sexual promiscuity  |
|         | P19   | Pregnancy before/outside of marriage  |
|         | P20   | Venereal disease (sexually transmitted disease)                               |
|         | P0    | Abortion  |
|         | P9    | Diagnosis of HIV/AIDS   |
| 3       |       | <b>ADOLESCENT POOR SELF-CONCEPT</b>   |
|         | P13   | Poor self-concept   |
|         | P3    | Child/adolescent depression (sad affect, loss of interest)                    |
|         | P5    | Anxiety (fear that interferes with functioning, avoidance)                    |
|         | P15   | Suicidal thoughts or attempts (child/adolescent)                              |
|         | P16   | Psychosomatic illness (feelings of ill-health with no specific organic cause) |
|         | P25   | Aggression (volatile and sometimes violent behaviour)                         |
| 4       |       | <b>CONFLICT BETWEEN TRADITIONAL AND MODERN CULTURAL</b>                       |
|         | F2    | Family conflict (e.g., verbal fighting or discord)                            |
|         | F8    | Parenting a child who is defiant, oppositional or behaving rebelliously       |
|         | F9    | Domestic violence (spouse abuse)  |
|         | F10   | Family rejection or estrangement  |
|         | F0    | Family instability and breakdown  |
|         | P25   | Aggression (volatile and sometimes violent behaviour)                         |
| 5       |       | <b>STREET CHILDREN</b>  |
|         | P30   | Physical abuse victim (child)   |
|         | P32   | Emotional neglect/abuse victim (child)  |
|         | F3    | Addressing HIV/AIDS' impact on the family                                     |
|         | F9    | Domestic violence (spouse abuse)  |
|         | F10   | Family rejection or estrangement  |
|         | F13   | Orphaned children-family response   |
|         | F14   | Adolescent premarital sex   |
|         | C1    | Antisocial behaviour (gangs, gang violence, illegal/illicit activities)       |
|         | C2    | Begging   |
|         | C4    | Displacement/dislocation (from war, famine, and unemployment)                 |

Table 4.10 continued

|    |     |                                 |
|----|-----|---------------------------------|
|    | C6  | Drug addiction                  |
|    | C8  | HIV/AIDS                        |
|    | C9  | Homelessness                    |
| 5. |     | <b>STREET CHILDREN</b>          |
|    | C10 | Hunger/starvation               |
|    | C11 | Malnutrition                    |
|    | C12 | Unemployment or underemployment |
|    | C13 | Illiteracy                      |
|    | C14 | Poverty                         |
|    | C16 | Street children                 |

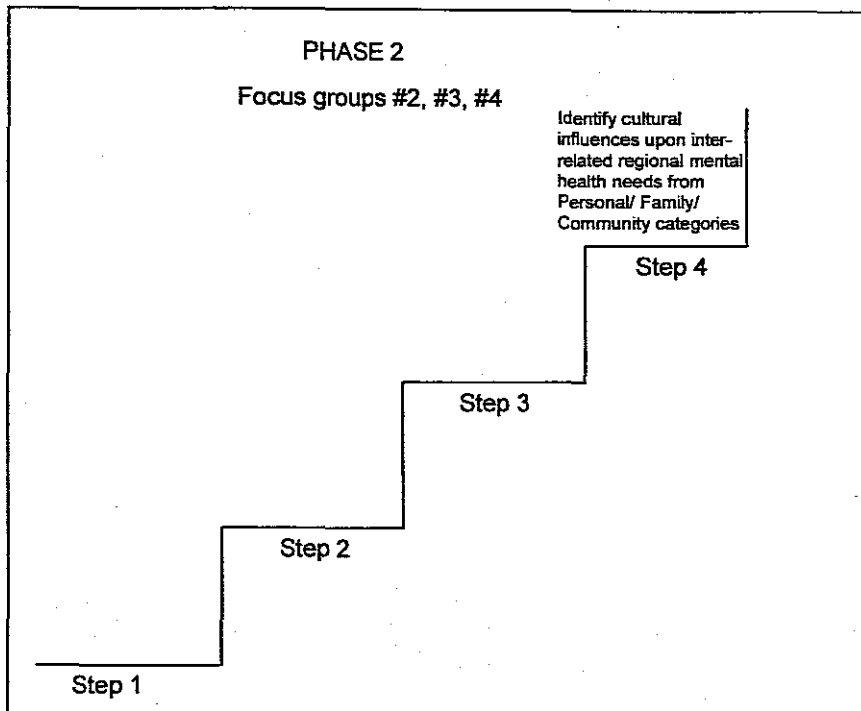
Table 4.11: Focus group #4: Clusters of inter-related mental health needs for the Urban low income/ rural focus sub-group

| CLUSTER | ITEMS | DESCRIPTION  |
|---------|-------|--|
| 1.      |       | <b>THE IMPACT OF CONFLICT</b>  |
| 1A.     |       | <b>A CONFLICT-RIDDEN SOCIO-CULTURAL ENVIRONMENT</b>                          |
|         | P5    | Anxiety (fear that interferes with functioning, avoidance)                   |
|         | P6    | **Phobia (excessive fear of people, heights, objects, death etc.)            |
|         | P13   | Poor self-concept  |
|         | P21   | Coping with illness or injury  |
|         | P33   | Separation anxiety (Excessive fear of separating from parent/s)              |
|         | F16   | Cultural conflict (Family members' tension living in a culture in which they |
|         | C2    | Begging  |
|         | C4    | Displacement/dislocation (from war, famine, and unemployment)                |
|         | C10   | Hunger/starvation  |
|         | C14   | Poverty  |
| 1B.     |       | <b>POOR SELF-CONCEPT AND LOW SELF ESTEEM</b>                                 |
|         | P2    | Adult depression (sad affect, loss of interest in life, inability to         |
|         | P3    | Child/adolescent depression (sad affect, loss of interest)                   |
|         | P5    | Anxiety (fear that interferes with functioning, avoidance)                   |
|         | P6    | **Phobia (excessive fear of people, heights, objects, death etc.)            |
|         | P11   | Panic disorders (panic attacks, dizziness, sweating, trembling)              |
|         | P16   | Psychosomatic illness  |
|         | P25   | Aggression (volatile and sometimes violent behaviour)                        |
|         | C12   | Unemployment or underemployment  |
|         | C13   | Illiteracy   |
|         | C14   | Poverty  |
| 1C.     |       | <b>TRAUMA SUFFERED THROUGH EXPOSURE TO CONFLICT</b>                          |
|         | P2    | Adult depression (sad affect, loss of interest in life, inability to         |
|         | P3    | Child/adolescent depression (sad affect, loss of interest)                   |
|         | P5    | Anxiety (fear that interferes with functioning, avoidance)                   |
|         | P6    | **Phobia (excessive fear of people, heights, objects, death etc.)            |
|         | P23   | Traumatic stress or PTSD   |
|         | C2    | Begging  |

Table 4.11 continued

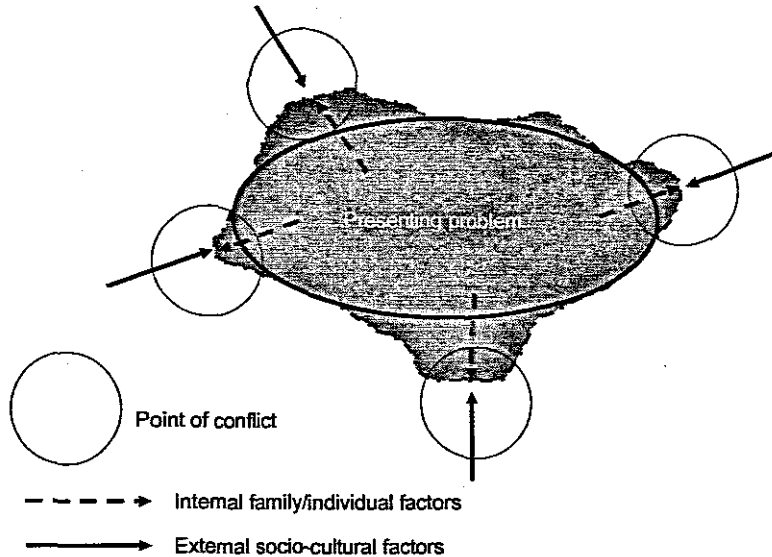
|     |     |  |
|-----|-----|--|
|     | F13 | Orphaned children-family response  |
|     | C9  | Homelessness   |
|     | C18 | Loss of property (bad debt, bankruptcy)                                      |
|     | C19 | Murder and other violent crime   |
|     | C21 | Post-traumatic stress PTSD   |
| 1D. |     | <b>FAMILY CONFLICT AND DOMESTIC VIOLENCE</b>                                 |
|     | F9  | Domestic violence (Spouse abuse)   |
|     | F10 | Family rejection or estrangement   |
|     | F11 | Marital dissatisfaction  |
|     | F12 | Marital problems related to an affair or affairs                             |
|     | F16 | Cultural conflict (family members' tension living in a culture in which they |
| 1E. |     | <b>POVERTY</b>   |
|     | P2  | Adult depression (sad affect, loss of interest in life, inability to         |
|     | P5  | Anxiety (fear that interferes with functioning, avoidance)                   |
|     | P13 | Poor self-concept  |
|     | P14 | Suicidal thoughts or attempts (adult)  |
|     | F1  | Alcohol abuse or addiction   |
|     | C10 | Hunger/starvation  |
|     | C11 | Malnutrition   |
|     | C12 | Unemployment or underemployment  |
|     | C18 | Loss of property (bad debt, bankruptcy)                                      |
| 1F. |     | <b>UNCLEAR SOCIO-CULTURAL MESSAGES ABOUT SEX IN HUMAN</b>                    |
|     | P9  | Diagnosis of HIV/AIDS  |
|     | P18 | Sexual promiscuity   |
|     | P19 | Pregnancy before/outside of marriage   |
|     | P20 | Venereal disease (sexually transmitted disease)                              |
|     | F3  | Addressing HIV/AIDS' impact on the family                                    |
|     | F9  | Domestic violence (Spouse abuse)   |
|     | F10 | Family rejection or estrangement   |
|     | F11 | Marital dissatisfaction  |
|     | F12 | Marital problems related to an affair or affairs                             |
|     | F14 | Adolescent premarital sex  |
|     | C8  | HIV/AIDS   |
|     | C23 | Sexually Transmitted Diseases (STDs')  |

#### 4.5 OUTCOME 4: RESULTS OF THE ANALYSIS OF CULTURAL FACTORS THAT IMPACT UPON 'CLUSTERS' OF MENTAL HEALTH NEEDS



In Step 4, focus groups assisted in identifying those cultural influences (both external and internal) which impact upon these clusters of inter-related regional mental health needs. As previously highlighted in Chapter 3, Section 3.4.4.1, participants reflected upon those external forces (e.g., economic, political, cultural) as well as internal forces (e.g., family social dynamics, family traditions) that influence the presentation of a mental health need (or needs) as depicted in Figure 3.4. For the cluster of mental health needs to be meaningfully addressed requires an understanding of those external and internal forces.

(from Chapter 3, Figure 3.4): *Distorting tendency caused by external socio-cultural contributory factors upon a presenting need*



Results are presented for each focus group representing a particular socio-economic grouping. With only limited time available, each focus group was free to identify and explore as many clusters as possible within the time constraint of 90 minutes.

In the following section of the study, those clusters highlighted by focus group participants for discussion are re-presented having been extracted out of the relevant table (Tables 4.9 to 4.11). Each cluster is then presented, followed by an explanation of external and internal influencing elements. Where comments of participants identified distinctive inter-relationships between mental health needs, these are indicated in parenthesis in the order decided upon by the focus group.

#### 4.5.1 Focus group #2: Urban middle to upper income grouping (Table 4.9)

This sub-group chose to highlight the tension between traditional and modern cultural expectations which presently afflicts urban middle to upper income earners in the Great Lakes region. This problem is particularly illustrated through mental health issues of grief and loss (Cluster 5) and spousal conflict (Cluster 1).

**Cluster 5 (Grief / loss and the impact of modernity on cultural values): see Table 4.9**

| GRIEF/LOSS, AND THE IMPACT OF MODERNITY ON CULTURAL VALUES |   |
|--|---|
| P8   | Grief/loss (death of family member, other significant loss)   |
| P2   | Adult depression (sad affect, loss of interest in life, inability to function well)   |
| P  | (other) stress and frustration  |
| F2   | Family conflict (e.g. verbal fighting or discord)   |
| F16  | Cultural conflict (family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict) |
| C  | (Other) conflict over modern versus traditional values  |
| C  | (Other) insecurity  |

Traditional socio-cultural expectations and practices surrounding the loss of a family member are often in conflict with modern approaches to managing the loss of a family member. Furthermore, modernity has created a confusion of values and standards in the domestic context, particularly around issues of spousal role and function leading to severe spousal conflict in many families.

**EXTERNAL SOCIO-CULTURAL FACTORS:**

The group identified the following external factors:

1. Solidarity and attachment is less strong in the modern cultural setting than in the rural community context.
2. Strong traditional cultural demands regarding how to deal with death are still there, regardless of modernity. There is pressure for those living in the Great Lakes to maintain the cultural expectation of ensuring the remains are taken back to the rural homeland for burial.
3. Grief/ loss brings a re-connection with family roots.
4. There is continuing pressure to follow the traditional process. At the same time, following the traditional process of managing death still does not necessarily help the family deal with the loss.
5. In some tribal communities there is a tradition of no emotional expression of mourning.
6. The medicine man traditionally has had a key role to play in explaining the cause of death of the deceased. In an urban setting there remains an expectation that church

pastors should do this. Somehow, other than ministering to the bereaved, the pastor cannot substitute for the medicine man.

#### INTERNAL FAMILY/INDIVIDUAL FACTORS:

The group identified the following internal factors:

1. Loss of income may be more important than loss of the family member because of burial costs, loss of income of the deceased, ongoing financial support for the partner/ family of the deceased.
2. There is conflict between modern and traditional cultural practices regarding burial and mourning process.
3. Mourning practices are changing despite the influence of certain traditional tribal policies which state that the bereaved are not to show emotion.
4. In dealing with the estate of the deceased, traditionally the family assign the arrangements to community elders who take the leading role in making all the arrangements before and after the burial. This role is rapidly getting lost as the result of modernity.
5. Ongoing social support of the family of the deceased is generally poor within both traditional and modern settings.
6. Lines of succession of responsibility and influence in the family order are getting confused as the result of modernity.

The consequence of conflict between modernity and traditional cultural practices in regard to grief/ loss is that death is an occasion of great tension and confusion. Unresolved grief is a frequently recurring theme.

**Cluster 1 (Spousal conflict):** see Table 4.9

| SPOUSAL CONFLICT |   |
|------------------|---|
| F9               | Domestic violence (spouse abuse)  |
| P2               | Adult depression (sad affect, loss of interest in life, inability to function well) |
| P5               | Anxiety (fear that interferes with functioning, avoidance)                          |
| P8               | Grief/loss (death of family member, other significant loss)                         |



**EXTERNAL SOCIO-ECONOMIC FACTORS:**

The group identified the following external factors:

1. Modernity versus traditional values is the dominant issue.
2. There is religious pressure on the sides of both traditional values and modernity.
3. Ignorance of role expectations between spouses. Traditional values still favour the husband being the 'leader' in the relationship.
4. In some African traditional settings wife-beating is acceptable with good reason on the part of the husband. In the urban context this is no longer acceptable but is still deemed 'permissible' where the husband is provoked.
5. Religious values regarding monogamy come into conflict with the traditional acceptance of polygamy. In a modern urban cultural setting polygamy may not be accepted, but it is still tolerated. It is not uncommon for a husband to introduce a second wife into the home.
6. The husband can extend the issue of sexual faithfulness in marriage with another woman provided there is a polygamous understanding of marriage.
7. The influence of modernity brings with it the idea that sexual fulfilment is the key to a good marriage.
8. There is increasing peer pressure for sexual unfaithfulness (*item P18*).
9. The traditional focus of leadership development on the 'boy-child' is rapidly changing in favour of the 'girl-child'. The present emphasis 'girl-child' education (health, nutrition, educational attainment) is causing the communities in the Great Lakes to ignore the social and educational development of male children.

**INTERNAL FAMILY/INDIVIDUAL FACTORS:**

The group identified the following internal factors:

1. Modernity versus traditional values is the dominant issue.
2. In-law interference, particularly where rural and urban backgrounds are represented in the marriage.
3. Economic expectations where both husband and wife are earning an income.
4. Allocation of duties where both husband and wife are employed outside the home.
5. Lack of effective communication between spouses leading to marriage conflict.
6. Global changes in marriage role and function influence an understanding of gender roles

in marriage.

7. Struggle to manage personality and emotional differences between spouses.
8. Child-rearing practices where modern values of childhood development come into conflict with traditional understanding of childhood development.

#### 4.5.2 Focus group #3: Youth and children grouping (Table 4.10)

Of those clusters of mental health needs afflicting youth and children, this sub-group chose to examine relationship difficulties between parent and child (Cluster 1); conflict between traditional and modern cultural values (Cluster 4), and the growing problems of street children, in part due to the mass rural to urban migration taking place in the Great Lakes region (Cluster 5).

**Cluster 1 (Relationship difficulties between parent and child):** see Table 4.10

| RELATIONSHIP DIFFICULTIES BETWEEN PARENT AND CHILD |   |
|--|---|
| F2   | Family conflict (e.g. verbal fighting or discord)                       |
| F  | family instability and breakdown  |
| P3   | Child/adolescent depression (sad affect, loss of interest)              |
| P5   | Anxiety (fear that interferes with functioning, avoidance)              |
| P13  | Poor self-concept   |
| P25  | Aggression (volatile and sometimes violent behaviour)                   |
| P28  | Sexual abuse victim (child/adolescent)                                  |
| F8   | Parenting a child who is defiant, oppositional or behaving rebelliously |
| F14  | Adolescent premarital sex   |
| C1   | Antisocial behaviour (gangs, gang violence, illegal/illicit activities) |

Participants reported that relationship problems between children and their fathers are common, although not specifically identified in the needs questionnaire. These relational problems are often rooted in marital conflict, and how the father treats the mother, as well as a history of maltreatment (beatings) of mother and children (*items P29, P30, and F2*). In observing the dysfunctional family structure, participants reported patterns of relationship problems. These patterns include the child who is punished unfairly, a father who unfairly treats the mother, sexual abuse in the home and estrangement and rejection (*items F9, F10 and F11*). Many young people are angry with their fathers. One participant reported on an

interview with a young person who said, "I hate my father with a passion! I wish he were dead." Another participant reported on a young person who wants to take revenge, and another young adult who will not consider forgiveness. In terms of specific patterns of family violence, problems identified were:

- ❖ Financial deprivation
- ❖ No money for children even when there is money available
- ❖ Physical beatings of mother and/or children (*item F9*)
- ❖ Verbal put downs such as "You're not worth anything"

Participants noted that many parents do not know their children. They provided examples where a school calls the parents over an issue and the parents respond with, "My child cannot have done that!" Participants felt that counselling too often focuses on youth without consideration of their parents. There is not enough focus on assisting parents, particularly fathers. Participants felt that community counsellors are too often treating symptoms, not real problems, which exist within the family setting. One participant said, "[There is] no way to solve current problems with children without addressing parents!"

#### EXTERNAL SOCIO-CULTURAL FACTORS:

The group identified the following external factors:

1. Traditional paternal leadership role in the home.
2. Open affection within the home is discouraged (*item F10*).
3. Paternal monopoly on the distribution of domestic financial resources.

#### INTERNAL FAMILY/INDIVIDUAL FACTORS:

The group identified the following internal factors:

1. Paternal abuse – physical and verbal (*items P29, P30*).
2. Confused authority and leadership expectations in the marriage relationship.
3. Family violence (*items F9, F10*).
4. Acceptance is based on performance.

**Cluster 4 (Conflict between traditional and modern cultural values): see Table 4.10**

| CONFLICT BETWEEN TRADITIONAL AND MODERN CULTURAL VALUES |   |
|---|---|
| F2  | Family conflict (e.g. verbal fighting or discord)                       |
| F8  | Parenting a child who is defiant, oppositional or behaving rebelliously |
| F9  | Domestic violence (spouse abuse)  |
| F10   | Family rejection or estrangement  |
| F   | Family instability and breakdown  |
| P25   | Aggression (volatile and sometimes violent behaviour)                   |
| F8  | Parenting a child who is defiant, oppositional or behaving rebelliously |

In families there are frequently problems caused by modernity and traditional cultural practices. These conflicts are characterised by:

1. Spousal conflict over traditional values.
2. Cultural expectations imposed on children.
3. Family instability and breakdown (items F2, F9).
4. Family conflict (e.g. verbal fighting or discord) (items F2, F9.)
5. Parenting a child who is defiant, oppositional or behaving rebelliously (item F8).
6. Domestic violence (spouse abuse) (item F9).
7. Family rejection or estrangement (item F10).

Participants indicated that it is not unusual to find parents who hold to a more traditional set of values whilst their children are very modern in applying values. Although many parents have tried to be modern in their thinking, when addressing relationships (like who a son or daughter will marry) parents frequently resort to becoming very traditional. It is not unusual for parents to insist that their children marry someone from the tribe to which the family is affiliated. In the urban context, this is alarming for young adults who have made friends of others from different tribal affiliations. A young adult response may well be, "This is double-sided, or a double standard." There may also be conflict between parents around spousal roles, and youth get pulled in and are forced to take sides. Parents may not be prepared for the issues of urban/modern values versus traditional values within their family life.

Another aspect of conflicting cultural values is where parents do not show appreciation of their children's achievements. The accepted cultural norm may be to only emphasise the negative in parenting - only to tell the child when he/she is wrong. Participants reported that children seldom hear commendations or appreciation. As modern values enter in to family life, parents get worried, fearful, and critical. Culturally, parents, especially fathers, do not apologize to their children. Participants stressed the need for parents to learn to apologise to their children (and also to one another). Children know when their parents have been unfair and they feel bitter when it is not acknowledged. Culturally, very young children are given a lot of freedom. Then at the ages of 10-12 years that freedom is curtailed. This is too late to start discipline.

Participants shared how the traditional cultural belief of the man is, "I paid lobola for her [wife]; now she and the children are my property." Often the husband is happy to acknowledge the children when they are doing well. When they are bad they are told to leave. Such rejection creates animosity. Further family instability is created by the prospect of divorce or separation of the mother having to leave the father and being forced to stay with her mother's family, or worse (items F9, F10, and F11). One participant reported on the recent suicide/homicide of a father. Apparently, his wife stood up to him in divorce court, and won the case. The man felt humiliation and loss of control. The irony was that he was acting out of a traditional value (I am in charge), but took a decidedly modern solution to his problem i.e. suicide, which would have been a cause for shame in traditional culture. A significant quote from one female participant was, "Women do not win in Africa." Honour versus shame is a huge socio-cultural issue for families, particularly for men. The man must feel in control. It is humiliating (bad) to reveal any weakness. At times there are real contradictions in values between the traditional and the modern. Participants shared how when someone is sick, "[we] are modern and attend the hospital". Yet, when someone dies, "[we] become very traditional, and like a traditional burial". In the case of marital conflict the husband/wife will go back to traditional elders for marital advice. One participant reported the case of a university colleague who said, "When my wife annoyed me, I became an 'African' man." He beat her and sent her to the hospital.

Traditional cultural values and Christianity do not mix easily in regard to traditional family values. When an African person is threatened [stressed], he/she turns back to traditional ways or culture, a case of 'Church on Sunday, witchdoctor on Monday.' Under stress, people

revert to their mother tongue, and pray in their mother tongue. Ancestral worship is still common among Christians.

#### EXTERNAL SOCIO-CULTURAL FACTORS:

The group identified the following external factors:

1. Traditional cultural values must be maintained at all costs.
2. Marriage should be within tribal boundaries.
3. Parents do not apologise to their children.
4. Parents do not outwardly show appreciation for their children's achievements.
5. Young children are given a lot of freedom.
6. Wife and children are the property of the man.
7. Man must feel in control.

#### INTERNAL FAMILY/INDIVIDUAL FACTORS:

The group identified the following internal factors:

1. Conflict between parents who hold to more traditional values in contrast to youth who are very modern in their values.
2. Children are confused regarding cultural values.
3. As modern values enter family life, parents become threatened.
4. Parents endeavour to maintain traditional values.
5. Early childhood freedoms are withdrawn when the child gets older.
6. Contradictions when it comes to issues such as illness and death.

**Cluster 5 (Street children):** see Table 4.10

| STREET CHILDREN |   |
|-----------------|---|
| P30             | Physical abuse victim (child)             |
| P32             | Emotional neglect/abuse victim (child)    |
| F3              | Addressing HIV/AIDS' impact on the family |
| F9              | Domestic violence (spouse abuse)          |
| F10             | Family rejection or estrangement          |
| F13             | Orphaned children-family response         |
| F14             | Adolescent premarital sex                 |

**Cluster 5 (Street children): See Table 4.10 continued**

|     |  |
|-----|--|
| C16 | Street children  |
| C1  | Antisocial behaviour (angs, gang violence, illegal/illicit activities) |
| C2  | Begging  |
| C4  | Displacement/islocation (from war, famine, and unemployment)           |
| C6  | Drug addiction   |
| C8  | HIV/AIDS   |
| C9  | Homelessness   |
| C10 | Hunger/starvation  |
| C11 | Malnutrition   |
| C12 | Unemployment or underemployment  |
| C13 | Illiteracy   |
| C14 | Poverty  |
| C16 | Street children  |

Participants shared how the cultural aspects of life in poor urban communities are multi-faceted. In one Nairobi slum, it is estimated that 60% or more of the people are from the Central Province of Kenya, which is the Kikuyu language. Amongst the Kikuyu speaking people when a mother and father divorce, the mother gets the children. Amongst the Kikuyu, it is acceptable to have children without having to be married. By contrast, amongst the Luya speaking people, children belong to the larger community and specifically the father. It is estimated that 75% of Kiambu speaking children are children of single mothers.

Some of the distinctive characteristics of the urban low income earners are:

1. Single-parent mothers with children.
2. Women who have children without marriage.
3. Mother and children who are chased away because the mother's brothers see a potential threat from the mother's children who may inherit from the parents. They also are forced to move to the Nairobi slum quarters.

Participants shared some contributory factors leading to mental health problems amongst the urban low income group, particularly street people (*item C9, C14, and C16*). One contributing factor is that sharing one room with a mother, who has a paramour, is a shame for the son (particularly teenage children). Often the son is chased away or goes away (*items C9, F13*).

Another contributing factor is those cases where mothers give daughters up for prostitution in order to derive an income for family needs (*item F14*). A further factor is those cases where women endeavour to trap a man financially by having children with him.

Participants then reflected upon challenges facing community counsellors in cities of Kenya specifically in regard to those earning low incomes. By far the most serious need is that of the street children (*item C16*). Amongst street children, the street culture is one of begging, truancy, hunger, starvation, and malnutrition (*items C12, C13, and C14*). Many street children are products of single-parent families. Their lifestyle is characterised by:

- ❖ Poverty (leading to glue sniffing, drugs, alcohol, child prostitution) (*items C14, C16*)
- ❖ Rebellion
- ❖ Anger
- ❖ Antisocial behaviour (gangs, gang violence, illegal/illicit activities) (*item C1*)

The needs of street children are frequently misunderstood. These children typically have a parent or parents. They beg on the streets for a variety of reasons. Many have experienced abuse at home (*item P30*). A mother with adult friends may push the child (or children) out into the streets in order that she has privacy. Street culture includes sniffing glue, stealing, and peer abuse (older children abusing younger children).

In terms of socio-cultural factors that contribute to children being forced out onto the street, one factor is single mothers who lack the financial resources and social support to provide for their child (children). Another is poverty, especially rising levels of poverty in the Central Province of Kenya (also a politically neglected area) (*item C14*). Sometimes it is physical and sexual abuse, rejection or abandonment. There is the phenomenon of 'Maize meal' children, where the mother says, "I got this child looking for food."

For children on the street, the psychological and emotional consequences are devastating. Some children become rebellious and angry, some develop ideas of revenge and retribution. Others develop a poor self-concept, feeling "I hate myself". Almost all street children find it hard to trust anyone. They are vigilant and wary. Many become depressed and sad. On the street there is no one who is a child. Survival on the street spawns a culture of begging. Several forms of begging exist. These include begging (*item C2*), threatening others for



money, selling, harassing. Amongst street children there is a gang structure, a hierarchy of power and authority particularly amongst older children (item C1). For many poverty-stricken children it appears that life on the street offers benefits not available whilst living at home. There is the child who says, "On the street I can get chicken (by harassing someone). I cannot get chicken in this home!" Children sniff glue to feel warm and to get high as a form of escapism. The altered state created by glue-sniffing is one of warmth. Nicknames are a part of street culture.

Participants in the sub-group felt that, in order to help children on the street, we need to learn how they view the world and understand what they see as fair or just. Resolving the problem of the street child is a social issue that is crucial to the new free education challenge in Kenya. Now there is a place for all children in school with no barrier of school fees. This government policy has been in place for one year. It is a huge social experiment. Participants felt that free education certainly provided an alternative to life on the streets. Also, government centres that were being started for children could be helpful in resolving some of the problem of street children.

#### EXTERNAL SOCIO-CULTURAL FACTORS:

The group identified the following external factors:

1. There is massive rural-urban migration amongst certain tribes, specifically the Kikuyu, Luya, Kiambu tribes.
2. Mother and children run away to the slums to escape family violence (*items P32, F10*).
3. Women with children outside of marriage have no other options but life in the slums (*item C14*).
4. Mothers and daughters engage in prostitution in order to survive (*item F14*).
5. Life on the street provides 'perks' not available at home – food, drugs, companionship
6. There is high unemployment (*item C12*).
7. There is wide-spread lack of education.
8. There is a loss of companionship and support.
9. Refugees have to flee conflict in regions of the Great Lakes (*item C4*).

**INTERNAL FAMILY/INDIVIDUAL FACTORS:**

The group identified the following internal factors:

1. Children are forced on the street through economic hardship (*items C11, C12, C13, C14, and C16*).
2. There is wide-spread family violence (*item F9*).
3. Prostitution is a problem.
4. Women and children experience abandonment (*item P32*).
5. There is a high level of fear.
6. There are many orphans particularly the result of HIV/AIDS (*item F3*).

#### 4.5.3 Focus group #4: Urban low income/ rural grouping (Table 4.11)

Focus group #3 chose to examine socio-cultural factors that influenced all of the identified clusters of inter-connected mental health needs, within the particular context of mental health needs driven by conflict realities in the Democratic Republic of Congo, Rwanda and Burundi.

**Cluster 1A (a Conflict-ridden socio-cultural environment): see Table 4.11**

| THE IMPACT OF CONFLICT                       |   |
|--|---|
| A CONFLICT-RIDDEN SOCIO-CULTURAL ENVIRONMENT |   |
| P5   | Anxiety (fear that interferes with functioning, avoidance)  |
| P6   | Phobia (excessive fear of people, heights, objects, death etc.)   |
| P13  | Poor self-concept   |
| P21  | Coping with illness or injury   |
| P33  | Separation anxiety (excessive fear of separating from parent/s)   |
| F16  | Cultural conflict (family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict) |
| C2   | Begging   |
| C4   | Displacement/dislocation (from war, famine, and unemployment)   |
| C10  | Hunger/starvation   |
| C14  | Poverty   |

This harsh social context incorporates a broad range of presenting problems:

**EXTERNAL SOCIO-CULTURAL FACTORS:**

The group identified the following external factors:

1. Economic factors outside of the Democratic Republic of Congo (diamond smuggling, arms trafficking).
2. Lack of assistance and support from others i.e. every person for himself/ herself.
3. Lack of assistance from the national government. In fact the government is in large part.
4. removed from the people.
5. External aggression (*item C4*).
6. Insecurity, uncertainty (*item P5*).
7. Community dislocation (*item C4*).

**INTERNAL FAMILY/INDIVIDUAL FACTORS:**

The group identified the following internal factors:

1. No confidence in others.
2. Having to fend for oneself.
3. Self-defence. Rather than wait to become a victim of aggression, become a perpetrator of aggression against likely aggressors.
4. A community tendency to revenge. There are many in the community seeking revenge for injustices perpetrated against them.
5. Having to provide for family and tribal members who seek help.

These factors frequently operate in conflict with each other, e.g., 'every person for himself' versus providing for family and tribal members who seek help. All facets of life reflect people in conflict within themselves, or with one another.

**Cluster 1B (Poor self-concept and low self esteem): see Table 4.11**

| THE IMPACT OF CONFLICT                |   |
|---------------------------------------|---|
| POOR SELF-CONCEPT AND LOW SELF ESTEEM |   |
| P2                                    | Adult depression (sad affect, loss of interest in life, inability to function well) |
| P3                                    | Child/adolescent depression (sad affect, loss of interest)                          |
| P5                                    | Anxiety (fear that interferes with functioning, avoidance)                          |
| P6                                    | Phobia (excessive fear of people, heights, objects, death etc.)                     |
| P11                                   | Panic disorders (panic attacks, dizziness, sweating, trembling)                     |
| P16                                   | Psychosomatic illness   |
| P25                                   | Aggression (volatile and sometimes violent behaviour)                               |
| C12                                   | Unemployment or underemployment   |
| C13                                   | Illiteracy  |
| C14                                   | Poverty   |

Participants shared how these presenting needs are a reflection of related issues brought about by conflict realities, as follows:

**EXTERNAL SOCIO-CULTURAL FACTORS:**

The group identified the following external factors:

1. Neglect of church teaching and responsibility in regard to self worth.
2. Poor educational opportunity (*items C13, C14*).
3. Poor education; not matching the needs of the community (*item C12*).
4. Poor role models in the community.
5. Cultural gender roles are unclear.
6. Lack of skills (*item C13*).
7. Poor employment opportunity.

**INTERNAL FAMILY/INDIVIDUAL FACTORS:**

The group identified the following internal factors:

1. Failure to attain goals, and meet expectations.
2. Personal and cultural expectations are defined by survival.

3. Despair in regard to worldview (*items P2, P3, P5 and P6*).
4. Disillusionment.

Participants felt that the combination of internal family values and expectations, combined with unclear socio-cultural expectations, operate together to create a state of apathy and disillusionment leading to poor self-concept.

**Cluster 1C (Trauma suffered through exposure to conflict):** see Table 4.11

| THE IMPACT OF CONFLICT                       |  |
|--|--|
| TRAUMA SUFFERED THROUGH EXPOSURE TO CONFLICT |  |
| P2   | Adult depression ( <i>sad affect, loss of interest in life, inability to function well</i> ) |
| P3   | Child/adolescent depression ( <i>sad affect, loss of interest</i> )                          |
| P5   | Anxiety ( <i>fear that interferes with functioning, avoidance</i> )                          |
| P6   | Phobia ( <i>excessive fear of people, heights, objects, death etc.</i> )                     |
| P23  | Traumatic stress or PTSD   |
| F13  | Orphaned children-family response  |
| C2   | Begging  |
| C9   | Homelessness   |
| C18  | Loss of property ( <i>bad debt, bankruptcy</i> )   |
| C19  | Murder and other violent crime   |
| C21  | Post-traumatic Stress PTSD   |

Participants indicated that this cluster of mental health needs is common to the conflict-ridden Great Lakes regions, Democratic Republic of Congo, Rwanda and Burundi.

#### EXTERNAL SOCIO-CULTURAL FACTORS:

The group identified the following external factors:

The political instability endemic to these regions spawns deep uncertainty, mistrust and fear. The psychological effect of death, threat of death, unstable economy, threat of conflict, anger and aggression, excessive fear, is immensely disempowering (*items P2, P3, P5, P6 and P23*).

Yet, this cluster of mental health needs is also the consequence of tribal mistrust and division. The Democratic Republic of Congo has over 450 tribes, whereas Rwanda and Burundi

consist of three tribes only. The issue of fear and distrust between tribes in each of these regions is historical, spiritual, cultural and economic.

#### INTERNAL FAMILY/INDIVIDUAL FACTORS:

The group identified the following internal factors:

**Economic:** Within some tribes in the Democratic Republic of Congo, there is a fear to be seen to prosper economically. A prosperous person is someone to be hated and feared. A prosperous person is dabbling in witchcraft. The consequence is that many Congolese choose to settle in other towns outside of tribal jurisdiction in order to make a life for themselves free of these types of accusations.

**Social dependency:** A prosperous family is one for others to depend upon. The prosperous family must take financial responsibility for other family/ tribal members who are less fortunate. Such a family often hides elsewhere to escape the responsibilities of having to support others.

**Spiritual belief:** Some tribes are insular in their community thinking, for example, the Batwa tribe (pygmies) of Burundi. Should a Batwa member settle outside of his tribal lands then that member is likely to lose his/her life. Such a decision causes a member to become bewitched. In fact, members of the Batwa tribe are afraid to send their children to school outside of the immediate community, or even go to church outside the immediate community in case they are killed. Beyond their tribal socio-geographical context they are no longer under the jurisdiction of protective spirits.

**History of tribal conflict:** Many tribes in the Democratic Republic of Congo maintain hostile relations with one another. These hostilities have historical roots. Much inter-tribal tension is based on tribal killings in the past. Tribal members cannot release the past. Examples include the Hema and Lengu tribes. At the same time, other tribes seek reconciliation despite the past. But it is not easy to forget the past. The history of inter-tribal conflict between the Hutu and Tutsi tribes of Rwanda and Burundi is well known. These conflicts have resulted in xenophobic genocide and community dislocation. At the same time, the conflict between Hutus and the Tutsis is a product of political aggression and socio-economic factors. Politics has become removed from the people. The conflict is kept alive by political wrangling driven

by tribal jealousies regarding hierarchies of political and governmental offices being given to one tribe over another.

Community dislocation: The flow of human traffic because of the conflict, combined with ongoing inter-tribal suspicions and hostilities creates a community of excessively fearful people. Therefore, irritations, aggression, depression, grief/ loss, anxiety, instability, apathy, panic attacks and post-trauma syndrome disorder are commonplace.

**Cluster 1D (Family conflict and domestic abuse):** see Table 4.11

| THE IMPACT OF CONFLICT                |   |
|---------------------------------------|---|
| FAMILY CONFLICT AND DOMESTIC VIOLENCE |   |
| F9                                    | Domestic violence (spouse abuse)  |
| F10                                   | Family rejection or estrangement  |
| F11                                   | Marital dissatisfaction   |
| F12                                   | Marital problems related to an affair or affairs  |
| F16                                   | Cultural conflict (family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict) |

Participants noted that marital conflict is commonplace amongst all tribal groups both in Democratic Republic of Congo, Rwanda and Burundi. One particular concern is the frequency and level of family conflict and domestic violence in the home (items F9, F11). Another social concern is the high level of extra-marital affairs (item F12). A further concern is the status of the married woman in African society when and where she is rejected or estranged from her husband (item F10).

#### EXTERNAL SOCIO-CULTURAL FACTORS:

The group identified the following external factors:

A guiding principle governing all matters of family conflict is that the wife does not stand on equal footing with the husband at any level of society. The male is the leader; the woman is always subservient to the male. In regard to domestic violence, it appears that different tribes set different criteria for how such abuse is understood and treated within the community. For example, amongst certain tribes in the Democratic Republic of Congo wife beating is a sign of love. If a husband does not beat his wife, he does not love her. In other tribes wife beating is

an honourable demonstration of male control in the home. A man is honoured in the community for beating his wife. In other tribes, wife beating is a shameful demonstration of being out of control. In such communities, the wife's recourse is to seek the protection of her own family, who will mediate on her behalf with the husband. In almost all tribes where wife beating is 'allowable', the issue is more to do with the level of violence that is allowable. In some tribes, a slap is allowable but not more. In other tribes using other implements, e.g. a chair or a stick is permissible.

In regard to an extra-marital affair, it is common for a husband to engage in extra-marital sexual activity. In fact amongst many tribes in the Democratic Republic of Congo, such behaviour is regarded as totally acceptable, even honourable. A man is really a 'man' if he proves this by sexual prowess. Finally, marital estrangement is unacceptable in all tribes, particularly for the wife. The estranged wife is shamed in the community, regardless of the reasons. In many cases an estranged wife will move to another community to escape the shame and isolation.

#### INTERNAL FAMILY/INDIVIDUAL FACTORS:

The group identified the following internal factors:

Common to almost all tribes is the necessity of restitution for the 'offence', regardless of whether the community approves of wife beating or not. Restitution must be made to the wife or family of the wife. In some tribes, restitution takes the form of a goat or a cock being given to the wife, or family of the wife. In the Hutu and Tutsi tribes, the community elders mediate the form of restitution to be made by the husband. Furthermore, should such an offence reach the ears of the community elders, the husband is shamed in front of the community, and restitution must be made to the community. So, in Burundi, the role of the community elders is to intervene on behalf of the couple. If the woman has beaten her husband, she brings shame on her family, and particularly on her parents. If the husband has beaten his wife, he must pay a penalty but there is no shame. If a case were ever to go beyond the elders to a criminal court, the court would not favour the woman.

Where the husband engages in extra-marital affairs the wife must accept this as part of male freedom and sexual prerogative in the community. It is unlikely to be spoken about by either party. There is an assumption on the part of the wife that this is probably going on outside the



marriage. She has little choice but to accept this, is unlikely to seek help because this is an indictment on her ability to satisfy her husband sexually.

In regard to marital estrangement, the consequences for the estranged wife are so dire that she will resist the threat to be put out of the family home and face an uncertain future. Generally, the wife will accommodate the hostile domestic environment, in order to provide for her children and stay on in the family home.

**Cluster 1E (Poverty):** see Table 4.11

| THE IMPACT OF CONFLICT |   |
|------------------------|---|
| POVERTY                |   |
| P2                     | Adult depression (sad affect, loss of interest in life, inability to function well) |
| P5                     | Anxiety (fear that interferes with functioning, avoidance)                          |
| P13                    | Poor self-concept   |
| P14                    | Suicidal thoughts or attempts (adult)   |
| F1                     | Alcohol abuse or addiction  |
| C10                    | Hunger/starvation   |
| C11                    | Malnutrition  |
| C12                    | Unemployment or underemployment   |
| C18                    | Loss of property (bad debt, bankruptcy)   |

Participants struggled to understand how terms such as 'hunger', 'starvation' and 'malnutrition' could be applied to conditions in the Democratic Republic of Congo (*items C10, C11*). After all, the land has rich mineral deposits of gold, diamonds etc. It is also some of the most arable land in Africa. In spite of this participants noted that these physical and mental health needs are very real in the Democratic Republic of Congo, Rwanda and Burundi today. There are a range of complex factors that contribute to such poverty.

#### EXTERNAL SOCIO-CULTURAL FACTORS:

The group identified the following external factors:

**Socialisation:** In Burundi the identity of a man is one who works in the formal economic sector. He does not stay at home and work the 'shamba' (garden). A woman's work is in the

shamba. The woman generally finds an occupation in the informal sector. Her primary role is in the home caring for the family. However, as employment opportunities have been severely compromised by the conflict in Burundi, the burden to provide for the day-to-day needs of the family has fallen on the woman.

**Economic:** Historically, in the Democratic Republic of Congo the economic strength of the nation is in agriculture. The land is extremely fertile. Yet for the past 25 years the majority of the male working population has sought government occupations of some sort. Unfortunately, the government has been unable to pay salaries for the past 25 years. Workers stay on in these posts in the vain hope of one day being paid. To leave a position is to risk the possibility of such a position being available in the future. In the meantime, the agricultural potential has been squandered. Much of the agricultural sector is given over to subsistence farming.

**Conflict issues:** Begging, homelessness, hunger, starvation and malnutrition are the inevitable consequences of the ongoing conflict situation in the Democratic Republic of Congo, Rwanda and Burundi. In the Democratic Republic of Congo certain tribes hold key economic resources. For example, the Hema tribe has a monopoly on cattle and meat. The Lendu tribe has a monopoly on agriculture. It is the same with mineral mines in the area of Kisangani, where the rivers and land are mineral rich. Yet these resources are now traded for guns and weapons. Protection is better than wealth. At the same time, the young men are being conscripted to fight in the ongoing conflict. Thus there are no workers in the mines.

**Cultural:** Tribal conflict and tribal jealousies prevent tribes working together. There is no fostering of a national spirit. A cooperative attitude is simply non-existent. The value of community has given away to suspicion of those who are seen to prosper in any way.

#### INTERNAL FAMILY/INDIVIDUAL FACTORS:

The group identified the following internal factors:

**Socialisation:** In Burundi the woman's 'shamba' has become the sole source of provision. Yet, despite the financial privations brought about by unemployment, it is unusual for the man to get involved in improving the shamba as a more productive source of income. Because men are not responsible for raising the family, they sit around with other men and let the

women manage the challenge of meeting the domestic needs such as food, school fees, etc. Inevitably, this becomes a burden too great for many women. Children are hungry and homeless and resort to begging.

**Economic:** Similarly, in the Democratic Republic of Congo women whose primary focus is meeting the immediate needs of the family manage almost all economic potential derived from agriculture. Refugee camps in the Democratic Republic of Congo, Rwanda and Burundi have prevented normal production at every level of the economy. Particularly sad is the fact that 'education' has elevated people out of wanting to do manual labour. The youth have moved to the urban centres, both to increase educational opportunities and avoid having to work in the agricultural sector.

**Conflict issues:** The mass migration to the urban centres, that are regarded as safer than being out in the countryside, has placed enormous pressure on family life. The 'shamba' has been lost. Now family members have to derive other forms of income. At the same time, the land is left fallow. In many regions, roads are reduced to dirt tracks. Although many regions are rich in fruit and other natural produce, it is left to rot as there is no way to bring produce into the urban centres. In those regions where production is abundant, this is used for the war effort. This is another reason why many adults and children are destitute.

**Culture:** Because of the immense suspicion of families who exhibit wealth in any form, it is safer to stay in poverty and not raise suspicion of having become more affluent at the expense of others.

In summary, participants stated that to talk together is an important thing in all tribal cultures in the Democratic Republic of Congo, Rwanda and Burundi. Yet the traditional cultural importance of spending time together working through issues has been lost. In Burundi, the role of the older wise person is highly valued. Unfortunately, it seems that, with the conflict and the mass movement of populations to refugee camps and the urban centres, not many of those people are left. If there is no confidence in leadership, then regardless of promises and agreements, real negotiation and, more importantly, reconciliation has not happened. People are left in conditions of squalor because cultural strengths such as dialogue and negotiation have been lost. It will take a major effort to ever see them return. Generational wisdom and leadership is not constructed, it is lived.

**Cluster 1F (Unclear socio-cultural messages about sex in human relations): see***Table 4.11*

| THE IMPACT OF CONFLICT                                       |  |
|--|--|
| UNCLEAR SOCIO-CULTURAL MESSAGES ABOUT SEX IN HUMAN RELATIONS |  |
| P9   | Diagnosis of HIV/AIDS                            |
| P18  | Sexual promiscuity                               |
| P19  | Pregnancy before/outside of marriage             |
| P20  | Venereal disease (sexually transmitted disease)  |
| F3   | Addressing HIV/AIDS' impact on the family        |
| F9   | Domestic violence (spouse abuse)                 |
| F10  | Family rejection or estrangement                 |
| F11  | Marital dissatisfaction                          |
| F12  | Marital problems related to an affair or affairs |
| F14  | Adolescent premarital sex                        |
| C8   | HIV/AIDS   |
| C23  | Sexually Transmitted Diseases (STDs)             |

Participants indicated that this presenting need incorporates a range of other presenting problems:

**EXTERNAL SOCIO-CULTURAL FACTORS:**

The group identified the following external factors:

1. 'Funny beliefs' or myths, i.e., breasts won't develop unless the girl has sex.
2. Cultural vestige. For example in the Kamba community, girls were free to engage in illicit sexual practices after initiation and prior to marriage. Many eligible Kamba males work away from home, leaving their wives in the rural setting. Other males in the community are then intimate with the wives.
3. Sex is a route to marriage.
4. Peer pressure. It is fashionable to have sex.
5. Peer pressure. Sex is to be engaged in after 14 years of age (*items P18, F14*).
6. Belief that one can escape the consequences, e.g., pregnancy, HIV/AIDS. (*items P9, F3, and C8*).
7. No information about contraceptives.

**INTERNAL FAMILY/INDIVIDUAL FACTORS:**

The group identified the following internal factors:

1. Sexual desire as a very natural part of human development.
2. Physical readiness as an aspect of physical maturation.
3. Sexual activity is perceived to be an acceptable practice in adolescence and the onset of puberty.
4. A belief that sex brings the utmost pleasure and therefore is something to be valued as a gift of life.

The lack of clear family and socio-cultural values, both within the family structure and outside in the community, combine to present a picture of socio-cultural acceptability in regard to sexual behaviour.

**4.6 CONCLUDING REMARKS CONCERNING THE EXTERNAL SITUATIONAL ASSESSMENT**

Focus group outcomes highlighted the range of training and mental health needs that must be incorporated into the curriculum design if learners are to be adequately equipped to address mental health issues in the Great Lakes region. Socio-cultural norms and values, as expressed by participants within the focus groups, are tributaries of a large river we understand to be African society. The onset of modernity means that there are fewer landmarks by which one can meaningfully say, "... this set of behaviours is a reflection of broader African socio-cultural norms and values". Inevitably there are limitations to the extent one study can meaningfully investigate the range of mental health issues embedded within the extraordinary cultural diversity of a region such as the Great Lakes. Nevertheless, without a comprehensive awareness of the interplay between culture and mental health, there is little chance that the training of community counsellors will be relevant. An effective curriculum cannot afford to be built upon forms of knowledge dissemination that do not have an understanding of, and access to, the diverse community dynamics which influence perceptions and behaviours of communities and individuals.

The results of the assessment have provided data for re-curriculating existing undergraduate curricula for community counsellor training for the Great Lakes region, and for developing

new curricula. In the next chapter, the findings of the Phase 1 and Phase 2 focus group consultations will be analysed and interpreted as they influence the curriculum development process. As a result of focus group interactions, future training strategies for community counsellors can now be more meaningfully understood. Lessons learned from this study can serve to inform those institutions wishing to embark on a similar exercise in other regions of Africa.

## CHAPTER 5

### A CURRICULUM FRAMEWORK FOR COMMUNITY COUNSELLING TRAINING

Chapter 4 reported on a four-step process utilising focus groups to investigate community counselling training practices and to explore the range and severity of mental health needs in the Great Lakes region. The focus of this chapter is to analyse and interpret the data resulting from this process and to demonstrate how these findings can be used to develop curricula in community counselling training for the Great Lakes region. This exercise will serve as an example of how to develop curricula for training in community counselling for other regions of Africa.

#### 5.1 ANALYSIS OF PRESENT TRAINING PRACTICES IN THE GREAT LAKES REGION

The purpose of the first phase of focus group activity was to draw together trainers and practitioners into a focus group in order to explore the need for the development of a more effective curriculum to train community counsellors in the Great Lakes region. Participants were encouraged to participate in further focus group activities intended to highlight community counselling needs, and inform a relevant curriculum design.

Results served to highlight the concerns of both trainers and practitioners concerning the general lack of effectiveness of present training practices in addressing community counselling needs in the Great Lakes region. There was an overwhelming support for the development of a more effective curriculum to train community counsellors for this region. Participants also expressed their willingness to be involved in an ongoing evaluation of regional mental health needs that could lead to more effective training practices for the Great Lakes region.

The results (Chapter 4, Section 4.2.2) indicated nuanced responses in sub-group findings regarding successes and failures in existing training practices in the Great Lakes region. These were a reminder of just how difficult it is to be definitive about training effects in a region as diverse as the Great Lakes region. In almost all cases there were good reasons behind these nuanced responses.

Participants who focused upon primary/secondary education children and adolescents (low education), in the category 'Preparing the right people' reported that 'teachers, parents, pastors, professionals have generally been trained adequately'. They then reported that 'parents/school staff do not stay current with youth issues'. However, these comments represent the difference between a general appreciation for good training and a specific concern about the diversity of needs in this population. In the category 'Preparing with a right understanding of root causes' participants felt that counsellors 'are able to understand what happens to those being counselled [in the counselling encounter]'. Yet, they also felt that 'counsellors are not able to relate to causes of mental health problems, and are unable to analyse political, social context'. In trying to integrate these opposing views one needs to bear in mind just how politically unstable the Great Lakes region is, and how difficult it is to understand the political context of the Democratic Republic of Congo, Rwanda and Burundi. In the category 'Use of appropriate models and methods', participants reported that 'workshops, seminars, and updating of counsellor skills were adequate'. However, participants also reported that there was 'no regular ongoing professional development'. This was a cause for genuine concern. Although there are pockets of ongoing training particularly in the urban areas this is not the case in the rural areas. Finally, in the category 'Meeting the real needs' participants felt that counsellors demonstrated 'good empathy due to constant contact [with counselees]'. Yet, participants also noted that 'youth [are] not understood by teachers, parents, pastors'. This is a very personal matter. It is very difficult to measure empathy. Not surprisingly some participants felt differently from others regarding the evidence of this quality in counselling.

Participants who focused upon those working in the context of peoples in conflict (Rwanda, Burundi, Democratic Republic of Congo), in the category 'Preparing the right people' reported that counsellors had a 'good background of training and good intentions'. However they also felt that 'education is (disconnected) from local culture; ethnic bias is not addressed [in counselling]', and the 'causes of conflict are not understood'. The quality and experience of those participants attending the focus group indicated a high level of commitment to community counselling needs. Nevertheless, it is not surprising that community counsellors in a highly unpredictable and politically unstable socio-cultural context lack the levels of training and skills that one would find in urban situations. In fact, many community counsellors have migrated to more stable and peaceful communities. Inevitably this has left many conflict-driven communities in the Great Lakes region without trained personnel. In the category



'Preparing using appropriate models and methods' participants reported that '[practitioners] know theories of counselling'. At the same time participants reported that 'psychological theories may not fit social situation, [and are] not applied'. This was a major problem identified by focus group participants. Generally, community counsellors know and understand western theories and models of counselling. At the same time these participants were concerned about the lack of relevance of the range of counselling modalities to their particular cultural context.

Participants who focused upon those working with adults educated at the tertiary level (high education), in the category 'Preparing the right people' reported that 'counsellors are mature in age, training, and experience'. Yet these same participants felt that 'some counsellors are ill-prepared and immature'. One needs to remember the wide range of community counselling needs and contexts represented in the focus group. Participants were reporting on a wide range of cultural contexts and socio-economic realities. Inevitably, there are mental health needs embedded within socio-economic and cultural realities which are not being meaningfully addressed, e.g., the conflicts set up by traditional cultural values in the face of modernity. For the category 'Preparing to meet the real needs', participants felt that 'specific needs have been addressed through programmes – such as HIV awareness'. Yet these participants also reported that 'training may be too specific, narrow for many situations' and that 'training [is] too broad/abstract for transfer to specific situations'. It is probably quite realistic to be satisfied with some aspects of training, e.g., HIV awareness, and at the same time be very dissatisfied with other aspects. It is extremely difficult to offer training that adequately covers all mental health realities and needs.

Participants who focused upon those working with rural populations: adults with primary/ Secondary education (low education) in the category 'Preparing to meet the real needs' reported that there is a 'shared understanding between counsellor and counselee where counsellors take the time to understand the needs of counselees'. However these participants also reported that the 'shared understanding of counsellors and counselees is often shallow due to counsellor busyness; [counsellors] tend to deal with symptoms not causes; behaviour not character'. Given the scarcity of trained community counsellors in many rural communities of the Great Lakes region, it is understandable for participants to be concerned about 'counsellor busyness' and 'dealing with symptoms not causes; behaviour not character'.

The outcomes of the prioritising exercise (Table 4.5) were insightful. When presented in rank order of priority, the five highest ranked items were:

- ❖ Psychological theories may not fit the social situation' (10 votes)
- ❖ [Psychological] theories [are] not applied' (7 votes)
- ❖ Parents/school staff do not stay current with youth issues (6 votes)
- ❖ Tendency to generalise human behaviour (rather than listening to counselee) (6 votes)
- ❖ Social change, cultural change not understood (6 votes)

These results indicated the lack of relevance of community counsellor training to real needs on the ground. This was closely followed by a concern regarding counsellors being out of touch with client needs. However, on closer inspection there was a considerable overlap of themes regarding training needs. By presenting the outcomes in a thematic form (Table 5.1) the picture evoked by the voting figures was somewhat different, and possibly better represents the opinion of focus group #1 regarding training priorities.

**Table 5.1 Categorisation of priorities in community counselling training needs**

| FAILURE   | VOTES     |
|---|-----------|
| <b>RIGHT PEOPLE</b>   |           |
| Parents/school staff do not stay current with youth issues                  | 6         |
| Tendency to generalise human behaviour (rather than listening to counselee) | 6         |
| Sometimes people train for their own needs/welfare [status]                 | 5         |
| Imposition of values on counselees  | 4         |
| No openness/ no communication in counselling                                | 3         |
| Counsellors who are unwilling to identify [with needs]                      | 1         |
| Lack of openness  | 1         |
| Generation gap  | 1         |
| <b>TOTAL</b>  | <b>27</b> |
| <b>APPROPRIATE MODELS AND METHODS</b>                                       |           |
| Psychological theories may not fit social situation, theories not applied   | 10        |
| Not adequate research on African realities                                  | 7         |
| Training too broad and abstract to transfer to specific situations          | 4         |
| Models not being adapted to the African context                             | 3         |
| Some [counsellors] use western theories [fragmented]                        | 1         |
| <b>TOTAL</b>  | <b>25</b> |
| <b>RIGHT UNDERSTANDING OF ROOT CAUSES</b>                                   |           |
| Tend to deal with symptoms not causes, behaviour not character              | 7         |
| Social change, cultural change not understood                               | 6         |
| Dramatic cultural change  | 4         |

Table 5.1 continued

|   |    |
|---|----|
| Little understanding of local culture   | 3  |
| Unable to analyse the political and social context  | 2  |
| Inadequate training in understanding the effects of conflict on mental health status in the community | 1  |
| TOTAL   | 23 |
| <b>REAL NEEDS</b>   |    |
| Individual/ family needs are not being addressed  | 2  |
| Not able to understand the causes of mental health problems   | 2  |
| Grass root level needs are not met  | 1  |
| No solution to needs  | 1  |
| Counsellors may become overloaded   | 1  |
| Assumption that cause/ response is known without listening  | 1  |
| TOTAL   | 8  |

This table indicates that selecting the right people for training was considered to be more important than the use of appropriate models of psychology for African realities. To reinforce this point, the summary transcript of focus group #1 interactions (Annexure IV) clearly indicated that participants across all sub-groups felt that recruiting and training the right people was indeed a problem on three levels:

**Level 1:** Too few community counsellors were being trained to address the mental health needs in Great Lakes regional communities. Those who were working in mental health contexts were finding that their training was not sufficiently contextualised, and models and methodologies were not specific enough. This was particularly true for the conflict-driven, urban and rural regions of the Great Lakes.

**Level 2:** Too few community counsellors were working with rural and urban poor communities with limited educational opportunities. In fact, it proved particularly difficult for the study to find community counsellors who had experience in this socio-economic sector. The needs of this socio-economic sector were not being met, and practitioners in this sector lacked good training. Training models were too broad. Also there was a tendency to impose values on clients. Perhaps most serious was that there was a communication failure due to language limitations.

**Level 3:** Community counsellors were overwhelmed by the extent and complexity of the mental health needs they were faced with. They did not have the skills, the experience, the knowledge and insight of changing cultural dynamics, to meaningfully address many of the

mental health problems they encountered on a day-to-day basis. There were serious deficits in addressing the real mental health needs which existed throughout the Great Lakes region.

These findings serve to illustrate the problem of relevance of training in equipping community counsellors for mental health realities and needs in the Great Lakes region.

## **5.2 ASSESSMENT OF COMMUNITY COUNSELLING NEEDS**

The purpose of the second phase of focus group activity was to identify mental health needs in the Great Lakes region. Understanding these needs and their impact on communities was considered essential to the construction of an effective undergraduate curriculum in community counselling.

In reflecting on the curriculum development process, and more importantly, in guiding this process, the curriculum planner must be aware of the extreme limitations of content-focused models. The core business of higher education is to integrate education with life (Chapter 1, Section 1.3.3). A curriculum that is built around one set of cultural experiences and expectations cannot automatically expect to be relevant to any other cultural experience and expectation without a great deal of soul-searching regarding the 'ends' of the curriculum. In this context, Toohey (1999:25) recommends the central question to be asked of any curriculum as being, 'What is most important for learners to know and what might be the best ways for them to learn it?'

To develop an effective curriculum for training in community counselling requires a deliberate orientation towards the local or regional community context together with an appreciation of indigenous knowledge. Emeagwali (2003) states that by allowing the curriculum development process to be shaped by indigenous knowledge, the concept of praxis becomes a prominent item within the design. Where indigenous knowledge is accounted for in the curriculum development process, the basis of the curriculum is social rather than logical, and knowledge production is socially derived. By making the learner more socially aware, the curriculum takes on the role of consciousness-raising and empowerment. In such a curriculum scenario, the learner is trained to challenge existing relations of power and domination in terms of a transformative epistemology. Awareness of social problems and their causes preoccupies discourse as well as developing the intellect through community-oriented research.

Evaluative mechanisms in the context of this approach are concerned to measure attitudes and social consciousness.

Utilising inter-related clusters of community counselling needs to build courses is an attempt to highlight the importance of such indigenous knowledge in the curriculum development process. This understanding results in the development of an integrated curriculum design that is not based on pre-established rules, and is responsive to conditions of constant change and flexibility (Hunkins & Hammill, 1994). If the curriculum is integrative in its presentation and outcomes, it will encourage learners to be actively involved in their own education, learning to adapt and mould their own cognitive style in terms of thinking, reasoning, and problem-solving capabilities (Komski, 1990).

From the outset of the study, the situational assessment exercise sought to examine community counselling needs under Personal, Family, and Community domains (see Chapter 3, Section 3.1., Section 3.4.4; Chapter 4, Section 4.3). The questionnaire assisted participants to identify community-specific mental health needs within each of these domains. Participants then explored inter-relationships between items across the domains in order to group together clusters of inter-related mental health needs. This exercise was not exhaustive. The results represent a small sample of the type of in-depth analysis that could be undertaken in a more comprehensive regional study.

Finch and Crunkilton (1993:43) state that the curriculum development process is interlaced with decision-making situations, particularly in regard to the management of the curriculum, programme delivery, and operational decision-making. As mentioned in Chapter 2 (Section 2.1), Barnett, Parry and Coate (2001) speak of the curriculum development process as dynamic and complex, driven in part by contending interests of shifting epistemologies. Thus, curriculum development is an extremely complex and intricate process involving many decisions to be made. Not least are those decisions related to the programme delivery planning process, where the curriculum planner attempts to provide an effective organisational framework that assists management of the curriculum and operational decision-making. The decision to organise the curriculum development process on the principle that 'clusters build courses' (or parts thereof) was not an easy one. At the same time building a course around a cluster of mental health needs carries a certain level of logicity and pragmatism.

Where a cluster was made up of items selected from all domains, i.e., Personal, Family and Community domains, such a cluster forms part of the core curriculum (a foundational academic discipline within the curriculum). Where items within a cluster were selected from only two of these domains, such a cluster forms the primary curriculum (an essential discipline within the curriculum). Where items within a cluster were chosen from only one of these domains, such a cluster forms the secondary curriculum (a 'specialist' discipline within the curriculum). The decision to implement this curriculum development process was based on a number of key factors. Ordering the curriculum into core, primary and secondary curriculum categories assists the management of the curriculum and operational decision-making. It offers a workable hierarchical structure for channelling curriculum content, and allows for operational decision-making in terms of curriculum goals and objectives. Turning clusters into core, primary and secondary courses is a three-stage process as follows:

### **5.2.1 Stage 1 of the curriculum development process: Instructional framework**

The first stage of the curriculum development process focuses on the instructional framework, i.e., how to apply a 'weighting' formula when assigning clusters of mental health needs to core, primary and secondary curriculum areas. The 'weighting' of clusters is achieved by generating a spreadsheet (see Annexure XVIII) that presents the distribution of items within a given cluster across the personal, family and community domains ('P', 'F', 'C'). This data is then used to produce a table (Table 5.2) that enables the user to identify the core, primary and secondary areas of the curriculum. For each cluster, the number of items from the questionnaire identified by participants in personal, family and community domains is retained in the chart.

**Table 5.2 Development of the curriculum through Core, Primary and Secondary categories, within Personal, Family and Community domains for all socio-economic groupings**

| SOCIO ECONOMIC SUB-GROUP | CLUSTER  | COMMUNITY | FAMILY | PERSONAL | AREA      |
|--------------------------|--|-----------|--------|----------|-----------|
| Urban middle to upper    | Grief/ loss and impact of modernity on cultural values       | 2         | 2      | 3        | Core      |
| Youth/children           | Relationship difficulties between parent and child           | 1         | 4      | 5        | Core      |
| Youth/children           | Street children  | 12        | 5      | 2        | Core      |
| Urban low income /rural  | A conflict-ridden cultural environment                       | 4         | 1      | 5        | Core      |
| Urban low income /rural  | Trauma suffered through exposure to conflict                 | 5         | 1      | 5        | Core      |
| Urban low income /rural  | Poverty  | 4         | 1      | 4        | Core      |
| Urban low income /rural  | Unclear socio-cultural messages about sex in human relations | 2         | 6      | 4        | Core      |
| Urban middle to upper    | Spousal conflict   |           | 1      | 3        | Primary   |
| Urban middle to upper    | HIV/AIDS impact upon the family                              | 2         | 4      |          | Primary   |
| Urban middle to upper    | Gender role confusion  | 1         | 5      |          | Primary   |
| Youth/children           | Conflict between traditional and modern values               |           | 5      | 1        | Primary   |
| Urban low income /rural  | Poor self concept and low self esteem                        | 3         |        | 7        | Primary   |
| Urban middle to upper    | Family conflict  |           | 5      |          | Secondary |
| Youth/children           | Sexual promiscuity   |           |        | 5        | Secondary |
| Youth/children           | Adolescent poor self-concept                                 |           |        | 6        | Secondary |
| Urban low income/rural   | Family conflict and domestic violence                        |           | 5      |          | Secondary |

### 5.2.2 Stage 2 of the curriculum development process: Instructional context

In Stage 2, the domain (Personal, Family, and Community) reflecting the highest number of items forms the foundational focus which guides the development of learning within the cluster. Each cluster is embedded within a socio-economic reality (represented on the left side of the table). Regional socio-economic sub-groupings, together with their related clusters of mental health needs, dictate the development of the curriculum. Courses arising out of these clusters must be explored through the lens of regional socio-economic realities. This is because the broader societal customs and values shape the ways in which the health of individuals within a given community is judged, and how the health of the individual is managed by the community. According to systems theory, societal culture dictates beliefs concerning religion, school, family, and community life. Therefore, an understanding of socio-economic factors, together with insights into the cultural context, enriches the learner's understanding of the influences and effects upon these clusters of inter-related needs within the regional community setting.

As a cluster is presented in core, primary and secondary areas of instruction and learning, socio-economic dynamics become an essential part of the formation of understanding. Similarly, an understanding of distinctive internal and external cultural characteristics provides qualitative depth to the weighting of these clusters and serves to inform both the training emphasis and the learning process. The challenge facing the curriculum planner concerns how to transform clusters into meaningful units of learning and training. A number of clusters will be used to illustrate this point.

The cluster 'spousal conflict' (urban middle to upper income) is a primary curriculum area. Items selected from the questionnaire appear in both Family and Personal domains. The foundational focus lies within the Personal domain, i.e., mental health needs that relate to issues of personal meaning, worth and value. Within this domain the following mental health needs were identified:

1. Adult depression (sad affect, loss of interest in life, inability to function well).
2. Anxiety (fear that interferes with functioning, avoidance).
3. Grief/loss (death of family member, other significant loss).



The item selected from the questionnaire in the Family domain was:

1. Domestic violence and spouse abuse.

Therefore, inter-relationships between these mental health needs should be addressed within the course across both domains.

By contrast, the cluster 'grief/loss and the impact of modernity on cultural values' (Urban middle to upper income) is a core curriculum area. Items from the questionnaire within the cluster are distributed across Personal, Family and Community domains. The foundational focus of learning is in the Personal domain where the highest number of items is located. In the Personal domain, the following mental health needs must be addressed:

1. Stress and frustration.
2. Adult depression (sad affect, loss of interest in life, inability to function well).
3. Grief/loss (death of family member, other significant loss).

Within the Family domain the consequences of those mental health needs located within the Personal domain must be examined as they impact upon aspects of family disorganisation which have been identified as follows:

1. Family conflict, e.g., verbal fighting or discord.
2. Cultural conflict (family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict).

Within the Community domain, those mental health needs located within the Personal and Family domains must be examined as they impact upon community life and vice versa (bi-directional influence), particularly where the community as a whole fails to care for and support its members. These are reflected in:

1. Conflict over modern versus traditional values.
2. Insecurity.

Learners must gain an understanding of the interplay between items in each of these

domains.

In terms of a secondary (or Specialist) curriculum area, one such cluster is 'Family conflict' (Urban middle to upper income). In this cluster all the items from the questionnaire were confined to the Family domain. The consequences of family disorganisation, and its impact upon personal and community behaviours, should be explored with a view to addressing the following mental health needs:

1. Family conflict, e.g., verbal fighting or discord.
2. Parenting a child who is defiant, oppositional or behaving rebelliously.
3. Domestic violence (Spouse abuse).
4. Family rejection or estrangement.
5. Marital problems related to an affair or affairs.

### **5.2.3 Stage 3 of the curriculum development process: Instructional content**

Stage 3 of the curriculum development process focuses on instructional content, i.e., the operational curriculum or syllabus, or what is to be taught and learned. This operational curriculum guides the outworking of curriculum goals by means of mechanisms that ensure content order and operational efficiency. These mechanisms also articulate specific detail on how the teaching and learning process should be implemented (see Chapter 2, Section 2.1.3).

Courses derived from these clusters of mental health needs form the heart of the learning process. The development of curriculum content is shaped by three guiding principles:

1. Understanding the problem: Context assessment.
2. Addressing the problem: Content assessment.
3. Embracing the problem: Experiential assignments.

Chapter 2 (Section 2.1) outlined the importance of stating at the outset what needs to be achieved at certain points within the curriculum process. Wheeler described ultimate, mediate, proximate, and specific goals to explain the evolution of the curriculum process (Wheeler, 1967). These principles, i.e., understanding, addressing, and embracing the plethora of community counselling needs within the Great Lakes region, assist the curriculum

planner to ensure the achievement of the ultimate goal, i.e., a curriculum that is transformative and reflective of socio-cultural realities within this regional setting. The use of these principles also assists the curriculum planner to more effectively monitor or mediate the curriculum process as well as to acknowledge the value and power of the hidden curriculum. Wheeler made use of the term proximate goals to draw attention to this aspect of the hidden curriculum. The hidden curriculum (Jackson, 1968) indicates the need to understand education as a socialisation process. Any curriculum involves the transmission of norms and values as well as a body of socially-approved knowledge (that also involves socially-derived conceptions of what constitutes valid knowledge, acceptable levels of understanding and so forth). In the light of the pervasive influence of the hidden curriculum, the curriculum should encourage the learner to interpret his/ her own cultural context as part of the learning process. Finally these principles assist the articulation of specific goals in regard to the outcomes prescribed for the learning experiences contained within each of the courses offered. Each principle will be examined in regard to its importance in the curriculum development process.

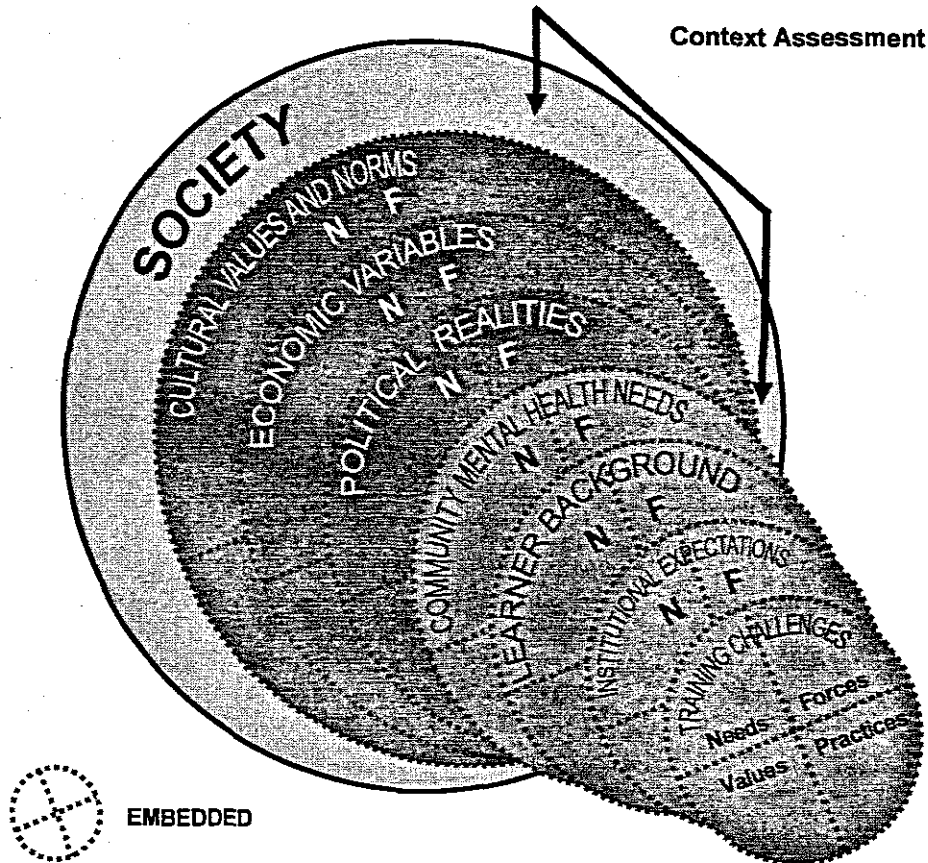
#### Understanding the problem: Context assessment

The focus of the context assessment is upon the following elements of the pedagogic paradigm:

- ❖ Cultural values and norms
- ❖ Economic variables
- ❖ Political realities

These elements are highlighted in Figure 5.1. Each element is a composite of Forces, Needs, Practices and Values, which are embedded (and therefore influencing) other elements within the pedagogic paradigm. These elements were described in some detail in the first part of Table 2.8. (Chapter 2, Section 2.3.1).

Figure 5.1: *Elements within the pedagogic paradigm addressed by the context assessment*



Each of these elements is a composite of Forces, Needs, Practices and Values, that are embedded, and therefore have a bi-directional influence upon all other elements within the pedagogic paradigm. As mentioned previously (see Chapter 1, Section 1.2) this thinking is consistent with Bronfenbrenner's 'bioecological systems theory' which construes individual behaviour as being embedded within a social context shaped by micro-, meso-, exo- and macrosystem influences each of which influence and counter-influence individual behaviour. Table 5.3 presents specific aspects of the pedagogic paradigm proposed by the present study that must be addressed if the curriculum is to be contextually relevant.

**Table 5.3: Learner understanding of elements within the pedagogic paradigm addressed by the context assessment**

| ELEMENTS                  | FORCES   | NEEDS  | PRACTICES  | VALUES   |
|---------------------------|--|--|--|--|
| Cultural values and norms | Cultural traditions in the Great Lakes region<br><br>Religious traditions in the Great Lakes region                                  | Understanding the dynamic influences of culture in and upon society and community life in the Great Lakes region | The degree to which patterns of behaviour are influenced by religio-cultural practices in the Great Lakes region | Norms and standards within society and community life regarding what is important and otherwise in the Great Lakes region      |
| Economic context          | Social and economic factors that shape community life in the Great Lakes region  | Understanding the effects of socio-economic realities upon community life in the Great Lakes region              | The degree of control/ autonomy community members have in terms of living conditions in the Great Lakes region   | Freedom of choice in terms of way of life, economic independence, quality of life, living conditions in the Great Lakes region |
| Political realities       | Social and political factors that shape society and community life in the Great Lakes region, e.g., political instability in Burundi | Understanding the effects of socio-political forces upon community life in the Great Lakes region                | The degree of control/ autonomy community members have in terms of living conditions in the Great Lakes region   | Freedom of choice in terms of way of life, economic independence, quality of life, living conditions in the Great Lakes region |

At the heart of the curriculum development process the learner must engage the socio-cultural context in which community counselling realities and needs are embedded. The socio-cultural setting is multi-faceted, incorporating economics, education, ethnicity, religion, gender, generation, race, minority or majority status, and regional background (Breunlin, Schwartz, and Kune-Karrer, 1993). Chapter 2 (Section 2.3.2) referred to this as a 'metaframework' of understanding systems of individual and family behaviour.

An extract from the results of the situational assessment concerning the effects of regional conflict upon community counselling serves to illustrate this point (Phase 2, Step 4). A curriculum which accurately reflects East African socio-cultural realities should enable learners to gain an understanding of external factors such as:

1. Economic factors (e.g., diamond smuggling, arms trafficking)
2. Lack of assistance and support from others, i.e., every person for himself/ herself

3. Lack of assistance from the national government (the government is largely removed from the people)
4. External aggression
5. Insecurity, uncertainty
6. Community dislocation

These aspects of a conflict-driven society have serious implications for community counselling training in East Africa. The impact of regional conflict is devastating upon community life. Children are forced on the street through economic hardship. There is begging, displacement (as a result of war, famine, and unemployment), homelessness, hunger, starvation, malnutrition and poverty. In terms of personal needs, people are overcome with anxiety. There is evidence of phobia that creates an excessive fear of people, heights, objects and even death. In regard to family life, there is a higher incidence of family violence, prostitution, abandonment, with many orphaned children (particularly as a result of HIV/AIDS). There is a high incidence of family conflict, domestic violence, family rejection/estrangement, marital dissatisfaction and marital problems related to an affair or a number of affairs. There is cultural conflict where family members experience tension as the result of living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict with the community of which they are a part.

#### Addressing the problem: Content assessment

As mentioned earlier in the study (Chapter 1, Section 1.3.3), the core business of this integrated curriculum design is to link education to life. The trainer will need to contextualise learning in such a way that the focus of learning is always the regional context.

Course content is structured in the following way. First, clusters of mental health needs are organised around a thematic approach (Personal, Family, Community domains). According to the frequency of community counselling needs reflected within each of these domains, clusters are then ordered into disciplinary foci (Core, Primary, Secondary areas of the curriculum). *Where appropriate, these disciplinary foci can be enhanced by integrating a more broad-based theoretical psychological application.*

The intention of the present study is to assist curriculum planners to construct a curriculum based on the outcomes of both a situational and institutional assessment. However, it may be that a particular Christian higher education institution has an established programme in community counseling which they believe is both *relevant and effective in training community counsellors* for regional mental health needs. The question may well be asked, "Can the results of a situational assessment be integrated into an existing curriculum, and, if so, how can this be accomplished?" In order to demonstrate how a more broad-based psychological application can be integrated within an operational curriculum, this study has selected ten sample courses from an existing three-year undergraduate psychology curriculum developed by the author at Cornerstone Christian College, Cape Town, South Africa. The formal curriculum is divided into three parts. The first part comprises 9 basic level (6 credit) courses. The second part comprises 9 intermediate level (8 credit) courses. The final part comprises 5 advanced level (12 credit) courses. Each course credit is the equivalent of ten academic hours. An overview of these sample courses (or modules) together with course descriptions is presented in Table 5.4.

**Table 5.4: Module Descriptions of the BA Counselling programme at Cornerstone Christian College**

| Basic Level (First Year)          |  |
|-----------------------------------|--|
| Module Title                      | Module Description   |
| Introduction to Counselling       | In this module the student is introduced to methodologies and techniques in secular counselling models and Christian counselling models. This module will also focus on personal issues encountered in pastoral counselling, specifically loneliness, anxiety, anger and aggression, identity and self-esteem.                                   |
| Care and Counselling for HIV/Aids | This module addresses scientific understanding about AIDS including the transmission of the virus, voluntary counselling and testing, the mode of infection and possible treatments. It is intensely African in its focus, and therefore to some extent will also examine customs and beliefs as they relate to AIDS and the Christian response. |
| Introduction to Sociology         | An introduction to principles, concepts, history, and major approaches to the study of society is given. Special attention is given to major sociological implications for the family, religion, government, education, and science.   |
| Family and Development A          | This module will survey the themes of marriage development and family issues. The student will be introduced to the dynamics of change within marriage and the family as part of a developmental psychology framework.   |

Table 5.4 continued

| Intermediate Level (Second Year) |  |
|----------------------------------|--|
| Module Title                     | Module Description   |
| Family Counselling A             | A theoretical overview of family development and dimensions of healthy family functioning. These concepts are applied to the student's family of origin. The student will develop intervention skills as a counsellor.   |
| Developmental Psychology A       | An overview of the major theories of Developmental Psychology. This module aims to help the student understand the models of human development from conception to adolescence, to address contemporary concerns in life-span development, and to enhance the awareness of methodological approaches by which human development is investigated.  |
| Gender and Inter-Personal Issues | This module focuses on both the social and psychological implications of belonging to a particular gender and examines the ways that a society or culture defines how members of a particular gender act within society, and whether those expectations enhance or hinder human development.   |
| Sociology of Youth Issues        | This module aims to provide an overview of contemporary issues facing South African youth in the context of community and society. The module discusses certain South African youth realities such as alcohol, teenage pregnancy, HIV/AIDS, gang violence, malnutrition, and drug abuse. The module also addresses mental and social health care challenges in the South African context in the mental health sphere of rape and sexual abuse. Students will read and evaluate perspectives provided by South African social scientists and psychologists across the racial and cultural spectrum in terms of youth culture.   |
| Advanced Level (Third Year)      |  |
| Module Title                     | Module Description   |
| Theories of Personality          | This module aims to provide an overview of theories concerning the shaping of personality. It will examine the influences – both personal and environmental – that impact on personality development. A particular dimension of this is the impact of child-rearing practices on the shaping of personality. The module endeavours to incorporate certain South African cultural realities in the shaping of worldview, norms and practices. The second part of the module will examine personality traits, and theories behind personality traits. Students will also have an opportunity to receive a personal evaluation based on a personal personality inventory. |
| Abnormal Psychology              | An applied third year programme focusing on conceptualisation and treatment in the field of abnormal psychology, as follows: Classification and Diagnosis; Clinical Assessment Procedures; Therapy Models.   |

Table 5.5 is a curriculum template which illustrates such an integration exercise. The disciplinary focus of each of the clusters (core, primary, or secondary) dictates the type of theoretical psychological framework needed to enhance learning within each domain. The theoretical discourse is reflected within each of the courses offered in the formal curriculum.



Table 5.5: Cross-referencing an established curriculum with the curriculum structure proposed by this study

### THEMATIC APPROACH

| SOCIO-ECONOMIC SUB-GROUP     | CLUSTER  | COMMUNITY                     | FAMILY   | PERSONAL                      | AREA |
|------------------------------|--|-------------------------------|--|-------------------------------|------|
| Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | 2                             | 2  | 3                             | Core |
| PSYCHOLOGICAL APPLICATION    |  | Introduction to Sociology A   | Family & Development B<br>Family Counselling A | Introduction to Counselling   |      |
| Youth/Children               | Relationship difficulties between parent and child     | 1                             | 4  | 5                             | Core |
| PSYCHOLOGICAL APPLICATION    |  | Gender & Interpersonal issues | Family Counselling A                           | Developmental Psychology A    |      |
| Youth/Children               | Street children  | 12                            | 5  | 2                             | Core |
| PSYCHOLOGICAL APPLICATION    |  | Sociology of Youth            |  |                               |      |
| Urban low income / Rural     | A conflict-ridden cultural environment                 | 4                             | 1  | 5                             | Core |
| PSYCHOLOGICAL APPLICATION    |  |                               |  | Abnormal Psychology           |      |
| Urban low income / Rural     | Trauma suffered through exposure to conflict           | 5                             | 1  | 5                             | Core |
| PSYCHOLOGICAL APPLICATION    |  |                               |  | Gender & Interpersonal issues |      |

**DISCIPLINARY FOCUS**

Table 5.5 continued

**THEMATIC APPROACH**

| SOCIO-ECONOMIC SUB-GROUP     | CLUSTER  | COMMUNITY | FAMILY                            | PERSONAL                        | AREA    |
|------------------------------|--|-----------|-----------------------------------|---------------------------------|---------|
| Urban low income / Rural     | Poverty  | 4         | 1                                 | 4                               | Core    |
| PSYCHOLOGICAL APPLICATION    |  |           |                                   | Sociology of Youth ↑            |         |
| Urban low income / Rural     | Unclear socio-cultural messages about sex in human relations | 2         | 6                                 | 4                               | Core    |
| PSYCHOLOGICAL APPLICATION    |  |           | Family Counselling A ↑            |                                 |         |
| Urban middle to upper income | Spousal Conflict   |           |                                   |                                 | Primary |
| PSYCHOLOGICAL APPLICATION    |  |           |                                   | Gender & Interpersonal Issues ↑ |         |
| Urban middle to upper income | HIV/AIDS impact upon the family                              |           |                                   |                                 | Primary |
| PSYCHOLOGICAL APPLICATION    |  |           | Care & Counselling for HIV/AIDS ↑ |                                 |         |
| Urban middle to upper income | Gender role confusion  |           |                                   |                                 | Primary |
| PSYCHOLOGICAL APPLICATION    |  |           | Family Counselling A ↑            |                                 |         |
| Youth/Children               | Conflict between traditional and modern values               |           |                                   |                                 | Primary |
| PSYCHOLOGICAL APPLICATION    |  |           | Gender & Interpersonal Issues ↑   |                                 |         |

**DISCIPLINARY FOCUS**

Table 5.5 Continued

| <b>THEMATIC APPROACH</b>     |                                       |           |                      |  |           |
|------------------------------|---------------------------------------|-----------|----------------------|--|-----------|
| SOCIO-ECONOMIC SUB-GROUP     | CLUSTER                               | COMMUNITY | FAMILY               | PERSONAL                                       | AREA      |
| Urban low income / Rural     | Poor self concept and low self esteem |           |                      |  | Primary   |
| PSYCHOLOGICAL APPLICATION    |                                       |           |                      | Abnormal Psychology<br>Theories of Personality |           |
| Urban middle to upper income | Family Conflict                       |           | 5                    |  | Secondary |
| PSYCHOLOGICAL APPLICATION    |                                       |           |                      |  |           |
| Youth/Children               | Sexual promiscuity                    |           |                      | 5  | Secondary |
| PSYCHOLOGICAL APPLICATION    |                                       |           |                      | Family & Development B                         |           |
| Youth/Children               | Adolescent poor self-concept          |           |                      | 6  | Secondary |
| PSYCHOLOGICAL APPLICATION    |                                       |           |                      | Family & Development B<br>Sociology of Youth   |           |
| Urban low income / Rural     | Family conflict and domestic violence |           | 5                    |  | Secondary |
| PSYCHOLOGICAL APPLICATION    |                                       |           | Family Counselling A |  |           |

DISCIPLINARY FOCUS

In order to more comprehensively illustrate how the psychological application can be integrated within such a cluster of mental health needs, the cluster 'Relationship difficulties between parent and child' has been extracted from Table 5.5.

*\*extracted from Table 5.5 Relationship difficulties between parent and child*

| SOCIO-ECONOMIC SUB-GROUP  | CLUSTER  | THEMATIC APPROACH             |                      |                            | AREA | DISCIPLINARY FOCUS |
|---------------------------|--|-------------------------------|----------------------|----------------------------|------|--------------------|
|                           |  | COMMUNITY                     | FAMILY               | PERSONAL                   |      |                    |
| Youth/Children            | Relationship difficulties between parent and child | 1                             | 4                    | 5                          | Core | DISCIPLINARY FOCUS |
| PSYCHOLOGICAL APPLICATION |  | Gender & Interpersonal issues | Family Counselling A | Developmental Psychology A |      |                    |

This cluster is made up of items within all domains, i.e., Personal, Family and Community domains, and as such forms part of the core curriculum (a foundational academic discipline within the curriculum). The Personal domain reflects the highest number of items and therefore forms the foundational focus which guides the development of learning within the cluster.

The psychological application for the Personal domain is provided through a 'Developmental Psychology A' (Intermediate level) course. This course will:

- A. Help the learner understand human development from conception to adolescence.
- B. Address contemporary concerns in life-span development.
- C. Enhance the awareness of methodological approaches by which human development is investigated.
- D. Explore the nature of parent/ child relations.

By way of contrast, the psychological application for the Family domain is provided through a 'Family Counselling A' (Intermediate level) course. This course provides the learner with a theoretical overview of family development and dimensions of healthy family functioning. These concepts are applied to the student's family of origin. The student will develop

intervention skills as a counsellor. Importantly, intensive treatment of basic family themes and dimensions of family functioning and counselling is provided by which to better understand relationship difficulties between parent and child.

Finally, the psychological application for the Community domain is provided through a 'Gender and Interpersonal Issues' (Intermediate level) course. This course focuses on both the social and psychological implications of gender identity. It also examines the ways that a society or culture influences gender socialisation, and how that socialising process enhances or hinders gender development. This is particularly helpful in assisting the learner to understand the community pressures exerted through cultural gender expectations that impact upon parent/child relations.

#### Embracing the problem: Experiential assignments

Focus group results make very clear the need for, and value of, experiential assignments. Without experiential assignments the learner will fail to engage the real-life community setting for which he/she is being trained. Experiential assignments assist the learner to engage with:

- ❖ The range of needs in the Great Lakes regional setting
- ❖ The types of community practices that operate within a given cultural context
- ❖ Those transitions that are changing the face of community life
- ❖ The relevance of training to meaningfully address community counselling needs

Eisner (1985) speaks of the *real curriculum*, i.e., the learning experience. In one sense, "one can only have a curriculum after it has been experienced [by the learner]" (Eisner, 1985:40). In this regard, one needs to make a distinction between formal and informal aspects of the curriculum (Chapter 2, Section 2.2). The formal curriculum may be a pre-planned course of study through which the learner is guided. By contrast, the informal curriculum is experiential insofar as each learner has a different experience of encountering the formal curriculum, based on his or her readiness (or otherwise) to incorporate the curriculum as part of his or her own life experience. Any curriculum that fails to take cognisance of the learner's subjective experience of that curriculum is always going to be limited in terms of its effectiveness. This dimension of learner readiness is critical. In light of the intense focus on culture and the need for the learner to understand the importance of cultural context, the trainer should encourage

the learner to interpret his/her own cultural context as part of the learning process. All knowledge forms at some level are contextual forms. Teaching and learning takes place within a social context. The better we understand the learner's background, the language of his/her culture, and the icons of that culture, the greater the congruence between the intended and the received curriculum.

Ritterman (1977) indicated the subtle distinction between a mechanistic form of knowledge dissemination within the curriculum i.e., the classroom forming the hub of a series of planned learning events (Eisner, 1985) and an organismic approach to the curriculum where the teacher/learner process is embedded within the socio-cultural environment. Chapter 2 (Section 2.3.2) stated that such a mechanistic system is essentially reductionistic and inanimate. By contrast, an organismic system is dynamic and complex. An organismic process takes cognisance of the socio-cultural context through which the learner has acquired the symbols of learning, namely language, religion, values and standards and utilising those same cultural symbols where possible, to ensure effective learning.

In general, institutional learning environments lack the creativity and resources to apply training to key community counselling issues, e.g., mental health needs that arise out of conflict/violence. Often there are limited opportunities for fieldwork experience until very late in the training process. Unfortunately, by the time helping practitioners are given opportunities for fieldwork, they are overwhelmed by the inadequacy of their training to meet real life mental health needs. In the light of this, throughout the curriculum the learner should confront community counselling realities through ongoing practical training. This will go some way to address the concerns of focus group participants across all sub-groups, who indicated that present training practices were out of touch with community counselling needs. A focus upon practical exposure and training will redress the problems highlighted earlier in the chapter, of too few helping practitioners being trained to address the mental health needs in Great Lakes regional communities. It will ensure that training is more contextualised, and force models and methodologies of psychology to be more specific and relevant. Practical training will allow for better exposure to rural and urban poor communities. It will assist in producing practitioners who are in touch with the real needs of clients, and will enhance better communication skills. If the training is community-focused, then practitioners will not feel so overwhelmed by the extent and complexity of the mental health needs they face.

In summary, this chapter has focused on how to sequence the development of the curriculum. This chapter has explored the way in which 'clusters build courses' (or parts thereof); how clusters are assigned to core, primary and secondary curriculum categories, and how personal/family/community domains shape the emphasis of the curriculum. Finally, the chapter has demonstrated how each course is guided by an assessment of context/content, together with experiential assignments.

## **CHAPTER 6**

### **DISCUSSION AND RECOMMENDATIONS**

#### **6.1 BACKGROUND**

In tracing the history of curriculum development thinking, there has been a distinct shift in focus from the traditional emphasis on 'content' and 'learner' as the key drivers of the curriculum design process, to the recognition that curricula should be worked out and located in a particular social context (Jagusah, 2001). This shift has been of particular value to the social science disciplines, especially the 'helping professions' i.e. social work, community counselling etc., where an understanding of the community setting forms an essential ingredient of the training process. The development and presentation of the 'pedagogic paradigm' as a foundational structure upon which the present study has been built is an application of Bronfenbrenner's bioecological systems theory (Bronfenbrenner, 1979). The present study has sought to apply the theoretical constructs of Bronfenbrenner's theory in the formation of curricula in community counselling for Christian higher education in Africa. Bronfenbrenner's theory construes individual behaviour as being embedded within a broader social context shaped by micro-, meso-, exo-, and macro-system influences. This study has explored the veracity of this proposition and found it to be valid. However, African society is complex. The bioecological systems theory approach presupposes a relatively stable society, where institutions within each sub-system can be clearly identified and articulated. This is not the case in African society. Africa is a complex, multi-layered, dynamic society in transition. For example, the effects of conflict in many countries of Africa; the rapid social changes as a consequence of urbanization; the influence of tribal and clan-based priorities, makes it very difficult to make a simple application of Bronfenbrenner's theory. Therefore, in highlighting the need for curricula to be driven by 'context' and not 'content' this study has endeavoured to investigate these complex sub-systems. This is in order to reflect a more systemic understanding of curricula being embedded in both formal and non-formal learning experiences.

#### **6.2 VALUE AND SIGNIFICANCE**

One of the evident weaknesses highlighted in this study concerns the predominantly Western theoretical orientation of teaching and learning in Christian higher education in Africa.



However, in terms of curriculum design in African higher education, there is a generally poor understanding of how indigenous knowledge systems can better inform curriculum theory and development in an African setting – particularly a rural African setting. The value and significance of this study lies in the exploration of a uniquely African curriculum development process. This curriculum development process has dynamically reflected on the socio-cultural context in order to gain a regional understanding of community mental health needs. This will go some way to ensuring that community counsellors are provided with a comprehensive understanding of community needs in which to apply effective intervention skills and strategies. The outcomes will assist institutions in regions of Africa to undertake a similar exercise in developing new undergraduate-level curricula and re-curriculating existing curricula in community counselling.

### **6.2.1 The adequacy of the methodology**

Initially the structural framework necessary for pursuing a quantitative approach to data gathering focused on a curriculum content outcome for the study. With this outcome in mind, the Delphi process was selected. This process sought to attain a broad-based quantitative needs assessment of community counselling needs and institutional training practices. However, the Delphi process did not achieve this (Chapter 3, Section 3.3.2), primarily because of the unique characteristics and challenges presented by the African setting.

Whilst encouraging participation in the research process, the Delphi process as research methodology may not have conveyed a consultative attitude, thereby reflecting a criticism of existing training practices in Christian higher education. Even if the quantitative research process had produced better outcomes this may well have been the result of participants telling the researcher 'what one thinks the researcher wants to hear'. Paulo Freire (Shor, 1993) alerts us to the fact that *traditional education invents its themes, language, and materials from the top down rather than from the bottom up* (particularly in a developing-world context). This has been a problem in post-colonial African settings, where the African 'respect for authority' may script the learner to tell the teacher what the teacher wants to hear. In the study the poor response rate was indicative of respondents having serious dissonance with the *initial methodology of the study*. As importantly, the lack of any response was by inference a critique of the top down (rather than bottom up) nature of the research process.

The question of the appropriateness of 'Western' quantitative methodologies in the African setting needs to be carefully assessed. The psychological motivation for participation in the Delphi process is cultural insofar as the nature of the Delphi methodology is focused upon *anonymity of responses*. Whereas anonymity might be an acceptable principle in a North American cultural context, the notion of anonymity and inferred 'individuality' is foreign to Africans. Anonymity creates suspicion. Anonymity suggests defensiveness in a socio-cultural setting where the predominant view of life is one of participation and openness. This aspect of the African psyche has already been addressed in Chapter 1 (Section 1.2), where reference was made to the fact that in Africa 'persons are ends in themselves only through the discovery of who they are in others' (Tutu, 1982). The African way of perceiving, experiencing and responding to reality is shaped by collective rather than individual experiences. In essence, the truth of meaning and being can only find adequate expression in community living (Hulley, Kretzchmar & Pato, 1996).

The Delphi process is reliant on empirical data to validate research outcomes. A purely empirical approach is probably not culturally compatible with values operating in African society where oral and social skills are the primary medium of communication. The idea of reaching consensus through multiple iterations with a group of anonymous participants is inconsistent with the African cultural forms utilised in finding solutions.

On a practical level, the Delphi process may not have been ideally suited to a research study where participants were dispersed over as wide a geographical area as the African sub-continent. The uncertainty of postal communication and the non-availability of electronic communication in Africa simply compounded the problems faced by the author in using the Delphi process for this study. Moreover, the formation of the research process was largely non-consultative. This, together with the demands placed on the respondents to sustain their participation over an extended period would have done little to endear respondents to the research process. The Delphi process is probably better suited to a more contained setting where iteration and feedback is prompt and efficient.

### **6.2.2 Shifts in the curriculum development process**

The decision to change from a quantitative survey-based methodology to a qualitative methodology using focus groups was recognition of the impossibility of applying sufficient

socio-cultural insight to curriculum content in such a diverse geographical and socio-cultural context as the continent of Africa. It was also the result of wanting to encourage dialogue and shared participation in the research process. The author became increasingly aware that it was not enough to 'Africanise' curriculum content.

As the study progressed it became increasingly evident that it was more beneficial for Christian higher education institutions to understand how to develop undergraduate-level curricula in community counselling rather than provide a 'curriculum content template' for institutions to implement. Nevertheless, there exists a certain tension between the intended product or outcome, i.e., a focus upon curriculum content, and the more serendipitous outcome that focused upon curriculum process. The author believes that the study has been enriched by this change of focus. The change in methodology did not invalidate the original hypothesis as much as alter its emphasis. The original hypothesis was that 'Christian higher education in Africa requires a meaningful undergraduate-level curriculum for equipping community counsellors with effective intervention skills'. By re-aligning the methodology to a qualitative form, the research emphasis shifted from the 'ends' of the curriculum, i.e., content, to the 'means' of the curriculum, i.e., context. There were a number of gains as a result of re-aligning the methodology in this way. The study gained greater insight into community counselling realities in one region of Africa, namely the Great Lakes region. It also benefited strategically from the collaborative and participative process of engaging with role players in community counselling in the region. It gained momentum through the enthusiastic participation of Christian higher education institutions in Nairobi, Kenya, in the situational assessment process. Most importantly, the study demonstrated the gains that accrue from the application of a pedagogic paradigm to guide the curriculum development process.

### **6.2.3 Personal reflection regarding shifts in the curriculum development process**

It was a hard decision for the author to abandon the Delphi process. The author had made a somewhat naive unilateral decision to use of the Delphi process without considering the issue of cross-cultural relevance. In so doing, he fell into the classic trap of Western researchers with resources and empirical 'proofs' grounded in Western contexts, believing that they can simply impose models and techniques on a variety of African (or other cultural?) settings, without any regard for the history, culture or sensibilities of the communities they have come

to 'study'. According to Foxcroft (2002:3), this ends up being nothing more than another form of cultural imperialism, or even colonialism in another, more subtle guise. This study has identified the ways in which Colonialism has negatively influenced curriculum in Christian higher education in Africa. Undoubtedly colonial history continues to cast a shadow over Africa and assault the minds and hearts of those African academics who contribute so powerfully to African higher education. It was painful for the author to encounter the vestiges of that history in the poor response of academics and institutions within Christian higher education to the Delphi process.

The Delphi technique was clearly ignored – even resented - by the initial group of participants in the study. However, this experience highlighted the importance of dialogue and consultation in the process of setting up a field study. Thankfully, these same subjects, although reluctant and recalcitrant in the initial phase, were enthusiastic, forthcoming and complimentary when the methodology was re-designed in a form that acknowledged the worth of their contributions in formulating methodology and approach.

The decision to shift the research focus from a quantitative to qualitative methodology using focus groups led to a substantial shift in the outcomes of the study. The benefits brought about by such a shift were evident in enriching relational and interpersonal dialogue concerning how best to prepare a new generation of community counselors to address community mental health needs in Africa. The author did not interfere with focus group activities in any direct way. The author relied heavily on the credibility of local trainers and practitioners both in terms of facilitation and interaction. Instead of coming in as “the expert”, to lead and to guide the process, the process benefited considerably when the author entered simply as a “facilitator” and “fellow-learner”, thus reinforcing the authenticity and status of the participants as genuine “experts” – exactly what the Delphi technique depended upon for validity. Participants valued the opportunity to address their own regional realities; identify regional training needs, and offer informed solutions. They also benefited from the group interaction and opportunity to network with one another.

The original goals of this study focused on intended outcomes of the curriculum i.e., a *community mental health syllabus*, rather than focusing on the curriculum process. The study was not able to deliver a completed syllabus. The expectation presented in the early correspondence was not met. However, the qualitative research process was invaluable in

that it resulted in the formation of a curriculum construction process that is replicable in all regions of Africa.

### **6.3 USEFULNESS OF THE OUTCOMES OF THE CURRICULUM DEVELOPMENT PROCESS IN DEVELOPING A CURRICULUM THAT TAKES ACCOUNT OF REGIONAL CULTURAL REALITIES**

The pedagogic paradigm formed the heart of the curriculum development process. Encapsulating the ecological view that a person's behaviour should be viewed within the environmental setting in which that behaviour occurs (Naidoo, Shabalala & Bawa, 2003), the pedagogic paradigm represented an extension of Bronfenbrenner's theory (Bronfenbrenner, 1979) which construed individual behavior as being embedded within a social context. This social context serves as a framework for understanding the significance and interplay of developmental forces upon individual behaviour. It stratified two broad sub-systems of assessment as a pre-requisite for effective curriculum planning. The first sub-system examines the external socio-cultural environmental context of mental health needs as the subject of the curriculum. The second sub-system examines the influences of the inner institutional culture upon learning as the context of the curriculum. To gain a full understanding of the socio-cultural interplay between the 'worlds' of the individual-in-community, the cognitive style of the learner, and the influences of institutional culture upon learning requires both assessments to be undertaken.

The focus of this study was to examine external socio-cultural factors within the Great Lakes region, and not at institutional culture, or the interplay between external socio-cultural factors and institution. This point will be addressed later in the chapter as an aspect of further research. The external situational assessment examined socio-cultural factors in which community counselling needs were embedded, as well as assessing their impact upon individual behaviour. The value of such a situational assessment was a comprehensive and insightful assessment of the range of mental health needs in the Great Lakes region. The situational assessment was also able to provide meaningful data on the inter-relationships that exist between mental health needs, together with the socio-cultural influences impacting upon those inter-related needs.

The use of focus groups introduced a fresh perspective into the study in that the 'lived experience' of focus group participants added authenticity to the study outcomes. Focus

groups provided an opportunity to gain insights through the shared understanding of the group, aptly called the 'synergising group effect' where ideas are stimulated by group interactions (Stewart & Shamdasani, 1990:19). Participants were able to provide a qualitative depth of insight into a particular theme or topic. Focus group activities were directed towards gathering data on the range of community counselling needs in Personal/Family/Community domains as a way of structuring the curriculum. Focus group activities also provided data on contemporary institutional training practices and their effectiveness. By assessing these socio-cultural influences and then applying the outcomes to the curriculum design process, the curriculum could accurately reflect the socio-cultural context of the Great Lakes region.

The external situational assessment engaged focus group participants in a four-step assessment exercise. In implementing the four-step process, the research was able to generate clusters of inter-related mental health needs which by degree of emphasis constitute the basis of core, primary and secondary course materials within Personal/Family/Community domains. This represented a distinctive and beneficial way in which to organise the curriculum. Of particular importance was the exercise of integrating theoretical aspects of an existing curriculum in community counselling with the curriculum development process presented in this study. The 'clusters = courses' approach to curriculum planning was in some ways a modification of the problem-based learning (PBL) approach which has become popular in medical and health education. Problem-based learning endeavours to redress the problem that learners retain minimal information obtained from traditional didactic teaching (Bok, 1989) and have difficulty transferring knowledge to new experiences (Schmidt, 1983). The 'clusters = courses' structure endeavours to keep the learner focused upon the real community needs that must be addressed in terms of intervention strategies, as well as encourage a learning approach that enhances the transfer of knowledge directly into experience. Assigning a cluster to one or more of the Personal/Family/Community domains provided the direction in which the learner should be guided in order to arrive at a solution. The categories of core/primary/secondary level courses gave priority to courses within the overall curriculum structure.

#### **6.4 LIMITATIONS OF THE STUDY**

One may ask why the study was unable to produce a full syllabus in community counselling that can meaningfully address African community mental health realities (as was promised in

the early correspondence to Christian higher education institutions). There are many reasons for this, as follows:

❖ A regional study

The shift in focus of the study moved away from an all-embracing African study to a study of mental health needs and challenges in the Great Lakes region of East Africa.

❖ A Situational assessment

The study has argued the case for the curriculum planner to identify and explain the influence of all external (situational) and internal (institutional) elements of each of the sub-systems within the pedagogic paradigm in order to develop a meaningful and sustainable curriculum. A sufficiently all-embracing methodology for effective curriculum planning requires that an external (situational) assessment must be combined with an internal (institutional) assessment. Inevitably this leads to the question of why only an external (situational) assessment was completed. As the study developed it became apparent that the internal dynamics of institutional culture had a marked influence on the curriculum (as indicated by the model). However, to explore institutional culture requires a completely different approach. To proceed with an internal (institutional) assessment is a sensitive and exacting process as outlined in Chapter 1, Section 1.4.3 and 1.4.4. This requires an intensive and protracted engagement with the respective institution. Its success is largely dependent upon the level of familiarity of the researcher with both the institution and the socio-cultural context in which curricula is to be embedded. Therefore it is vital for someone with such an understanding of the socio-cultural context and the necessary standing and influence within the institutional setting – and more broadly an understanding of the modus operandi of Christian higher education in the region – to undertake such a task. Therefore undertaking a study of institutional culture was considered to be an avenue for further research.

❖ Costs

Producing a full syllabus did not appear unrealistic given that the Delphi process was originally considered to be the most appropriate tool for assessing community counselling issues and training practices in African regional settings. However, the shift from a quantitative to qualitative methodology required the author to travel, and the cost both in time and finances was very high. The study has required repeated visits from Cape Town to

Nairobi. These visits have been important for the sake of relationship-building and establishing trust.

❖ Unfamiliarity with the regional setting

In this study, the author has endeavoured to demonstrate how to design and implement a situational assessment and how to apply the results to the curriculum design. Ideally, such a situational assessment should be undertaken by an institution (or a group of partner institutions) within a given regional setting. As with institutional assessment, a meaningful situational assessment is dependent upon the level of familiarity of researchers with the socio-cultural context in which curricula are to be embedded. In other words, any assessment should be undertaken by those who are familiar with the socio-cultural context and who are able to give ample time to such an exercise. It is important for the researcher to familiarize him/herself with the socio-cultural context, unless of course the researcher brings that familiarity with him/her. Insofar as the author was unfamiliar of the Great Lakes region, and had limited time to devote to interaction within the region, this is a qualification of the findings of the study.

The author is aware that, as in any study, there are limitations in the areas of methodology, sampling, validity and reliability, that impact on the generalisability of the results of the study. In regard to methodology, this study utilised a focus group methodology to explore the first sub-system of the pedagogic paradigm. However, the second sub-system of the pedagogic paradigm i.e., institutional factors, must also be addressed (as mentioned above) in order to fully inform the curriculum design process.

In terms of sampling, the use of focus groups was an important tool for providing data and insights that would be less accessible otherwise (Morgan, 1988). Focus group participants helped the author to understand present training practices and their effectiveness in the East African regional setting, as well as the range and impact of community counselling needs. However, an important aspect of any research method is the degree to which the sample (from which the data is drawn) is representative of the target population (Babbie & Mouton, 2001). Because of the diversity of the socio-cultural setting of the Great Lakes region, focus group participants were not a truly representative sample of the target population. The lack of representivity of participants was indicated by the uneven distribution of participants to sub-groups. This was not surprising given the demographic diversity of the Great Lakes region.



This imbalance was corrected in the second round of focus group activities. Prior to the implementation of the second round of focus group activities, care was taken to select participants with practical experience of community counselling realities within the socio-economic sub-groups. For this round, sub-groups were identified along socio-economic lines that were more representative of the target population.

A further limitation was the deductive process used in facilitating the first round of focus group activities. The deductive process was designed to assess the extent to which counsellor training meaningfully addressed mental health needs in the Great Lakes region. The focus group facilitation process guided participants to identify successes and failures in training foci and practices. By requiring participants to explore 'failures' in training foci and practices, it was not surprising when participants concluded that counsellor training within Christian higher education institutions in the Great Lakes region was largely ineffective. This limitation resulted in the design of a more balanced and open facilitation process in the second round of focus group activities. This round adopted an evaluation strategy requiring more of an inductive, open-ended and non-directive approach. The facilitation process encouraged the exploration of community counselling needs, relying on the experience of participants to meaningfully contribute their own concerns and insights. This validated the data to a much greater degree, allowing for a more reliable application of data to the curriculum development process.

The reliability of results in the second round of focus group activities was enhanced by means of a comprehensive mental health needs questionnaire that provided a valid quantitative measure of the range of mental health needs in the Great Lakes region. The questionnaire results were then discussed by participants within each of the sub-groups. Validity and reliability of results were strengthened by comparing results within sub-groups; organising mental health needs into clusters of inter-related needs, and exploring socio-cultural influences impacting upon these needs.

This study has acknowledged the difficulties of constructing an undergraduate-level curriculum in community counselling relevant to all socio-cultural contexts in Africa. The complexity of mental health issues and needs in these regional contexts are immense, in a continent polarised by cultural, economic and political differences regionally and nationally. The dramatically changing social and cultural landscape presents a challenge to all educators within the domain of Higher Education in Africa. The results of the situational assessment were limited to the Great Lakes region, and are not transferable to other regions of Africa.

However, although the results may not be transferable, it is hoped that the investigative process can be replicated to other regions of Africa.

This study has promoted the need for both an external and internal situational assessment in the construction of a meaningful curriculum. For the purpose of this study, the assessment of training needs (focus group #1) formed part of the external situational assessment. Although the insights gained from involving trainers and practitioners in this focus group was of great value, ideally such an assessment should form part of the internal institutional assessment process.

## **6.5 STRATEGIC GUIDELINES FOR FURTHER RESEARCH**

Given the complexity of organizing meaningful focus group activities, and the importance of the focus group interactions, there is a tendency to allow too little time for the exploration of these complex interactions. For example, inadequate time was given to the task of organising mental health needs into clusters of inter-related needs across Personal/Family/Community domains. This focus group task generated a profound range of insights that required time for reflection and reporting to avoid these insights being lost. Because of time constraints participants could only address a very limited number of clusters of mental health needs, and briefly comment on the internal and external influencing elements within the regional socio-cultural context.

Finding focus group participants who can genuinely be said to be a representative group of a given region in Africa remains a major challenge for the researcher. Factors such as geographical location, transport, communication difficulties mitigate against balanced representation. Inaccurate allocation of participants to particular sub-groups can lead to the quality of the data being compromised, which in turn can affect the allocation of mental health needs to inter-related clusters of needs. Ultimately, this can affect the alignment of courses in core, primary, and secondary categories. Identifying participants who were genuinely representative of the socio-economic groupings in this study proved a major challenge. The author's recommendation for finding representative participants for focus group activities is as follows:

- ❖ Make use of a referral system to locate suitable participants
- ❖ Profile the suitable participant for each sub-group

- ❖ Budget for communication and transport costs
- ❖ Clearly explain the outcomes of focus group activities
- ❖ Personally invite participation

### 6.5.1 Institutional Assessment

A major area of research still remaining is the opportunity to undertake an institutional assessment (Sub-system 2 of the pedagogic paradigm). By combining the results of an institutional assessment with the outcomes of external situational assessment undertaken in this study, the curriculum development process will be significantly enhanced. In this way, the curriculum planner will gain a better understanding of the influence of the institutional core curriculum upon the received curriculum. This is particularly important in Christian higher education in Africa. Each institution has a history and culture that influences (even defines) the teaching and learning process. The inclusion of a comprehensive institutional assessment will lead to the presentation of a curriculum design that is comprehensive, effective and transformative in the African setting.

*It is anticipated that an institutional assessment will not be without its difficulties. Whereas an external situational assessment engages a broad-based assessment of regional mental health needs, the internal institutional assessment is focused upon one specific institutional setting. It investigates the impact of institutional culture upon all aspects of the learning encounter. Such an assessment needs to be a sensitive process in that one is generally working with a small group of faculty and staff through whom institutional data is accessed. Any inferred criticism of existing institutional practices will likely defeat the outcomes of such research. This study has already highlighted the importance of dialogue within an atmosphere of mutual cooperation between researcher and institution. In order to proceed with such an institutional assessment, the researcher will need to clearly indicate the benefits of such research to the institution; the benefits of such research to the regional community of which the institution is a part; the methodology to be applied in undertaking the institutional assessment and the time frame for such research to be undertaken.*

Any future research should seek to establish the degree to which an institution truly understands the value of re-curriculating existing curricula in community counselling (or closely aligned disciplines e.g. Christian counselling) and/or developing new curricula. Research should encourage the institution to view itself as an integral part of the regional

socio-cultural environment. This may not be easy, particularly where institutions provide training through correspondence programmes, or operate as a national (or international) training facility for a particular Christian denomination or affiliation. In terms of methodology, the researcher should ensure that an institution have a clear understanding of the purpose for conducting the study. It would be advisable for the researcher to set goals and objectives in cooperation with the institution, that explain what is required and by whom. The researcher must identify the target audience and clearly outline the approach to be undertaken in collecting the data required for the research. The researcher will need to decide whether the information presently exists; whether a new data collection effort is needed, or if a combination of approaches is appropriate. A time-frame for the institutional assessment needs to be clearly articulated. Making the commitment to undertake the assessment within a specified time will enhance interest and participation. An open-ended assessment will likely affect the motivation of participants.

The ideal solution for undertaking an institutional assessment in the Great Lakes region would be to find a pilot institution or cluster of institutions who might agree to pilot the “new” curriculum and who would be willing to undergo an institutional assessment as part of the findings of this study.

Future research opportunities became evident as this study progressed. This study was made possible through the cooperation and support of key institutions in the Great Lakes region. To undertake a curriculum development process leading to the formation of a curriculum in community counselling for other regions in Africa, the researcher should begin by locating a pilot institution or cluster of institutions within a given region that would be willing to cooperate. The researcher will then be in a stronger position to apply the pedagogic paradigm in terms of replicating the external and internal situational assessments as presented in this study.

### **6.5.2 Identification of indigenous training materials**

This study revealed the apparent lack of indigenous training materials to accompany a more contextually relevant curriculum, e.g., socio-cultural traditions, community practices, community beliefs, and political/ economic agendas within a given region. The need for indigenous training materials could form a focus for further research.

Importantly, in light of the very distinctive (if not unique) mental health scenarios in the African setting, a further research avenue is the exploration of African theories of psychology. In light of family and community traditions, beliefs, practices etc., the influence of community socialisation upon human behaviour in Africa could be explored leading to a much enriched understanding of human development in the African setting.

### **6.5.3 Understanding the distinctive problems related to areas of regional conflict**

This study also identified community counselling needs brought about by conflict-driven societies within countries such as the Democratic Republic of Congo, Rwanda and Burundi. Another area of research could be an assessment of the distinctive community counselling problems brought about by regional conflict. This data could then be meaningfully incorporated into a regional curriculum design.

### **6.5.4 An assessment of current training practices in Christian Higher Education**

The assessment of institutional training practices revealed that many Christian higher education institutions in Africa have experienced problems of lack of suitably trained local staff, lack of indigenous materials, and lack of educational expertise and capacity. These training limitations provide good reasons for encouraging sharing and partnerships. To this point in time, Christian higher education in Africa has failed to fully embrace the opportunity to become more actively involved in training for the 'marketplace' rather than the church. At the same time, it is clear that institutions of Higher Education in Africa cannot produce the numbers of community counsellors needed to address community counselling needs around the sub-continent. Applying the curriculum development process presented in this study will assist Christian higher education institutions to broaden their core curriculum and more meaningfully integrate religious faith with societal culture. In so doing, Christian higher education in Africa will become more of an active partner with other institutions of Higher Education in Africa to train a new generation of community counsellors.

## 6.6 CONCLUSION

In light of the study findings and the experience gained, it is imperative that the study results be disseminated as widely as possible. By sharing the results of this study there is the potential for really making a difference to the type and quality of community counselling training presently undertaken in Christian higher education in the Great Lakes region and more broadly in Africa. This could be accomplished through regional workshops, journal publications, and conferences. There are already a number of institutions affiliated to Overseas Council International who have expressed interest in implementing a similar curriculum development process. It is the author's hope that the findings of this study will be enthusiastically received by Christian higher education in Africa and impact meaningfully on the development of relevant community counselling curricula suitable to the socio-cultural context and ethos of the respective institution.

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# ANNEXURE I



**Annexure I: SAMPLE NEEDS ASSESSMENT IN THE PERSONAL CATEGORY**

|   | <p>Please respond by using the digit '1' in one of the columns of the first set of 5 columns. Where you have indicated 'strongly agree' or 'agree' use the digit '2' to complete one column of the second set of 5 columns to indicate the GENERALLY PERCEIVED SOURCE OF THE PROBLEM OR NEED.</p> | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Family Dysfunction | Community/Social Influence | Cultural Influence | Spiritual Influence | Economic Influence |
|---|---|----------------|-------|----------------------------|----------|-------------------|--------------------|----------------------------|--------------------|---------------------|--------------------|
|   | <b>CATEGORY 1: INFANCY, CHILDHOOD AND ADOLESCENCE:</b>  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
|   | <b>PERSONAL</b>   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 1 | In my geographical region Apathy (listlessness, loss of interest in life) is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 2 | In my geographical region Autism (social passivity, withdrawal) is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 3 | In my geographical region Chronic Fatigue (lack of concentration, loss of routine), weariness is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 4 | In my geographical region Delirium (difficulty in sustaining attention, disordered thought patterns) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 5 | In my geographical region Delusion (adopting status and roles that are not one's own) is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 6 | In my geographical region Demonic Possession/Oppression is a personal counselling need amongst children and youth   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 7 | In my geographical region Childhood Depression (social withdrawal, poor social skills, and somatic complaints) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |

|    | <p>Please respond by using the digit '1' in one of the columns of the first set of 5 columns. Where you have indicated 'strongly agree' or 'agree' use the digit '2' to complete one column of the second set of 5 columns to indicate the <b>GENERALLY PERCEIVED SOURCE OF THE PROBLEM OR NEED.</b></p> | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Family Dysfunction | Community/Social Influence | Cultural Influence | Spiritual Influence | Economic Influence |
|----|--|----------------|-------|----------------------------|----------|-------------------|--------------------|----------------------------|--------------------|---------------------|--------------------|
| 8  | In my geographical region Eating disorder (bulimia, anorexia nervosa) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 9  | In my geographical region Excessive anxiety ('clinging', fear, neuroses of fear, avoidance) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 10 | In my geographical region Excessive Fear (fear of people, heights, objects, death etc.) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 11 | In my geographical region Hallucination (connected with magical powers/spirits) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 12 | In my geographical region high infant mortality (early infancy/ childhood death) is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 13 | In my geographical region Hysteria (loss or impairment of bodily sensation through psychological conflict factors) is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 14 | In my geographical region Identity disorder (poor sense of self, identity confusion either personal or collective eg. tribal) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 15 | In my geographical region Inhalants (glue-sniffing, poisonous fumes etc) is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |

|    | <p>Please respond by using the digit '1' in one of the columns of the first set of 5 columns. Where you have indicated 'strongly agree' or 'agree' use the digit '2' to complete one column of the second set of 5 columns to indicate the <b>GENERALLY PERCEIVED SOURCE OF THE PROBLEM OR NEED.</b></p> | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Family Dysfunction | Community/Social Influence | Cultural Influence | Spiritual Influence | Economic Influence |
|----|--|----------------|-------|----------------------------|----------|-------------------|--------------------|----------------------------|--------------------|---------------------|--------------------|
| 16 | In my geographical region irrational beliefs (divine retribution, punishment) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 17 | In my geographical region Masturbation is a personal counselling need amongst children and youth.  |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 18 | In my geographical region panic disorders (panic attacks, dizziness, sweating, trembling) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 19 | In my geographical region pornography is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 20 | In my geographical region Acute Paranoia (persecutory delusions resulting from being displaced e.g. refugee, prisoner of war) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |
| 21 | In my geographical region poor self-concept (tribal and socio-economic inferiority) is a personal counselling need amongst children and youth.   |                |       |                            |          |                   |                    |                            |                    |                     |                    |

# **ANNEXURE II**

## Annexure II: LETTER OF INVITATION TO PARTICIPATE IN THE STUDY

15 June 2002

Dear

### Community Counselling: A model for Africa project.

I am so pleased to make contact with you. We share a mutual friend in Dr. Manfred Kohl from Overseas Council. My name is Ashley Smyth and I am Principal of Cornerstone Christian College in Cape Town. I am also Director of the School of Christian Counselling at the College. Cornerstone runs an undergraduate programme in Psychology and Counselling in partnership with the University of Stellenbosch, South Africa.

At the suggestion of Dr Kohl, I have undertaken the development of *Community Counselling: A model for Africa* project. This project is based on the need for a Psychology and Christian counselling curriculum for use in theological institutions throughout the African sub-continent, which adequately reflects:

- a) Regional community needs.
- b) A Christian worldview.

On the basis of my own teaching experience in the field of Counselling and Psychology, I have in mind that such a curriculum must:

1. Reflect recognised disciplines or areas of study within psychology e.g. cognitive, behavioural, psychoanalytic and lifespan approaches.
2. Develop applied studies in each of the established sub-fields of counselling and psychotherapy within a regional contextual framework.
3. Establish a strong theological foundation for evaluation and application of counselling practices.
4. Focus on community issues pertaining to each of the geographical regions aforementioned.
5. Relate to the developmental needs of the African sub-continent.
6. Meet professional expectations and intellectual needs of people pursuing a wide range of careers in which Christian counselling skills are necessary.

I would really value your assistance with the completing of a needs analysis to be rated by four distinct parties in each of the regions represented by the study as follows:

- Full-time faculty member teaching in the **Practical Theology** and/or **Christian Counselling** department.
- One male and one female full-time student presently completing their final year, and majoring in Practical theology/ Christian counselling.
- A lay-counsellor or church minister recommended by the institution, with a strong focus on community issues.

The needs analysis will help identify key areas of community need in each of the regions highlighted in this study.

Hopefully within the next two years the *Community Counselling: A model for Africa* project will be presented to yourselves as a complete package for each region, containing the following unique features:

## **Annexure II (Continued)**

- \* An interdisciplinary approach incorporating secular modalities together with corresponding or contrasting Christian modalities distinctive to each African region represented in the study.
- \* All necessary resources be provided (Readers, media resources) together with a comprehensive guide for tutors containing required readings, learner-driven exercises, assignments etc.
- \* Suitable teaching materials for both lay and professional tutors (N.B. Diploma and Degree level courses require suitably qualified and accredited tutors). It will be up to each participating institution to ensure that the curriculum is accredited in accordance with accreditation procedures pertaining to each Institution.

Again, my request to you is whether you are willing to participate in this project by assisting with a needs analysis of your region. If so, who would be the person on your staff you would entrust with this project the dissemination of the needs analysis documentation?

Please let me have your responses and thoughts on the above as soon as possible. Should you need even more detailed information I would be happy to answer your questions. In order to facilitate a prompt response I have included boxes below which you may e-mail or fax back to my office for your appropriate reply. Our fax number is listed above. As soon as we hear of your willingness, the Needs Analysis will be forwarded to you.

In Christian fellowship, and partnership in ministry.

**Ashley Smyth**

**Principal**

# **ANNEXURE III**

**Annexure III: BIOGRAPHICAL INFORMATION OF PARTICIPANTS IN PHASE 1**

(12 participants, 3 facilitators)

\*no information available

1.

|   |  |
|---|--|
| <b>NAME (Designation)</b>   | <b>Dr Kimani Chege</b>   |
| <b>CHURCH OFFICE/OCCUPATION</b>   | <b>HOD Psychology and Counselling</b>                                  |
| <b>NATIONALITY</b>  | <b>Kenyan</b>  |
| <b>TRIBE</b>  | <b>*</b>   |
| <b>AGE CATEGORY</b>   | <b>50-60 years</b>   |
| <b>GENDER</b>   | <b>Male</b>  |
| <b>YEARS IN COUNSELLING PRACTICE</b>  | <b>20+ years</b>   |
| <b>DEGREE</b>   | <b>*</b>   |
| <b>GRADUATE DEGREE</b>  | <b>Ph.D</b>  |
| <b>COUNSELLING PRACTICE SETTING</b><br>(e.g. agency, pastoral, primary school, orphanage, etc.) | <b>HOD Psychology and Counselling,<br/>Daystar University, Nairobi</b> |
| <b>URBAN/RURAL</b>  | <b>Rural focus</b>   |
| <b>CONTACT DETAILS</b>  | <b>*</b>   |

2.

|   |   |
|---|---|
| <b>NAME (Designation)</b>   | <b>Mr Mandoboy Danga</b>                                  |
| <b>CHURCH OFFICE/OCCUPATION</b>   | <b>Administrator</b>                                      |
| <b>NATIONALITY</b>  | <b>Congolese</b>  |
| <b>TRIBE</b>  | <b>*</b>  |
| <b>AGE CATEGORY</b>   | <b>40-50 years</b>  |
| <b>GENDER</b>   | <b>Male</b>   |
| <b>YEARS IN COUNSELLING PRACTICE</b>  | <b>*</b>  |
| <b>DEGREE</b>   | <b>*</b>  |
| <b>GRADUATE DEGREE</b>  | <b>*</b>  |
| <b>COUNSELLING PRACTICE SETTING</b><br>(e.g. agency, pastoral, primary school, orphanage, etc.) | <b>Administrator, Centre Medical<br/>Evangelique. DRC</b> |
| <b>URBAN/RURAL</b>  | <b>Rural/ Conflict</b>                                    |
| <b>CONTACT DETAILS</b>  | <b>*</b>  |



Annexure III (Continued)

3. FACILITATOR

|  |   |
|--|---|
| NAME (Designation)   | Dr Karl Dortzbach   |
| CHURCH OFFICE/OCCUPATION   | Department Head, Lecturer   |
| NATIONALITY  | American  |
| TRIBE  | *   |
| AGE CATEGORY   | 50-60 years   |
| GENDER   | Male  |
| YEARS IN COUNSELLING PRACTICE  | National and international workshops have been facilitated in areas of health, development, AIDS, conflict resolution, trauma, reconciliation, and leadership development |
| DEGREE   | BS. Ed.   |
| GRADUATE DEGREE  | M Divinity, PhD Missions  |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Wholeness and Healing in Community: Focus toward understanding effective African Church Interventions following community violence"                                       |
| URBAN/RURAL  | Urban/ Rural  |
| CONTACT DETAILS  | <a href="mailto:dortzbach@iconnect.co.ke">dortzbach@iconnect.co.ke</a>  |

4.

|  |  |
|--|--|
| NAME (Designation)   | Rev. John Gichinga   |
| CHURCH OFFICE/OCCUPATION   | Senior pastor  |
| NATIONALITY  | Kenyan   |
| TRIBE  | *  |
| AGE CATEGORY   | 50-60 years  |
| GENDER   | Male   |
| YEARS IN COUNSELLING PRACTICE  | 30 years   |
| DEGREE   | *  |
| GRADUATE DEGREE  | *  |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Senior Pastor, Nairobi Baptist Church, Pastoral counsellor |
| URBAN/RURAL  | Urban  |
| CONTACT DETAILS  | *  |

Annexure III (Continued)

5.

|  |  |
|--|--|
| NAME (Designation)   | Mrs Emmy Gichinga  |
| CHURCH OFFICE/OCCUPATION   | Professional counsellor  |
| NATIONALITY  | Kenyan   |
| TRIBE  | *  |
| AGE CATEGORY   | 50-60 years  |
| GENDER   | Female   |
| YEARS IN COUNSELLING PRACTICE  | 30 years   |
| DEGREE   | *  |
| GRADUATE DEGREE  | *  |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Executive Director, GEM Counseling Services, Nairobi. Wife of Senior Pastor, Nairobi Baptist Church, Pastoral counsellor |
| URBAN/RURAL  | Urban  |
| CONTACT DETAILS  | *  |

6.

|  |                            |
|--|----------------------------|
| NAME (Designation)   | Pastor Samuel Kampayana    |
| CHURCH OFFICE/OCCUPATION   | Pastor                     |
| NATIONALITY  | Rwandan                    |
| TRIBE  | *                          |
| AGE CATEGORY   | 40-50 years                |
| GENDER   | Male                       |
| YEARS IN COUNSELLING PRACTICE  | *                          |
| DEGREE   | *                          |
| GRADUATE DEGREE  | *                          |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Pastor, counsellor, Rwanda |
| URBAN/RURAL  | Rural/ conflict            |
| CONTACT DETAILS  | *                          |

7.

|  |  |
|--|--|
| NAME (Designation)   | Rev. Dr. Kasonga wa Kasonga  |
| CHURCH OFFICE/OCCUPATION   | Executive Secretary  |
| NATIONALITY  | Congolese  |
| TRIBE  | *  |
| AGE CATEGORY   | 40-50 years  |
| GENDER   | Male   |
| YEARS IN COUNSELLING PRACTICE  | *  |
| DEGREE   | *  |
| GRADUATE DEGREE  | Ph.D   |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Executive Secretary, All Africa Council of Churches, DRC, Christian and Family life Education<br>Lecturer, UNISA |
| URBAN/RURAL  | Urban  |
| CONTACT DETAILS  | kkasonga@yahoo.com   |

8.

|  |   |
|--|---|
| NAME (Designation)   | Ms Pamela Kiara                                       |
| CHURCH OFFICE/OCCUPATION   | Counselling intern                                    |
| NATIONALITY  | Kenyan  |
| TRIBE  |   |
| AGE CATEGORY   | 20-30 years   |
| GENDER   | Female  |
| YEARS IN COUNSELLING PRACTICE  | 1 year  |
| DEGREE   | BA Psychology   |
| GRADUATE DEGREE  | *   |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Counselling intern, Oasis Counselling Centre, Nairobi |
| URBAN/RURAL  | Urban   |
| CONTACT DETAILS  | *   |

9.

|  |  |
|--|--|
| NAME (Designation)   | Mrs Mary Kiiru   |
| CHURCH OFFICE/OCCUPATION   | Teacher, guidance counsellor   |
| NATIONALITY  | Kenyan   |
| TRIBE  | *  |
| AGE CATEGORY   | 30-40 years  |
| GENDER   | Female   |
| YEARS IN COUNSELLING PRACTICE  | 10+ years  |
| DEGREE   | B.Ed.  |
| GRADUATE DEGREE  | *  |
| COUNSELLING PRACTICE SETTING<br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Teacher, guidance counsellor, St Christopher's High School, Nairobi. |
| URBAN/RURAL  | Urban/ youth   |
| CONTACT DETAILS  | *  |

Annexure III (Continued)

**10. FACILITATOR**

|  |  |
|--|--|
| <b>NAME (Designation)</b>  | Dr Sammy Linge   |
| <b>CHURCH OFFICE/OCCUPATION</b>  | Deputy Principal, NIST   |
| <b>NATIONALITY</b>   | Kenyan   |
| <b>TRIBE</b>   | Mukamba  |
| <b>AGE CATEGORY</b>  | 40-50 years  |
| <b>GENDER</b>  | Male   |
| <b>YEARS IN COUNSELLING PRACTICE</b>   | (many)   |
| <b>DEGREE</b>  | B. Theology in Biblical Studies  |
| <b>GRADUATE DEGREE</b>   | M. Divinity in Biblical Studies, Th.M. Pastoral Counselling, Ph.D. Education Studies |
| <b>COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.)</b> | Lecturer in Biblical counselling   |
| <b>URBAN/RURAL</b>   | Urban and Rural  |
| <b>CONTACT DETAILS</b>   | sammylinge@yahoo.co.uk   |

**11.**

|  |   |
|--|---|
| <b>NAME (Designation)</b>  | Mrs Rosemary Mbogo  |
| <b>CHURCH OFFICE/OCCUPATION</b>  | Reverend, Canon, Director of the Department of Christian Ministry (in the Department of Biblical Counselling, NIST); Chaplain, NIST |
| <b>NATIONALITY</b>   | Kenyan  |
| <b>TRIBE</b>   | *   |
| <b>AGE CATEGORY</b>  | 30-40 years   |
| <b>GENDER</b>  | Female  |
| <b>YEARS IN COUNSELLING PRACTICE</b>   | 10 years  |
| <b>DEGREE</b>  | B. Education  |
| <b>GRADUATE DEGREE</b>   | Masters in Biblical counselling   |
| <b>COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.)</b> | 5 years with youth (Urban Middle and High Schools); a church minister, lecturer   |
| <b>URBAN/RURAL</b>   | Urban   |
| <b>CONTACT DETAILS</b>   | NIST@maf.or.ke  |

12.

|  |   |
|--|---|
| <b>NAME (Designation)</b>  | Mr Emmanuel K. Muamba   |
| <b>CHURCH OFFICE/OCCUPATION</b>  | Coordinator of UNESCO Peer culture of Peace Network in the Great Lakes Region   |
| <b>NATIONALITY</b>   | Congolese   |
| <b>TRIBE</b>   | Luba, from the Eastern Kasai DRC  |
| <b>AGE CATEGORY</b>  | 40-50 years   |
| <b>GENDER</b>  | Male  |
| <b>YEARS IN COUNSELLING PRACTICE</b>   | 25 years  |
| <b>DEGREE</b>  | B.A. management and Economic Sciences   |
| <b>GRADUATE DEGREE</b>   | M. Theology, M. Christian Education, Ph.D. (cand.) in Practical Theology, UNISA |
| <b>COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.)</b> | Pastoral experience   |
| <b>URBAN/RURAL</b>   | Urban   |
| <b>CONTACT DETAILS</b>   | grafadeco@yahoo.com   |

13.

|  |   |
|--|---|
| <b>NAME (Designation)</b>  | Mr Japheth Munyoki                            |
| <b>CHURCH OFFICE/OCCUPATION</b>  | Research assistant ISAR                       |
| <b>NATIONALITY</b>   | Kenyan  |
| <b>TRIBE</b>   | Kamba   |
| <b>AGE CATEGORY</b>  | 30-40 years                                   |
| <b>GENDER</b>  | Male  |
| <b>YEARS IN COUNSELLING PRACTICE</b>   | 13 years                                      |
| <b>DEGREE</b>  | B.A. Anthropology                             |
| <b>GRADUATE DEGREE</b>   | M. Divinity (Pastoral)                        |
| <b>COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.)</b> | Pastoral:<br>Local church, college, community |
| <b>URBAN/RURAL</b>   | Rural   |
| <b>CONTACT DETAILS</b>   | iasr@negst.edu                                |

Annexure III (Continued)

14. FACILITATOR

|   |  |
|---|--|
| <b>NAME (Designation)</b>   | Mrs Patrice Penney   |
| <b>CHURCH OFFICE/OCCUPATION</b>   | Social worker, lecturer  |
| <b>NATIONALITY</b>  | American   |
| <b>TRIBE</b>  | *  |
| <b>AGE CATEGORY</b>   | 40-50 years  |
| <b>GENDER</b>   | Female   |
| <b>YEARS IN COUNSELLING PRACTICE</b>  | 20 years   |
| <b>DEGREE</b>   | *  |
| <b>GRADUATE DEGREE</b>  | *  |
| <b>COUNSELLING PRACTICE SETTING</b><br>(e.g. agency, pastoral, primary school, orphanage, etc.) | Director, Outreach Community Counseling Center, Chicago                |
| <b>URBAN/RURAL</b>  | Urban  |
| <b>CONTACT DETAILS</b>  | <a href="mailto:penneys@nbi.ispkenya.com">penneys@nbi.ispkenya.com</a> |

# **ANNEXURE IV**

## Annexure IV: TRANSCRIPT OF FOCUS GROUP #1 AUGUST 2003

### CONSTRUCTING A CONTEXTUALIZED CURRICULUM FOR CHRISTIAN COUNSELLING IN AFRICA: A CONSULTATION

ISAR, 9<sup>TH</sup> AUGUST 2003

#### **Introduction and Context:**

Karl Dortzbach, Director of the Institute for the Study of African Realities, convened a consultation on 09 August 03, with a number of leaders in Christian counselling in the Great Lakes Region. The purpose of the consultation was two fold: to acquaint those invited with the research efforts of Ashley Smyth, Principal, Cornerstone Christian College, who has been invited to develop an African Christian counselling graduate curriculum. The second, and primary, purpose of the consultation was to invite comment from the participants in regard to needs and issues in the training of Christian counsellors in various African contexts. These two goals were achieved as summarized in what follows.

#### **Participants of the Consultation:**

Rev. Rosemary Mbogo, Nairobi International School of Theology (NIST), Nairobi, Kenya  
Samuel Kampayana, Pastor, Rwanda  
Lillian Wahome, Executive Director, Amani Counselling Center, Nairobi, Kenya  
Rev. Dr. Kasonga wa Kasonga, Executive Director, All Africa Conference of Churches, Democratic Republic of Congo  
Rev. John Gichinga, Senior Pastor, Nairobi Baptist Church, Nairobi, Kenya  
Emmy Gichinga, Executive Director, GEM Counselling Services, Nairobi, Kenya  
Lucy Ann Waweru, Lecturer, NIST, Nairobi, Kenya  
Mandoboy Danga, Deputy Executive Director, Centre Medical Evangelique, D.R.C.  
Pamela Kiara, Intern, Oasis Counselling Center, Nairobi, Kenya  
Mary Kiiru, Teacher, St. Christopher's School, Nairobi, Kenya  
Rev. Emmanuel Muamba, UNESCO, Program Coordinator, Culture of Peace, D.R.C.  
Sammy Linge, Vice Principal of Academic Affairs, NIST, Nairobi, Kenya  
Mercy Korinko, Teacher, St. Christopher's School, Nairobi, Kenya  
Japheth Munyoki, intern, Institute for the Study of African Realities, Nairobi, Kenya  
Kimani Chege, Senior Lecturer, Chairperson, Counselling Dept. Daystar University, Nairobi, Kenya  
Patrice Penney, Director, Outreach Community Counseling Center (US)

#### **Content of the Consultation:**

The consultation was started with prayer and introductions of all of the participants. Following this, Ashley Smyth gave a brief synopsis of the research project in which he is engaged. He related that he was invited by the Overseas Council International to respond to the desperate cry for a contextualized counselling curriculum across Africa. His goal is to develop such a curriculum, which could be used in places of theological education and Christian counselling training in the Great Lakes region. (Currently, Mr. Smyth is not planning to address contextual needs in West Africa, simply because the task is too large at this point.) Mr. Smyth is vitally interested in understanding what is happening on the ground in Christian counselling, what models or methods are being used, what needs and issues are most compelling, what gaps in training and preparation there are. Particularly, Mr. Smyth's goal is to develop processes and interventions that are birthed in Africa.

For this research project, Mr. Smyth has invited Dr. Karl Dortzbach, Director of ISAR, and Dr. Sammy Linge, Director of the Counselling Program, NIST, to co-facilitate the research implementation in Nairobi.

Mr. Smyth's research plan involves first a comprehensive needs analysis, including a questionnaire 'Common Regional Psychosocial Problems', which has been completed by informants in the Great Lakes Region of Africa. From this questionnaire, and also following the consultation, Mr. Smyth will



conduct a preliminary analysis of counselling needs and priorities, causes and consequences of counselling problems, and issues of worldview related to style of counselling. Following this initial  
**Annexure IV (Continued)**

analysis, there will be several further stages of analysis to develop consensus regarding crucial themes and issues, statistical analysis of the findings, and then application to the foci and direction of the curricular development.

The curricular design that Mr. Smyth proposes follows a three-year program, focused on three key areas of counselling need: personal, family and community. In the first year, there is a focus on a Biblical basis of understanding people, as well as study in the areas of developmental, family and social processes. In years two and three, the areas of psychological study are then given a contextual application.

#### **Participant Comments:**

In this model, where does the theological basis fit? How will this model be thoroughly Christian, i.e., the Bible actively informing models? Mr. Smyth responded that the model is based on a Christian foundation, and agreed that there is more work to do in that area.

In order for there to be a strong contextual application, there must be an understanding of local culture and its peculiarities. Also, the cultural worldview must be articulated before students begin the process of application.

How will those developing this curriculum obtain an adequate sampling of cultural informants? 80% of Africans are rural. Or, if the models developed do not adequately address the needs and issues of rural Africans, (or other groups), these limitations must be spelled out in the research. Other studies can be initiated following on this one.

It is crucial to understand the needs of the people with whom one is counselling to address the questions being raised (see below). It is also vital that counsellors are trained and prepared to think and work across situations and people groups in order that they be most effective. It was also noted that in Africa there is a dearth of qualified counsellors.

#### **Further Discussion Groups:**

As facilitator of the consultation, Dr. Dortzbach requested that the participants divide into groups for discussion. Participants divided into four sub-groups: those working with rural populations; those working with primary/secondary education (children and adolescents); those working with adults educated at the tertiary level; and those working in the context of peoples in conflict (Rwanda, D.R.C.). The questions for discussion were as follows:

What are the successes and failures in preparing counsellors in your area of ministry?

- ❖ Are we preparing the right people?
- ❖ Are we preparing with a right understanding? (How do we understand root causes and consequences of problems?)
- ❖ Are we preparing with the right models?
- ❖ Are we preparing for the right needs?

Participants from each of the sub-groups were then invited to present their findings. After each sub-group presented their findings, all participants were then invited to cast three votes highlighting those areas of failure that are most universally felt in any of the four key areas. Results of the discussion questions together are summarized in the table below. The results of the voting are presented in brackets.

Annexure IV (Continued)

**PREPARING APPROPRIATE PEOPLE**

| Group                        | Successes   | Failures, together with number of delegates who identified certain items as key counsellor training needs needing to be addressed in future training   |
|------------------------------|---|--|
| <b>Low Education (youth)</b> | <ul style="list-style-type: none"> <li>• Peer support works well with youth</li> <li>• Teachers, parents, pastors, professionals have generally been trained adequately</li> </ul>  | <ul style="list-style-type: none"> <li>• Too easily give away responsibility</li> <li>• Parents/school staff does not stay current with youth issues. (6)</li> <li>• Unrealistic demands</li> </ul>  |
| <b>Conflict areas</b>        | <ul style="list-style-type: none"> <li>• There is potential for good counsellors—pastors, teachers, lay leaders.</li> <li>• Good background of training/ good intentions</li> </ul>   | <ul style="list-style-type: none"> <li>• Little understanding of local culture (3)</li> <li>• Dramatic culture change (4)</li> <li>• Education disconnects from local culture (1)</li> <li>• Ethnic bias not addressed</li> <li>• Causes of conflict are not understood (2)</li> </ul> |
| <b>High education</b>        | <ul style="list-style-type: none"> <li>• 'People-persons' are being trained (the right people)</li> <li>• Peer support is working</li> <li>• Counsellors are mature in age, training, and experience</li> <li>• Genders balanced</li> </ul>     | <ul style="list-style-type: none"> <li>• Sometimes people train for their own needs/welfare (5)</li> <li>• Some counsellors are poorly prepared and immature.</li> <li>• More male counsellors are needed (1)</li> </ul>   |
| <b>Low education (Rural)</b> | <ul style="list-style-type: none"> <li>• Counsellors generally are trained to O-level and lower</li> <li>• Counsellors are generally from the community</li> <li>• Counsellors are volunteers</li> <li>• Counsellors are the Pastors</li> </ul> | <ul style="list-style-type: none"> <li>• Low qualifications (1)</li> <li>• Counselling buried under other subjects</li> <li>• Gender inequality</li> <li>• Counselling is not recognized as a profession (2)</li> <li>• Inexperience</li> </ul>  |

Annexure IV (Continued)

**PREPARING TO MEET ROOT CAUSES/RESPONSES**

| Group                 | Successes  | Failures, together with number of delegates who identified certain items as key counsellor training needs needing to be addressed in future training  |
|-----------------------|--|---|
| <b>Conflict areas</b> | <ul style="list-style-type: none"> <li>• Courage to listen (in the midst of trauma)</li> </ul>                 | <ul style="list-style-type: none"> <li>• Inadequate training in understanding the consequence of conflict on mental health status in the community (1)</li> <li>• Social change, cultural change not understood (6)</li> <li>• Responses are historically/culturally bound</li> </ul> |
| <b>Low Education</b>  | <ul style="list-style-type: none"> <li>• Willing to listen</li> <li>• Able to explain what happened</li> </ul> | <ul style="list-style-type: none"> <li>• Not able to understand causes of mental health problems (2)</li> <li>• Unable to analyze political, social context (2)</li> <li>• Not understanding theology and social justice</li> <li>• Fear to speak the truth</li> </ul>                |
| <b>High education</b> | <ul style="list-style-type: none"> <li>• Trained from the same community</li> </ul>                            | <ul style="list-style-type: none"> <li>• Tendency to generalize over human behaviour (rather than listening to counselee) (6)</li> <li>• Counsellors may project their own needs.</li> </ul>  |
| <b>Rural</b>          |  | <ul style="list-style-type: none"> <li>• Need to investigate (2)</li> <li>• No openness/no communication in counselling (3)</li> <li>• Assumption that cause/ response is known without listening (1)</li> </ul>  |

**Annexure IV (Continued)**

**PREPARING WITH APPROPRIATE MODELS AND METHODS**

| <b>Group</b>          | <b>Successes</b>  | <b>Failures, together with number of delegates who identified certain items as key counsellor training needs needing to be addressed in future training</b>  |
|-----------------------|---|--|
| <b>Low Education</b>  | <ul style="list-style-type: none"> <li>• Mentoring</li> <li>• Workshop, seminar</li> <li>• Updating skills and information</li> </ul>                                     | <ul style="list-style-type: none"> <li>• All needs not covered in training</li> <li>• Not regular training</li> </ul>  |
| <b>Conflict areas</b> | <ul style="list-style-type: none"> <li>• Role play helps</li> <li>• Peer counselling is supportive</li> <li>• Know theories</li> </ul>                                    | <ul style="list-style-type: none"> <li>• Lack of openness (1)</li> <li>• Psychological theories may not fit social situation, theories not applied (10)</li> </ul>   |
| <b>High education</b> | <ul style="list-style-type: none"> <li>• Holistic needs: behaviour-feeling-context; no one theory is enough</li> </ul>  | <ul style="list-style-type: none"> <li>• Many counsellors have no theoretical framework</li> <li>• Some use western theories (fragmented) (1)</li> <li>• Counsellors may become overloaded (1)</li> </ul>  |
| <b>Rural</b>          | <ul style="list-style-type: none"> <li>• Use of some traditional models (approach)</li> <li>• Attempt to contextualize models from outside</li> <li>• Communal</li> </ul> | <ul style="list-style-type: none"> <li>• Models are too broad, not specific and individual</li> <li>• Not interactive</li> <li>• Imposition of values on counselees</li> </ul> <p>(4)</p> <ul style="list-style-type: none"> <li>• Communication failure due to language limitations (4)</li> <li>• Models not being adapted to African context (3)</li> </ul> |

**Annexure IV (Continued)**

**PREPARING TO MEET THE NEEDS**

| <b>Group</b>          | <b>Successes</b>   | <b>Failures, together with number of delegates who identified certain items as key counsellor training needs needing to be addressed in future training</b>  |
|-----------------------|--|--|
| <b>Low Education</b>  | <ul style="list-style-type: none"> <li>• Good empathy due to constant contact [with counselees]</li> <li>• Well-qualified teachers</li> <li>• Pastors prepared</li> </ul>  | <ul style="list-style-type: none"> <li>• Youth not understood by teachers, parents, pastors</li> <li>• Students with rural background in urban areas</li> <li>• Counsellors who are unwilling to identify (1)</li> <li>• Parents not prepared to understand needs of youth</li> </ul>  |
| <b>Conflict areas</b> | <ul style="list-style-type: none"> <li>• Attempt to address the problem at community level, and not at the level of the family</li> </ul>  | <ul style="list-style-type: none"> <li>• No solution to needs (1)</li> <li>• Grass root level needs not met (1)</li> <li>• Individual/family needs not addressed (2)</li> <li>• National 'mega' needs are too overwhelming</li> </ul>  |
| <b>High education</b> | <ul style="list-style-type: none"> <li>• Specific needs have been addressed through programs (HIV, etc).</li> <li>• Family is central to counselling</li> <li>• Context of relationships-God, family, community</li> </ul> | <ul style="list-style-type: none"> <li>• Training may be too specific, narrow for many situations</li> <li>• Training too broad/abstract for transfer to specific situations (4)</li> <li>• Not adequate research in Africa (7)</li> <li>• Lack of support or accountability in personal/professional growth of counsellors</li> </ul> |
| <b>Rural</b>          | <ul style="list-style-type: none"> <li>• Shared understanding between counsellor and counselee</li> <li>• Family is a resource</li> </ul>  | <ul style="list-style-type: none"> <li>• Shared understanding is shallow</li> <li>• Tend to deal with symptoms not causes, behavior not character (7)</li> <li>• Generation gap (1)</li> </ul>   |

**Responses of Participants Regarding Priority Issues (from above discussion):**

Several comments given priority address the issue that counselling must understand and address specific issues in local contexts:

- ❖ Adults working with youth need to stay current with the issues and viewpoints of the youth
- ❖ Counsellors must have an adequate understanding of local culture; otherwise a gap between counsellor and counselee is created; counselling may be perceived as unhelpful or irrelevant
- ❖ Social change must be understood, in order to be effective in counselling
- ❖ Imposition of counsellor values will not be helpful; counsellor must understand counselee's values and views
- ❖ A tendency to generalize human behaviour and problems will not be helpful; counsellor must listen to counselee's unique experience

There is an awareness that sometimes people train in counselling in order to address their own needs or welfare, with limited effectiveness as a counsellor with others.

Counselling must address root causes (matters of character, heart and relationships), not just behaviours of counselees

#### **Annexure IV (Continued)**

There is a great need for research into African problems, issues, needs, and effective counselling responses

All participant comments are as follows:

1. Psychological theories that are available may not fit psychosocial needs and realities in Africa. Training models are often too abstract, not focused sufficiently on experience and application to real life problems. 'Local pastors and others trained in Western models are 'hanging in the air', no longer connected to local culture.' What we are saying is that counsellors may not be meeting the real needs of those they counsel.
2. If we do not meet real needs in counselling, we become irrelevant. People will go elsewhere to meet their own needs, including pastors, peers, eastern religions (TM, yoga, and others), traditional healers, and spiritual (miracle) healers of all kinds.
3. Regarding Western models of counselling training, there is a lack of integration of the models, so training is fragmented and compartmentalized.
4. There is a problem with counsellors who assume that they know or understand the needs of the person. Consequently, they do not listen to the person, and the relationship is damaged. The person may not believe that counselling can help.
5. Related to this lack of connectedness, counsellors often do not have sufficient understanding of root issues and causes of problems. It takes time to address issues of contextualization. Are we even asking and answering the right questions in counselling?
6. Top down approaches are not helpful; they do not develop voice or sense of community in those receiving help. However, there can be a tension between traditional approaches, which are more authoritative, and the need for developing a more collaborative position with the person served. The imposition of values from older counsellors or teachers upon youth can also be destructive.
7. Social change in many parts of Africa is enormous. It is not helpful to generalize the behaviour of people. We need to understand behaviour in its local cultural context.
8. In rural areas, there are language problems between counsellor and counselee, as well as difficulties in discussing issues that are taboo.
9. We have a tendency to spiritualize problems.
10. We (in Africa) are lacking in research, or it may be poor quality research. Research is costly and we lack funding.
11. Theological education training often takes priority over counselling training. This sometimes means that there is insufficient training. Pastors are viewed with great respect in our culture. They need to be trained so that they can adequately counsel.
12. We need to value counselling and value the training that is required to become a competent counsellor.
13. Counselling trainers are often lacking in real life experience.

#### **Annexure IV (Continued)**

14. Our field does not have licensure, professional bodies, or ongoing education, training and supervision. The ongoing education, training and supervision would help professional counsellors feel supported and equipped.
15. Counsellors have the problem of being trained to address symptoms, not root causes. The behaviour may change, but not the character (heart). There is also the problem that even if behavioral change was adequate in the past, the structural aspects of some African cultures fail to support behavioural change.
16. Counsellors must be trained from a broad base, including knowledge of traditional African cultures. We need to see these as important, not as something to be feared.
17. Psychology as a discipline may be too narrow. We need other disciplines such as sociology to inform our understanding of people and their problems. It is vital that we integrate our approaches across disciplines in a more holistic manner.

#### **Summary Insights from Respondents (Regarding the Consultation):**

'Know the needs of people as they are and be open to adapt to change to meet these needs'.

'Good training and addressing the real African needs (spiritual, psychological, socio-economic and political) can help to have a good curriculum for D.R.C.'

'There is a great need to know the changes taking place in the lives of our counselees and make sure that we make our counselling relevant to them'.

'What I gained from this workshop is the spontaneity of ideas provoked by being confronted with the reality of a big issue like counselling other people in the Great Lakes region.'

'Counsellors need to be conversant with their own cultures for the contextualization of counselling methods'.

'It was very helpful to think through the four sub-questions of needs, models.'

'The introductory section was good in helping ask all the questions of a possible theoretical framework in arranging a curriculum for counselling'.

'There is an enormous amount of knowledge, understanding and insight among African elite as far as needs of Africans are concerned, that should be tapped to solve the many woes in the continent'.

'As a teacher I am not fully equipped for counselling. This is because the training I have has a western bias which may not be applicable to the needs of the youth I counsel'.

'The need to find out what research has been done on the African way of doing things (counselling). See what is relevant to us and adopt it'.

'There is great need for the church to gain/investigate/research into the definition of 'an African today'. This will help us to get the needs of the African'.

'Models whether western or African need to be Christian or biblically informed to be relevant to counselling situations today.'

## **Annexure IV (Continued)**

### **RECOMMENDED STEPS:**

Consultation of participants in regard to their recommendations for next steps in this process made the following statements.

'Would like to see how counselling in the African context can be accepted as a useful service to African communities.'

'Let us come up with a cost-effective way of doing research and applying it in Africa. The church should lead in this.'

'Go and find out what is available in our libraries or research and discuss with a few others how his can be made available for betterment of preparing counsellors.'

'Need to make our counselling relevant to our counselees by making sure that all resources available to make it relevant are explored.'

'To find the results of this consultation.'

'There is need for more research to establish the root causes and methods which are applicable to our African set up.'

'There is need for us as Africans to find out what really works in our situation and implement it.'

### **Critical Evaluation of Consultation:**

This Consultation provided the opportunity to gather some of the leadership in Christian counselling in the Great Lakes region together to discuss counselling needs and priorities for training. The Consultation achieved its goals of both acquainting participants with Ashley Smyth's research toward developing a curriculum for counselling training, as well as gaining participants' insights regarding the strengths and weaknesses of current training and models of counselling related to the need in the Great Lakes region. The questions asked of participants were helpful, although there may have been more complexity than the time allowed. However, the discussion was certainly profitable in uncovering themes and issues for further exploration and understanding. As a part of the overall research plan, this was a very important step, and I would recommend it be followed up by feedback to participants, possibly another more focused consultation, and by interviews with the participants (and others they know) 'on the ground' regarding needs and issues. A further achievement of the consultation was the very vital aspect of participants meeting one another (some for the first time), exchanging ideas, and exchanging contact information for further support and networking of ideas.



# **ANNEXURE V**

## **Annexure V: CURRICULUM VITAE FOR KARL DORTZBACH**

### **Educational background:**

1967 Graduated with High School diploma, East Denver High School, Denver, Colorado, USA

1967-1979 Attended Wheaton College, Wheaton Ill.

1969-1971 BS. Ed., *cum laude* Georgia State University

1971-1975 MDiv. Westminster Theological Seminary, Philadelphia Pa.

1997-2003 PhD Missions, University of Pretoria, Pretoria, South Africa. Dissertation title: "Wholeness and Healing in Community: Toward Understanding Effective African Church Interventions Following Community Violence"

### **Work Experience:**

1971-1973 Summer internship with Bible Fellowship Church denomination doing church planting and evangelism.

1973-1974 Missions internship with Orthodox Presbyterian Church denominational mission in Eritrea doing leader training and teaching missionary children.

1974-1976 Itinerant evangelist, speaking in churches, schools, radio and television appearances, using the experience of the Eritrean kidnapping as a point of departure for evangelism.

1976, Ordained as a minister in the Orthodox Presbyterian Church

1976-1980 Church planting in Libertyville, IL, USA with the Orthodox Presbyterian Church

1980-present Missionary with Mission to the World, Presbyterian Church in America

1980-1981 Deputation in U.S.A. Churches

1981-1982 Interim pastor, Community Presbyterian Church, Nairobi, Kenya

1982-1984 Pastoral training, curriculum development, N. Kitui Kenya

1984-1989 Church Planting, Nairobi, Kenya

1989-1992 Health Resource Development Trainer, MAP International, Brunswick, Georgia, U.S.A.

1992-1997 Church Relations Director, MAP International, Nairobi, Kenya

1994-1997 Healing and Reconciliation Team mobilizer, MAP International, Nairobi, Kenya

1998 to present. ISAR director, Nairobi Evangelical Graduate School of Theology, Nairobi.

1990 Ordination was transferred to the Presbyterian Church of America, Central Georgia Presbytery

### **Professional accomplishments and Interests:**

Facilitating and promoting the reflection and learning of others has been a long-standing passion. National and international workshops have been facilitated in areas of health, development, AIDS, conflict resolution, trauma, reconciliation, and leadership development, as well as international educational consultancies for organizations like the Christian Health Association of Liberia and the Africa Evangelistic Enterprise team in Rwanda.

Major consultations which have been collaboratively planned have included:

MAP International Tri-Annual Health conference in 1990

AEA-MAP All Africa AIDS consultation in 1993

AEA communications consultation in 1994

Collaborative program for healing and reconciliation for Great Lakes Region, 1994-1997

Great Lakes Regional consultation on Peace, Justice and Rehabilitation in 1997

NEGST Consultation on Theological Education in 1998

Consultation on Refugees in East Africa I in 2001

The demands of contemporary needs and resources in Africa require creative partnering solutions. Brokering with US agency and church partnering to supply human and financial needs for African church needs has been accomplished with organizations like Mission To The World, Mennonite Central Committee, World Relief, Compassion International, and World Vision, and with individual churches like Elmbrook Church, Milwaukee Wisconsin, and Immanuel Presbyterian Church, Warrenville Illinois.

## **Annexure V (Continued)**

### **Books Published:**

*Kidnapped*, Harper and Row, 1974, subsequently translated into four languages.

*Helpers for a Healing Community: Pastoral Counseling Manual for AIDS*, MAP International, 1994, subsequently translated into four additional languages.

Co-authored various pamphlets used in the AIDS and reconciliation programs with MAP International.

### **Family:**

Married, with three children: Joshua, Hannah and Jesse.

Wife, Deborah Dortzbach works full time as the AIDS specialist for World Relief. She does program planning and evaluation, proposal development, and consultation for countries where World Relief has programs throughout the world.

Joshua, married, is a structural engineer with a firm in Chicago Il, and is part of a church-planting effort focusing on the morally and physically deteriorated part of Chicago known as N. Kenwood.

Hannah, married, is a P-1 teacher who with her husband is living in the Middle East and working in development.

Jesse, studying for an MA in Art Education, University of Minnesota.

Karl Dortzbach

**Annexure V (Continued)**

21 October 1999

Faculty and Board of Governors  
Nairobi Evangelical Graduate School of Theology  
Karen, Nairobi, Kenya.

Dear Colleagues and Governors,

Re: Application for the position of ISAR Director

It is with deep appreciation for the vision, ideals, values and excellence in the leadership and faculty of NEGST that I come before you. It is further with deep appreciation for the processes which I have watched and in which I have participated over the last two years as the faculty of NEGST has proceeded to reflect upon its vision and values as well as the curriculum of its programs. I would like to be considered for the position of director of the newly established Institute for the Study of African Realities.

Please permit me a moment of historical reflection that reveals my own philosophy and desires for the ISAR. In 1997 a consultation of church leaders reflecting upon the needs for healing and reconciliation in the Great Lakes region produced as one of its recommendations that there should be a place for church leaders to reflect, learn, write, and plan for such activities and programs as would make the church a healing agent within its society. That call rested heavily upon my heart, for at the time there was no agency with such a mandate. Following the December 1997 consultation I began seeking agencies that I thought might be interested in such a notable goal. Dr. Kasali of NEGST early expressed that the thoughts and dreams of ISAR would include such interests. Dr Semenyee of CLMC also expressed her interest to see such reflection come to expression in writing suitable for the African Church. With their encouragement, I have labored with a faculty committee to think and plan the recommendations that eventually were forwarded to the Board of Governors.

Though my life has been deeply rooted in Africa since 1973, I can never be African. I am foremost a follower of Jesus Christ who believes deeply that His church is one body and must walk together internationally. I would therefore offer myself in the service of NEGST to establish ISAR in its program, its reach and influence, and its financial base. When a qualified African leader is recognized by the faculty I would wish to work with and then under such leadership. It would be my desire that a network of such institutes might be established and linked throughout the continent as well as linked to schools and seminaries in the northern hemisphere. It is my belief that God's people of every ethnicity and color should learn from each other, serve each other, and walk together.

*Should you desire a fuller amplification of my vision and/or philosophy for the ISAR, I would be more than happy to provide it.*

Because of the faithfulness of the King,

Karl Dortzbach

# ANNEXURE VI

Annexure VI: BIOGRAPHICAL INFORMATION OF PARTICIPANTS IN PHASE 2

(17 participants, 2 facilitators)

Information available

|   |  |
|---|--|
| NAME (Designation)  | Mr Harold Avisia   |
| CHURCH OFFICE/OCCUPATION  | Social worker, Dagoreti Childrens Centre (UDN) - Children's Home for the physically disabled |
| NATIONALITY   | Kenyan   |
| TRIBE   | Maragoli (Luhya)   |
| AGE CATEGORY  | 20-30 years  |
| GENDER  | Male   |
| YEARS IN COUNSELLING PRACTICE   | 1 year   |
| DEGREE  | B.A. Social Work   |
| GRADUATE DEGREE   | *  |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Working with abandoned and physically disabled children                                      |
| URBAN/RURAL   | Urban/rural  |
| CONTACT DETAILS   | lhc@africaonline.co.ke   |

|   |                             |
|---|-----------------------------|
| NAME (Designation)  | Mrs Ayikulola Carew         |
| CHURCH OFFICE/OCCUPATION  | Housewife                   |
| NATIONALITY   | Sierra Leone                |
| TRIBE   |                             |
| AGE CATEGORY  | 30-40 years                 |
| GENDER  | Female                      |
| YEARS IN COUNSELLING PRACTICE   | -                           |
| DEGREE  | B. Science                  |
| GRADUATE DEGREE   | M.A. Counselling Psychology |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | *                           |
| URBAN/RURAL   | Urban                       |
| CONTACT DETAILS   | *                           |

|   |  |
|---|--|
| NAME (Designation)  | Mr Mandoboy Danga                              |
| CHURCH OFFICE/OCCUPATION  | Administrator                                  |
| NATIONALITY   | Congolese                                      |
| TRIBE   | *  |
| AGE CATEGORY  | 40-50 years                                    |
| GENDER  | Male   |
| YEARS IN COUNSELLING PRACTICE   | *  |
| DEGREE  | *  |
| GRADUATE DEGREE   | *  |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Administrator, Centre Medical Evangelique. DRC |
| URBAN/RURAL   | Rural/ Conflict                                |
| CONTACT DETAILS   | *  |

Measure VI (Continued)

**FACILITATOR**

|   |   |
|---|---|
| NAME (Designation)  | Dr Karl Dortzbach   |
| CHURCH OFFICE/OCCUPATION  | Department Head, Lecturer   |
| NATIONALITY   | USA, American   |
| TRIBE   | *   |
| AGE CATEGORY  | 50-60 years   |
| GENDER  | Male  |
| YEARS IN COUNSELLING PRACTICE   | National and international workshops have been facilitated in areas of health, development, AIDS, conflict resolution, trauma, reconciliation, and leadership development |
| DEGREE  | BS. Ed.   |
| GRADUATE DEGREE   | M Divinity, PhD Missions  |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Wholeness and Healing in Community: Focus toward understanding effective African Church Interventions following community violence.                                       |
| URBAN/RURAL   | Urban/ Rural  |
| CONTACT DETAILS   | dortzbach@iconnect.co.ke  |

|   |   |
|---|---|
| NAME (Designation)  | Mr Munyao Kitungi   |
| CHURCH OFFICE/OCCUPATION  | Church elder Tabernacle church, Deputy Principal, Kitonyini Secondary School, Nairobi |
| NATIONALITY   | Kenyan  |
| TRIBE   | Kamba   |
| AGE CATEGORY  | 30-40 years   |
| GENDER  | Male  |
| YEARS IN COUNSELLING PRACTICE   | 12 years  |
| DEGREE  | B. Education  |
| GRADUATE DEGREE   | *   |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Secondary school guidance counsellor, guidance and counselling department.            |
| URBAN/RURAL   | Urban   |
| CONTACT DETAILS   | *   |

|   |                        |
|---|------------------------|
| NAME (Designation)  | Ms Mary Kiiru          |
| CHURCH OFFICE/OCCUPATION  | High school teacher    |
| NATIONALITY   | Kenyan                 |
| TRIBE   | Kikuyu                 |
| AGE CATEGORY  | 30-40 years            |
| GENDER  | Female                 |
| YEARS IN COUNSELLING PRACTICE   | 7 years                |
| DEGREE  | B. Education           |
| GRADUATE DEGREE   | *                      |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | High school counsellor |
| URBAN/RURAL   | Urban                  |
| CONTACT DETAILS   | Mkiiru2001@yahoo.co.uk |

Annexure VI (Continued)

|   |                            |
|---|----------------------------|
| NAME (Designation)  | Mr Peter Kimyanyini        |
| CHURCH OFFICE/OCCUPATION  | Graduate student           |
| NATIONALITY   | Kenyan                     |
| TRIBE   | Kikuyu                     |
| AGE CATEGORY  | 30-40 years                |
| GENDER  | Male                       |
| YEARS IN COUNSELLING PRACTICE   | 6 years                    |
| DEGREE  | BA sociology               |
| GRADUATE DEGREE   | M. Divinity (missions)     |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Agency, orphanage          |
| URBAN/RURAL   | Both                       |
| CONTACT DETAILS   | kimyanyini.peter@NEGST.edu |

|   |   |
|---|---|
| NAME (Designation)  | Dr Sammy Linge  |
| CHURCH OFFICE/OCCUPATION  | Deputy Principal, NIST, lecturer  |
| NATIONALITY   | Kenyan  |
| TRIBE   | Mukamba   |
| AGE CATEGORY  | 40-50 years   |
| GENDER  | Male  |
| YEARS IN COUNSELLING PRACTICE   | *   |
| DEGREE  | B. Theology (Biblical Studies)  |
| GRADUATE DEGREE   | M. Divinity Biblical Studies<br>Th.M. Pastoral counselling<br>Ph.D. Education Studies |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Trainer   |
| URBAN/RURAL   | Both  |
| CONTACT DETAILS   | sammylinge@yahoo.co.uk  |

|   |   |
|---|---|
| NAME (Designation)  | Mrs Rosemary Mbogo  |
| CHURCH OFFICE/OCCUPATION  | Reverend, Canon, Director of the Department of Christian Ministry (in the Department of Biblical Counselling, NIST); Chaplain, NIST |
| NATIONALITY   | Kenyan  |
| TRIBE   | *   |
| AGE CATEGORY  | 30-40 years   |
| GENDER  | Female  |
| YEARS IN COUNSELLING PRACTICE   | 10 years  |
| DEGREE  | B. Education  |
| GRADUATE DEGREE   | Masters in Biblical counselling   |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | 5 years working with youth (Urban Middle and High Schools); church minister, lecturer   |
| URBAN/RURAL   | Urban   |
| CONTACT DETAILS   | NIST@maf.or.ke  |



Annexure VI (Continued)

|   |  |
|---|--|
| NAME (Designation)  | Mr Edward Mburu                          |
| CHURCH OFFICE/OCCUPATION  | Post-graduate student, child care worker |
| NATIONALITY   | Kenyan                                   |
| TRIBE   | Kikuyu                                   |
| AGE CATEGORY  | 30-40 years                              |
| GENDER  | Male                                     |
| YEARS IN COUNSELLING PRACTICE   | 5+ years                                 |
| DEGREE  | B.Science (maths, chemistry)             |
| GRADUATE DEGREE   | M.Divinity (Mission)                     |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Child care worker in orphanage           |
| URBAN/RURAL   | Both                                     |
| CONTACT DETAILS   | mburu.edward@negst.edu                   |

|   |  |
|---|--|
| NAME (Designation)  | Ms Joyce Mlenga                          |
| CHURCH OFFICE/OCCUPATION  | Graduate student                         |
| NATIONALITY   | Malawian                                 |
| TRIBE   | Tumbuka                                  |
| AGE CATEGORY  | 30-40 years                              |
| GENDER  | Female                                   |
| YEARS IN COUNSELLING PRACTICE   | 6 years                                  |
| DEGREE  | BA Biblical Studies                      |
| GRADUATE DEGREE   | M. Divinity (Christian education)        |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Secondary school and university colleges |
| URBAN/RURAL   | Urban                                    |
| CONTACT DETAILS   | Joyce.mlenga@negst.edu                   |

|   |  |
|---|--|
| NAME (Designation)  | Rev. Emmanuel K. Muamba  |
| CHURCH OFFICE/OCCUPATION  | Programme Coordinator of UNESCO Peer culture of Peace Network in the Great Lakes Region, lecturer at Bunia Theological Seminary, DRC |
| NATIONALITY   | Congolese  |
| TRIBE   | Luba, from the Eastern Kasai DRC   |
| AGE CATEGORY  | 40-50 years  |
| GENDER  | Male   |
| YEARS IN COUNSELLING PRACTICE   | 25 years   |
| DEGREE  | B.A. management and Economic Sciences  |
| GRADUATE DEGREE   | M. Theology, M. Christian Education, Ph.D. (cand.) in Practical Theology, UNISA  |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Pastoral experience  |
| URBAN/RURAL   | Urban  |
| CONTACT DETAILS   | grafadeco@yahoo.com  |

Annexure VI (Continued)

3.

|   |   |
|---|---|
| NAME (Designation)  | Mr Japheth Munyoki                            |
| CHURCH OFFICE/OCCUPATION  | Research assistant ISAR                       |
| NATIONALITY   | Kenyan  |
| TRIBE   | Kamba   |
| AGE CATEGORY  | 30-40 years                                   |
| GENDER  | Male  |
| YEARS IN COUNSELLING PRACTICE   | 13 years                                      |
| DEGREE  | B.A. Anthropology                             |
| GRADUATE DEGREE   | M. Divinity (Pastoral)                        |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Pastoral:<br>Local church, college, community |
| URBAN/RURAL   | Rural   |
| CONTACT DETAILS   | iasr@negst.edu                                |

4.

|   |   |
|---|---|
| NAME (Designation)  | Mr Jean-Baptiste Nyanowi                            |
| CHURCH OFFICE/OCCUPATION  | Graduate student NEGST                              |
| NATIONALITY   | Burundian   |
| TRIBE   | *   |
| AGE CATEGORY  | 30-40 years   |
| GENDER  | Male  |
| YEARS IN COUNSELLING PRACTICE   | 10+ years   |
| DEGREE  | Bachelor Christian Education Tanzania               |
| GRADUATE DEGREE   | MA Christian Education to be completed by July 2005 |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Pastoral, Primary school, orphanage                 |
| URBAN/RURAL   | Rural/ Conflict                                     |
| CONTACT DETAILS   | ibnyandu@hotmail.com                                |

5. FACILITATOR

|   |  |
|---|--|
| NAME (Designation)  | Mrs Patrice Penney   |
| CHURCH OFFICE/OCCUPATION  | Social worker, lecturer                                    |
| NATIONALITY   | USA, American  |
| TRIBE   | *  |
| AGE CATEGORY  | 40-50 years  |
| GENDER  | Female   |
| YEARS IN COUNSELLING PRACTICE   | 20 years   |
| DEGREE  | *  |
| GRADUATE DEGREE   | *  |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Director, Outreach Community Counseling Center,<br>Chicago |
| URBAN/RURAL   | Urban  |
| CONTACT DETAILS   | penneys@nbi.ispkenya.com                                   |

Annexure VI (Continued)

5.

|   |  |
|---|--|
| NAME (Designation)  | Mrs Elizabeth Talitwala  |
| CHURCH OFFICE/OCCUPATION  | Lecturer   |
| NATIONALITY   | Kenyan   |
| TRIBE   | Kamba  |
| AGE CATEGORY  | 50-60 years  |
| SEX   | Female   |
| YEARS IN COUNSELLING PRACTICE   | 9 years  |
| DEGREE  | Psychology   |
| GRADUATE DEGREE   | MA Counselling psychology                                      |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Lifespring counselling and training centre; Daystar University |
| URBAN/RURAL   | Both   |
| CONTACT DETAILS   | kyesubire@wananchi.com   |

|   |                                  |
|---|----------------------------------|
| NAME (Designation)  | Mr Kasereka Tsongo               |
| CHURCH OFFICE/OCCUPATION  | Pastor/graduate student          |
| NATIONALITY   | Congolese                        |
| TRIBE   | *                                |
| AGE CATEGORY  | 30-40 years                      |
| SEX   | Male                             |
| YEARS IN COUNSELLING PRACTICE   | 15 years                         |
| DEGREE  | B.Theology                       |
| GRADUATE DEGREE   | M. Divinity: Christian education |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Pastoral, hospital chaplain      |
| URBAN/RURAL   | Rural                            |
| CONTACT DETAILS   | Kasereke.tsongo@negst.edu        |

|   |                                       |
|---|---------------------------------------|
| NAME (Designation)  | Mrs Lillian Wahome                    |
| CHURCH OFFICE/OCCUPATION  | Lecturer, NIST                        |
| NATIONALITY   | Kenyan                                |
| TRIBE   | Kikuyu                                |
| AGE CATEGORY  | 50-60 years                           |
| SEX   | Female                                |
| YEARS IN COUNSELLING PRACTICE   | 17 years Amani Counselling Centre     |
| DEGREE  | B. Education                          |
| GRADUATE DEGREE   | M.A. Counsellor Education             |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Agency work, Amani counselling Centre |
| URBAN/RURAL   | Urban                                 |
| CONTACT DETAILS   | wahome@wananchi.com                   |

Annexure VI (Continued)

9.

|   |                              |
|---|------------------------------|
| NAME (Designation)  | Mrs Lucy Waweru              |
| CHURCH OFFICE/OCCUPATION  | Pastoral counsellor          |
| NATIONALITY   | Kenyan                       |
| TRIBE   | Kikuyu                       |
| AGE CATEGORY  | 40-50 years                  |
| GENDER  | Female                       |
| YEARS IN COUNSELLING PRACTICE   | 5 years                      |
| DEGREE  | B. Education                 |
| GRADUATE DEGREE   | MA Biblical Counselling NIST |
| COUNSELLING PRACTICE SETTING (e.g. agency, pastoral, primary school, orphanage, etc.) | Pastoral, church-based       |
| URBAN/RURAL   | Urban                        |
| CONTACT DETAILS   | lucyannwaweru@yahoo.com      |

# **ANNEXURE VII**

**Annexure VII: NEEDS QUESTIONNAIRE TEMPLATE FOR PHASE 2  
PERSONAL/ FAMILY/ COMMUNITY COUNSELLING NEEDS QUESTIONNAIRE**

*Please tick one column for each of these questions)*

| <b>PERSONAL</b><br>In my experience providing counselling in the community, the following needs are presented for my care:                | <u>Frequently</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>Never</u> |
|---|-------------------|------------------|---------------|--------------|
| 1<br><b>Domestic Possession/Oppression</b>  |                   |                  |               |              |
| 2<br><b>Adult Depression (sad affect, loss of interest in life, inability to function well)</b>   |                   |                  |               |              |
| 3<br><b>Child/Adolescent Depression (sad affect, loss of interest)</b>  |                   |                  |               |              |
| 4<br><b>Eating Disorder (self-starvation, or bingeing and purging)</b>  |                   |                  |               |              |
| 5<br><b>Anxiety (fear that interferes with functioning, avoidance)</b>  |                   |                  |               |              |
| 6<br><b>Phobia (excessive fear of people, heights, objects, death etc.)</b>   |                   |                  |               |              |
| 7<br><b>Hallucinations (auditory or visual hallucinations, altered states, could be connected with beliefs in magical powers/spirits)</b> |                   |                  |               |              |
| 8<br><b>Grief/loss (death of family member, other significant loss)</b>   |                   |                  |               |              |
| 9<br><b>Diagnosis of HIV/AIDS</b>   |                   |                  |               |              |
| 10<br><b>Delusional Thinking (thinking that is not based in reality)</b>  |                   |                  |               |              |
| 11<br><b>Anxiety Disorders (panic attacks, dizziness, sweating, trembling)</b>  |                   |                  |               |              |
| 12<br><b>Addiction to struggle with use of Pornography</b>  |                   |                  |               |              |
| 13<br><b>Poor Self-concept</b>  |                   |                  |               |              |
| 14<br><b>Suicidal thoughts or attempts (adult)</b>  |                   |                  |               |              |
| <b>PERSONAL (continued)</b>   |                   |                  |               |              |
| 15<br><b>Suicidal thoughts or attempts (child/adolescent)</b>   |                   |                  |               |              |
| 16<br><b>Somatoform Illness (feelings of ill-health with no specific organic cause)</b>   |                   |                  |               |              |
| 17<br><b>Self-injury (e.g. cutting)</b>   |                   |                  |               |              |

|    |   |  |  |  |
|----|---|--|--|--|
| 18 | Sexual Promiscuity  |  |  |  |
| 19 | Pregnancy before/outside of marriage  |  |  |  |
| 20 | Genereal Disease (sexually transmitted disease)   |  |  |  |
| 21 | Coping with illness or injury   |  |  |  |
| 22 | Addiction to or struggle with gambling  |  |  |  |
| 23 | Traumatic stress or PTSD  |  |  |  |
| 24 | Alcohol abuse or alcoholism   |  |  |  |
| 25 | Aggression (volatile and sometimes violent behaviour)   |  |  |  |
| 26 | ADHD (inability to pay attention, impulsivity, hyperactivity)                                   |  |  |  |
| 27 | Sexual abuse survivor (adult)   |  |  |  |
| 28 | Sexual abuse victim (child/adolescent)  |  |  |  |
| 29 | Physical abuse survivor (adult)   |  |  |  |
| 30 | Physical abuse victim (child)   |  |  |  |
| 31 | Emotional neglect/abuse survivor (adult)  |  |  |  |
| 32 | Emotional neglect/abuse victim (child)  |  |  |  |
| 33 | Separation anxiety (Excessive fear of separating from parent/s)                                 |  |  |  |
|    | Are there any other personal counselling needs in the personal category, which you wish to add? |  |  |  |
|    |   |  |  |  |
|    |   |  |  |  |







|           |  |  |  |  |  |
|-----------|--|--|--|--|--|
| C9        | Homelessness   |  |  |  |  |
| C10       | Hunger/starvation  |  |  |  |  |
| C11       | Malnutrition   |  |  |  |  |
| C12       | Unemployment or underemployment  |  |  |  |  |
| COMMUNITY |  |  |  |  |  |
| C13       | Literacy   |  |  |  |  |
| C14       | Poverty  |  |  |  |  |
| C15       | War, genocide or regional conflict   |  |  |  |  |
| C16       | Street children  |  |  |  |  |
| C17       | Initiation Anxiety (initiation practices, rites of passage e.g. circumcision)                    |  |  |  |  |
|           | Loss of property (bad debt, bankruptcy)  |  |  |  |  |
| C19       | Murder and other violent crime   |  |  |  |  |
| C20       | Mutilation   |  |  |  |  |
| C21       | Post-traumatic Stress  |  |  |  |  |
| C22       | Rape   |  |  |  |  |
| C23       | Sexually Transmitted Diseases (STDs)   |  |  |  |  |
| C24       | Superstition   |  |  |  |  |
| C25       | Significant (possibly violent) Theft   |  |  |  |  |
| C26       | Abuse  |  |  |  |  |
|           | Are there any other community counselling needs in the community category which you wish to add? |  |  |  |  |
|           |  |  |  |  |  |
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# **ANNEXURE VIII**

**Annexure VIII: PREPARING THE RIGHT PEOPLE**

|   | <b>Successes</b>   | <b>Failures</b>   |
|---|--|---|
| Those working with primary/secondary education children and adolescents (low education)       | <ol style="list-style-type: none"> <li>1. Peer support works well with youth</li> <li>2. Teachers, parents, pastors, professionals have generally been trained adequately</li> </ol>   | <ol style="list-style-type: none"> <li>1. [Counsellors] Too easily give away responsibility to others</li> <li>2. Parents/School staff do not stay current with youth issues</li> <li>3. Unrealistic demands placed [on counsellors]</li> </ol>   |
| Those working in the context of peoples in conflict (Rwanda, Burundi, D.R.C.)                 | <ol style="list-style-type: none"> <li>1. There is potential for the development of good counsellors-pastors, teachers</li> <li>2. Lay leaders [are available]</li> <li>3. Good background of training/ good intentions</li> </ol>   | <ol style="list-style-type: none"> <li>1. <i>Little understanding of local culture</i></li> <li>2. Dramatic culture change</li> <li>3. Education is (disconnected) from local culture</li> <li>4. Ethnic bias not addressed [in counselling]</li> <li>5. Causes of conflict are not understood</li> </ol> |
| Those working with adults educated at the tertiary level (high education)                     | <ol style="list-style-type: none"> <li>1. The right people are generally being trained as 'people helpers'</li> <li>2. Peer support is working</li> <li>3. Counsellors are mature in age, training, and experience</li> <li>4. Genders balanced [amongst counsellors]</li> </ol> | <ol style="list-style-type: none"> <li>1. Sometimes people train for their own needs/welfare [status]</li> <li>2. Some counsellors are ill prepared and immature</li> <li>3. More male counsellors are needed</li> </ol>  |
| Those working with rural populations: adults with primary/secondary education (low education) | <ol style="list-style-type: none"> <li>1. Counsellors generally are trained to O-level or lower</li> <li>2. Counsellors are generally from the community</li> <li>3. Counsellors are volunteers</li> <li>4. Counsellors are the Pastors</li> </ol>                               | <ol style="list-style-type: none"> <li>1. Inadequate qualifications are a problem</li> <li>2. Counselling gets buried under other needs</li> <li>3. Gender inequality in counselling</li> <li>4. Counselling is not recognized as a profession</li> <li>5. Inexperience of counsellors</li> </ol>         |

# ANNEXURE IX

**Annexure IX: PREPARING WITH A RIGHT UNDERSTANDING OF ROOT CAUSES**

|   | <b>Successes</b>  | <b>Failures</b>   |
|---|---|---|
| Those working with primary/secondary education children and adolescents (low education)       | <ol style="list-style-type: none"> <li>1. Willing to listen</li> <li>2. Able to understand what happens to those being counselled [in the counselling encounter]</li> </ol> | <ol style="list-style-type: none"> <li>1. Not able to relate to causes of mental health problems</li> <li>2. Unable to analyze political, social context</li> <li>3. Poor understanding [of issues] of theology and social justice</li> <li>4. Fear to speak the truth</li> </ol> |
| Those working in the context of peoples in conflict (Rwanda, Burundi, D.R.C.)                 | <ol style="list-style-type: none"> <li>1. Courage to listen (in the midst of trauma)</li> </ol>   | <ol style="list-style-type: none"> <li>1. Inadequate training</li> <li>2. Social change, cultural change not understood</li> <li>3. Responses [of counsellors] are culturally bound and therefore irrelevant</li> </ol>   |
| Those working with adults educated at the tertiary level (high education)                     | <ol style="list-style-type: none"> <li>1. Trained from the same community</li> </ol>  | <ol style="list-style-type: none"> <li>1. Tendency to generalize human behaviour (rather than listening to counselee)</li> <li>2. Counsellors may project their own needs.</li> </ol>   |
| Those working with rural populations: adults with primary/secondary education (low education) |   | <ol style="list-style-type: none"> <li>1. Need to investigate [further] when counselling</li> <li>2. No openness/no communication</li> <li>3. Assumption that cause/response is known without really listening</li> </ol>   |

# ANNEXURE X



**Annexure X: PREPARING USING APPROPRIATE MODELS AND METHODS**

|   | <b>Successes</b>   | <b>Failures</b>  |
|---|--|--|
| Those working with primary/secondary education children and adolescents (low education)       | <ol style="list-style-type: none"> <li>1. Mentoring</li> <li>2. Workshop, seminars, updating of counsellor skills]</li> </ol>  | <ol style="list-style-type: none"> <li>1. All needs are not covered in training</li> <li>2. No regular ongoing training [internship]</li> </ol>  |
| Those working in the context of peoples in conflict (Rwanda, Burundi, D.R.C.)                 | <ol style="list-style-type: none"> <li>1. Role plays help [in training]</li> <li>2. Peer counselling is supportive</li> <li>3. [Practitioners] know theories of counselling</li> </ol> | <ol style="list-style-type: none"> <li>1. Lack of openness [about counselling needs]</li> <li>2. Psychological theories may not fit social situation, not applied</li> </ol>   |
| Those working with adults educated at the tertiary level (high education)                     | <ol style="list-style-type: none"> <li>1. Holistic needs: behaviour-feeling-context; no one theory is enough to address community mental health needs</li> </ol>                       | <ol style="list-style-type: none"> <li>1. Many counsellors have no theoretical framework</li> <li>2. Some use western theories (fragmented)</li> <li>3. Counsellors may become overloaded</li> </ol>   |
| Those working with rural populations: adults with primary/secondary education (low education) | <ol style="list-style-type: none"> <li>1. Use of some traditional models approaches) in counselling</li> <li>2. Attempt to contextualize models from outside [culture]</li> </ol>      | <ol style="list-style-type: none"> <li>1. Models are too broad, not specific and individualistic</li> <li>2. Not interactive in addressing real counselling needs</li> <li>3. Imposition of values on counselees</li> <li>4. Communication failures due to language limitations</li> <li>5. Models of psychology are not being adapted to the African context</li> </ol> |

# ANNEXURE XI

**Annexure XI: PREPARING TO MEET THE REAL NEEDS**

|   | <b>Successes</b>  | <b>Failures</b>   |
|---|---|---|
| Those working with primary/secondary education children and adolescents (low education)       | <ol style="list-style-type: none"> <li>1. Peers empathize due to constant contact with counselees</li> <li>2. Well-qualified teachers are working in the community</li> <li>3. Pastors prepared to meet community challenges</li> </ol>     | <ol style="list-style-type: none"> <li>1. Youth not understood by teachers, parents, pastors</li> <li>2. Learners from a rural context are treated as though they/ their views and experience are not important</li> <li>3. Counsellors who are unwilling to identify [with counselee]</li> <li>4. Parents are not prepared to understand needs of youth</li> </ol> |
| Those working in the context of peoples in conflict (Rwanda, Burundi, D.R.C.)                 | <ol style="list-style-type: none"> <li>1. Attempt to address mental health problems at community level, and not at the level of the family</li> </ol>   | <ol style="list-style-type: none"> <li>1. No solution to needs. Grass root level needs are not met</li> <li>2. Individual/family needs are not addressed</li> <li>3. National 'mega' needs are too overwhelming</li> </ol>  |
| Those working with adults educated at the tertiary level (high education)                     | <ol style="list-style-type: none"> <li>1. Specific needs have been addressed through programs (HIV, etc).</li> <li>2. Family [involvement] is central to counselling. Context of all relationships is God, family, community</li> </ol>     | <ol style="list-style-type: none"> <li>1. Training may be too specific, too narrow for many situations</li> <li>2. Training too broad/abstract for transfer to specific situations</li> <li>3. Inadequate research on African realities</li> <li>4. Lack of support or accountability in personal/professional growth of counsellors</li> </ol>                     |
| Those working with rural populations: adults with primary/secondary education (low education) | <ol style="list-style-type: none"> <li>1. Shared understanding between counsellor and counselee where counsellors take the time to understand the needs of counselees</li> <li>2. Family is a support resource [for counsellors]</li> </ol> | <ol style="list-style-type: none"> <li>1. Shared understanding of counsellors and counselees is often shallow due to counsellor busyness</li> <li>2. Tend to deal with symptoms not causes; behaviour not character</li> <li>3. Generation gap frequently exists between counsellor and counselee</li> </ol>  |

# **ANNEXURE XII**

Annexure XII: QUESTIONNAIRE RESULTS FOR FOCUS GROUP #2

CATEGORY: URBAN MIDDLE TO UPPER INCOME

NUMBER OF RESPONDENTS: 4

PERSONAL/ FAMILY/ COMMUNITY COUNSELLING NEEDS QUESTIONNAIRE

(Please tick one column for each of these questions)

| PERSONAL<br>In my experience providing counselling in the community, the following needs are presented for my care:                 | Frequently | Sometimes | Seldom | Never |
|---|------------|-----------|--------|-------|
| P1<br>Demonic Possession/Oppression   |            | ✓         | ✓      | ✓     |
| P2<br>Adult Depression (sad affect, loss of interest in life, inability to function well)   |            |           |        |       |
| P3<br>Child/Adolescent Depression (sad affect, loss of interest)  | ✓          | ✓         | ✓      | ✓     |
| P4<br>Eating Disorder (self-starvation, or bingeing and purging)  | ✓          | ✓         | ✓      | ✓     |
| P5<br>Anxiety (fear that interferes with functioning, avoidance)  |            |           |        | ✓     |
| P6<br>Phobia (excessive fear of people, heights, objects, death etc.)   | ✓          | ✓         | ✓✓     |       |
| P7<br>Hallucinations (auditory or visual hallucinations, altered states, could be connected with beliefs in magical powers/spirits) |            | ✓         | ✓✓✓    |       |
| P8<br>Grief/loss (death of family member, other significant loss)   |            |           |        |       |
| P9<br>Diagnosis of HIV/AIDS   |            |           |        |       |
| P10<br>Delusional Thinking (thinking that is not based in reality)  |            |           |        |       |
| P11<br>Panic Disorders (panic attacks, dizziness, sweating, trembling)  |            |           |        |       |
| P12<br>Addiction to struggle with use of Pornography  |            | ✓✓        | ✓      | ✓     |
| P13<br>Poor Self-concept  |            |           |        |       |
| P14<br>Suicidal thoughts or attempts (adult)  |            |           | ✓      |       |
| P15<br>Suicidal thoughts or attempts (child/adolescent)   |            | ✓         | ✓✓     | ✓     |
| P16<br>Psychosomatic Illness (feelings of ill-health with no specific organic cause)  |            |           | ✓      |       |

| <b>PERSONAL (continued)</b>   |                   |                  |               |              |
|---|-------------------|------------------|---------------|--------------|
|   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| P17<br>Self-injury (e.g. cutting)   |                   |                  | ✓             | ✓✓✓          |
| P18<br>Sexual Promiscuity   |                   |                  |               |              |
| P19<br>Pregnancy before/outside of marriage   |                   |                  | ✓             |              |
| P20<br>Venereal Disease (sexually transmitted disease)  |                   | ✓✓               |               |              |
| P21<br>Coping with illness or injury  |                   |                  |               |              |
| P22<br>Addiction to or struggle with gambling   |                   |                  | ✓             | ✓✓✓          |
| P23<br>Traumatic stress or PTSD   |                   |                  |               |              |
| P24<br>Alcohol abuse or alcoholism  |                   |                  |               |              |
| P25<br>Aggression (volatile and sometimes violent behaviour)                                    |                   |                  |               |              |
| P26<br>ADHD (inability to pay attention, impulsivity, hyperactivity)                            |                   | ✓✓               | ✓             | ✓            |
| P27<br>Sexual abuse survivor (adult)  |                   |                  |               | ✓            |
| P28<br>Sexual abuse victim (child/adolescent)   | ✓                 |                  | ✓✓            | ✓            |
| P29<br>Physical abuse survivor (adult)  |                   |                  |               |              |
| P30<br>Physical abuse victim (child)  |                   |                  | ✓             |              |
| P31<br>Emotional neglect/abuse survivor (adult)   |                   |                  |               |              |
| P32<br>Emotional neglect/abuse victim (child)   |                   |                  |               | ✓            |
| P33<br>Separation anxiety (Excessive fear of separating from parent/s)                          | ✓                 | ✓                | ✓             | ✓            |
| Are there any other personal counselling needs in the personal category, which you wish to add? | <i>Frequently</i> | <i>Sometimes</i> | <i>Seldom</i> | <i>Never</i> |

|   |   |    |   |   |
|---|---|----|---|---|
| * frustration   |   |    |   |   |
| * abortion  |   |    |   |   |
| * sexual dysfunction  | ✓ |    |   |   |
| * divorce/ separation   | ✓ | ✓  |   |   |
| * unemployment  |   | ✓  |   |   |
| * anxiety   | ✓ |    |   |   |
| * time management   |   |    |   |   |
| * poverty   |   |    |   |   |
| * identity issues   |   |    |   |   |
| <b>FAMILY</b>   |   |    |   |   |
| In my experience providing counselling in the community, the following family/relational needs are presented for my care: |   |    |   |   |
| F1<br>Alcohol abuse or addiction  |   |    |   |   |
| F2<br>Family Conflict (e.g. verbal fighting or discord)   |   |    |   |   |
| F3<br>Addressing HIV/AIDS's impact on the family  |   |    |   |   |
| F4<br>Incest (Parent or family member's sexual abuse of a child)  |   | ✓✓ | ✓ | ✓ |
| F5<br>Parenting a physically disabled child   |   | ✓✓ | ✓ | ✓ |
| F6<br>Parenting a mentally disabled child   |   | ✓✓ | ✓ | ✓ |
| F7<br>Parenting a child who has a learning disability   |   | ✓✓ | ✓ | ✓ |
| F8<br>Parenting a child who is defiant, oppositional or behaving rebelliously   |   |    |   | ✓ |
| F9<br>Domestic violence (Spouse abuse)  |   |    |   |   |
| F10<br>Family rejection or estrangement   |   |    |   |   |

|  |                   |                  |               |              |
|--|-------------------|------------------|---------------|--------------|
| F11<br>Marital dissatisfaction   |                   |                  |               |              |
| F12<br>Marital problems related to an affair or affairs  |                   |                  |               |              |
| F13<br>Orphaned child (ren)—family response  | ✓                 | ✓                | ✓             | ✓            |
| F14<br>Adolescent premarital sex   |                   |                  |               |              |
| <b>FAMILY (continued)</b>  | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| F15<br>Cultural dislocation (Refugee or immigrant adjustment difficulties)   |                   | ✓✓               | ✓✓            |              |
| F16<br>Cultural conflict (Family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict) |                   |                  |               | ✓            |
| <i>Are there any other family counselling needs in the family category which you wish to add?</i>  |                   |                  |               |              |
| * Divorce  |                   | ✓                |               |              |
| * Communication  |                   |                  |               |              |
| * in-law problems  |                   | ✓                |               |              |
| * parenting step-children  |                   | ✓                |               |              |
| * polygamy   |                   | ✓                |               |              |
| * divorce  |                   | ✓                |               |              |
| * gender role expectations/ confusion  |                   |                  |               |              |
| * family discord/ dysfunction  |                   |                  |               |              |
| .  |                   |                  |               |              |
| <b>COMMUNITY</b>   |                   |                  |               |              |
| <i>In my experience, the following community concerns exist in my community:</i>   |                   |                  |               |              |
| C1<br>Antisocial Behaviour (Gangs, gang violence, illegal/illicit activities)  |                   |                  |               | ✓            |
| C2<br>Begging  |                   |                  | ✓             |              |
| C3<br>Curses/Spells (occult activities)  |                   |                  |               | ✓            |
| C4<br>Displacement/Dislocation (from war, famine, and unemployment)  |                   |                  |               |              |



|  |                   |                  |               |              |
|--|-------------------|------------------|---------------|--------------|
| C5<br>Demonic manifestations   |                   |                  |               | ✓            |
| C6<br>Drug Addiction   |                   |                  |               |              |
| C7<br>Gambling Addiction   |                   | ✓                | ✓✓            | ✓            |
| C8<br>HIV/AIDS   |                   |                  |               |              |
| C9<br>Homelessness   |                   |                  |               |              |
| C10<br>Hunger/starvation   |                   |                  |               | ✓            |
| C11<br>Malnutrition  |                   |                  |               | ✓            |
| <b>COMMUNITY (continued)</b>   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| C12<br>Unemployment or underemployment   |                   |                  |               |              |
| C13<br>Illiteracy  |                   |                  |               | ✓            |
|  | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| C14<br>Poverty   |                   | ✓✓               |               |              |
| C15<br>War, genocide or regional conflict  | ✓                 | ✓                | ✓✓            |              |
| C16<br>Street children   |                   |                  |               |              |
| C17<br>Initiation Anxiety (initiation practices, rites of passage e.g. circumcision) |                   | ✓                | ✓✓            | ✓            |
| C18<br>Loss of property (bad debt, bankruptcy)                                       |                   |                  |               |              |
| C19<br>Murder and other violent crime  |                   |                  | ✓             |              |
| C20<br>Mutilation  |                   | ✓✓               | ✓             |              |
| C21<br>Post-traumatic Stress   |                   |                  |               |              |
| C22<br>Rape  |                   |                  |               |              |
| C23<br>Sexually Transmitted Diseases (STDs')   |                   |                  |               |              |
| C24  |                   |                  |               |              |

|   |    |  |  |  |
|---|----|--|--|--|
| Superstition  |    |  |  |  |
| C25<br>Rampant (possibly violent) Theft   | ✓  |  |  |  |
| C26<br>Torture  | ✓  |  |  |  |
| <i>Are there any other community counselling needs in the community category which you wish to add?</i> |    |  |  |  |
| * conflict between modern and traditional cultures  | ✓✓ |  |  |  |
| * insecurity  |    |  |  |  |
| * drug trafficking  |    |  |  |  |
| * orphans   |    |  |  |  |
| * conflict of values  | ✓  |  |  |  |
| * land disputes   |    |  |  |  |
| * old age complexities – coping with chronic illness and medical bills                                  |    |  |  |  |

# **ANNEXURE XIII**

Annexure XIII: QUESTIONNAIRE RESULTS FOR FOCUS GROUP #3

CATEGORY: CHILDREN AND YOUTH

NUMBER OF RESPONDENTS: 7

PERSONAL/ FAMILY/ COMMUNITY COUNSELLING NEEDS QUESTIONNAIRE

(Please tick one column for each of these questions)

| PERSONAL   | Frequently | Sometimes | Seldom | Never |
|--|------------|-----------|--------|-------|
| In my experience providing counselling in the community, the following needs are presented for my care:                                    |            |           |        |       |
| P1<br><b>Demonic Possession/Oppression</b>   |            |           | ✓      | ✓     |
| P2<br><b>Adult Depression</b> (sad affect, loss of interest in life, inability to function well)   |            |           | ✓      |       |
| P3<br><b>Child/Adolescent Depression</b> (sad affect, loss of interest)  |            |           |        |       |
| P4<br><b>Eating Disorder</b> (self-starvation, or bingeing and purging)  | ✓          |           | ✓✓     | ✓✓    |
| P5<br><b>Anxiety</b> (fear that interferes with functioning, avoidance)  |            |           | ✓      | ✓     |
| P6<br><b>Phobia</b> (excessive fear of people, heights, objects, death etc.)   |            |           | ✓      |       |
| P7<br><b>Hallucinations</b> (auditory or visual hallucinations, altered states, could be connected with beliefs in magical powers/spirits) |            |           |        |       |
| P8<br><b>Grief/loss</b> (death of family member, other significant loss)   |            |           | ✓      |       |
| P9<br><b>Diagnosis of HIV/AIDS</b>   |            |           | ✓      | ✓     |
| P10<br><b>Delusional Thinking</b> (thinking that is not based in reality)  |            | ✓✓✓       |        | ✓✓    |
| P11<br><b>Panic Disorders</b> (panic attacks, dizziness, sweating, trembling)  | ✓          | ✓✓        |        | ✓✓✓   |
| P12<br><b>Addiction to struggle with use of Pornography</b>  |            |           |        | ✓✓✓   |
| P13  |            |           |        |       |

| <b>Poor Self-concept</b>  |                   |                  |               |              |
|---|-------------------|------------------|---------------|--------------|
| P14<br><b>Suicidal thoughts or attempts (adult)</b>   | ✓                 | ✓✓               | ✓             | ✓✓           |
| P15<br><b>Suicidal thoughts or attempts (child/adolescent)</b>                              |                   |                  | ✓             | ✓            |
| <b>PERSONAL (continued)</b>   |                   |                  |               |              |
| P16<br><b>Psychosomatic Illness</b> (feelings of ill-health with no specific organic cause) |                   |                  |               | ✓✓           |
|   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| P17<br><b>Self-injury</b> (e.g. cutting)  |                   |                  |               |              |
| P18<br><b>Sexual Promiscuity</b>  |                   |                  | ✓             |              |
| P19<br><b>Pregnancy before/outside of marriage</b>  |                   |                  |               | ✓✓           |
| P20<br><b>Venereal Disease</b> (sexually transmitted disease)                               |                   |                  | ✓             | ✓            |
| P21<br><b>Coping with illness or injury</b>   |                   |                  |               | ✓            |
| P22<br><b>Addiction to or struggle with gambling</b>  |                   | ✓                | ✓✓            | ✓✓✓✓         |
| P23<br><b>Traumatic stress or PTSD</b>  |                   | ✓✓✓              |               | ✓            |
| P24<br><b>Alcohol abuse or alcoholism</b>   |                   |                  | ✓             |              |
| P25<br><b>Aggression</b> (volatile and sometimes violent behaviour)                         |                   |                  | ✓             |              |
| P26<br><b>ADHD</b> (inability to pay attention, impulsivity, hyperactivity)                 | ✓                 | ✓✓               |               |              |
| P27   | ✓                 | ✓                | ✓             | ✓            |

|  |                   |                  |               |              |
|--|-------------------|------------------|---------------|--------------|
| <b>Sexual abuse survivor (adult)</b>   |                   |                  |               |              |
| P28<br><b>Sexual abuse victim (child/adolescent)</b>   |                   |                  |               | ✓            |
| P29<br><b>Physical abuse survivor (adult)</b>  |                   | ✓✓               | ✓✓            | ✓            |
| P30<br><b>Physical abuse victim (child)</b>  |                   |                  | ✓             | ✓            |
| P31<br><b>Emotional neglect/abuse survivor (adult)</b>   | ✓                 | ✓                | ✓             | ✓            |
| P32<br><b>Emotional neglect/abuse victim (child)</b>   |                   | ✓✓               | ✓             |              |
| P33<br><b>Separation anxiety (Excessive fear of separating from parent/s)</b>                          | ✓                 | ✓✓               | ✓✓            |              |
| <b>Are there any other personal counselling needs in the personal category, which you wish to add?</b> | <u>Frequently</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>Never</u> |
| * sexual dysfunction (masturbation, lesbianism, homosexuality)   |                   |                  |               |              |
| * Abortion   |                   |                  |               |              |
| * Divination   | ✓                 |                  |               |              |
| *rebellion against authority: parents, teachers etc.   | ✓                 |                  |               |              |
| * lack of interest in academic work  | ✓                 |                  |               |              |
| * egocentric/ self-centered attitudes and behaviours   | ✓                 |                  |               |              |
| * materialism: obsession with material possessions   | ✓                 |                  |               |              |
| * secularism: lack of regard for religious issues  | ✓                 |                  |               |              |
| * identity crisis  | ✓                 |                  |               |              |
| * peer pressure  | ✓                 |                  |               |              |
| * those who suffer rejection   |                   |                  |               |              |



| <b>FAMILY</b>   |    |   |    |    |
|---|----|---|----|----|
| In my experience providing counselling in the community, the following family/relational needs are presented for my care: |    |   |    |    |
| F1<br><b>Alcohol abuse or addiction</b>   |    |   |    |    |
| F2<br><b>Family Conflict</b> (e.g. verbal fighting or discord)  |    |   |    |    |
| F3<br><b>Addressing HIV/Aids's impact on the family</b>   |    |   |    | ✓  |
| F4<br><b>Incest</b> (Parent or family member's sexual abuse of a child)   |    |   |    | ✓  |
| F5<br><b>Parenting a physically disabled child</b>  |    |   |    | ✓✓ |
| F6<br><b>Parenting a mentally disabled child</b>  |    |   |    | ✓  |
| F7<br><b>Parenting a child who has a learning disability</b>  | ✓✓ | ✓ | ✓✓ | ✓  |
| F8<br><b>Parenting a child who is defiant, oppositional or behaving rebelliously</b>                                      |    |   |    |    |
| F9<br><b>Domestic violence (Spouse abuse)</b>   |    |   |    | ✓  |
| F10<br><b>Family rejection or estrangement</b>  |    |   | ✓  |    |
| F11<br><b>Marital dissatisfaction</b>   |    |   |    | ✓✓ |
| F12<br><b>Marital problems related to an affair or affairs</b>  |    |   | ✓  | ✓  |
| F13<br><b>Orphaned child (ren)—family response</b>  |    |   |    | ✓✓ |
| F14<br><b>Adolescent premarital sex</b>   |    |   |    | ✓  |

| <b>FAMILY (continued)</b>   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
|---|-------------------|------------------|---------------|--------------|
| F15<br><b>Cultural dislocation</b> (Refugee or immigrant adjustment difficulties)   |                   | ✓✓               |               | ✓✓✓          |
| F16<br><b>Cultural conflict</b> (Family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict) |                   | ✓✓               |               | ✓✓           |
| <b>Are there any other family counselling needs in the family category which you wish to add?</b>   |                   |                  |               |              |
| * <i>abortion</i>   |                   |                  |               |              |
| * <i>family dysfunction</i>   | ✓                 |                  |               |              |
| * <i>spousal conflict</i>   | ✓                 |                  |               |              |
| * <i>unemployment</i>   |                   |                  |               |              |
| * <i>[domestic] conflict over religious values</i>  |                   |                  |               |              |
| * <i>divorce and separation</i>   |                   |                  |               |              |
| * <i>family instability and breakdown</i>   | ✓✓                | ✓✓               | ✓             |              |
|   |                   |                  |               |              |
|   |                   |                  |               |              |
| <b>COMMUNITY</b>  |                   |                  |               |              |
| In my experience, the following community concerns exist in my community:   |                   |                  |               |              |
| C1<br><b>Antisocial Behaviour</b> (Gangs, gang violence, illegal/illicit activities)  |                   |                  |               |              |
| C2<br><b>Begging</b>  |                   |                  |               | ✓            |
| C3<br><b>Curses/Spells</b> (occult activities)  |                   |                  |               | ✓            |
| C4<br><b>Displacement/Dislocation</b> (from war, famine, and unemployment)  |                   |                  |               | ✓            |
| C5  |                   |                  |               | ✓            |



|   |                   |                  |               |              |
|---|-------------------|------------------|---------------|--------------|
| <b>Demonic manifestations</b>   |                   |                  |               |              |
| C6<br><b>Drug Addiction</b>   |                   |                  |               | ✓            |
| C7<br><b>Gambling Addiction</b>   | ✓                 | ✓                | ✓✓✓           | ✓            |
| C8<br><b>HIV/AIDS</b>   |                   |                  |               |              |
| C9<br><b>Homelessness</b>   |                   |                  |               | ✓            |
| C10<br><b>Hunger/starvation</b>   |                   |                  |               | ✓            |
| C11<br><b>Malnutrition</b>  | ✓                 | ✓                | ✓             | ✓            |
| <b>COMMUNITY (continued)</b>  | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| C12<br><b>Unemployment or underemployment</b>   | ✓✓✓✓              | ✓                |               |              |
| C13<br><b>Illiteracy</b>  | ✓✓✓✓              | ✓                |               |              |
| C14<br><b>Poverty</b>   | ✓✓✓✓              | ✓                |               |              |
| C15<br><b>War, genocide or regional conflict</b>  |                   |                  | ✓             |              |
| C16<br><b>Street children</b>   | ✓✓                |                  |               |              |
| C17<br><b>Initiation Anxiety</b> (initiation practices, rites of passage e.g. circumcision) | ✓                 |                  | ✓✓            | ✓✓           |
| C18<br><b>Loss of property</b> (bad debt, bankruptcy)                                       | ✓✓✓               | ✓✓✓              | ✓             | ✓            |
| C19<br><b>Murder and other violent crime</b>  | ✓✓                | ✓✓               |               | ✓            |

|   |   |   |  |   |
|---|---|---|--|---|
| C20<br><b>Mutilation</b>  | ✓ |   |  |   |
| C21<br><b>Post-traumatic Stress</b>   |   |   |  | ✓ |
| C22<br><b>Rape</b>  |   |   |  | ✓ |
| C23<br><b>Sexually Transmitted Diseases (STDs)</b>  |   |   |  | ✓ |
| C24<br><b>Superstition</b>  | ✓ | ✓ |  |   |
| C25<br><b>Rampant (possibly violent) Theft</b>  |   |   |  |   |
| C26<br><b>Torture</b>   |   |   |  | ✓ |
| <b>Are there any other community counselling needs in the community category which you wish to add?</b> |   |   |  |   |
| * land cases  |   |   |  |   |
| *witchcraft   | ✓ |   |  |   |
| * land cases  | ✓ |   |  |   |
| *   |   |   |  |   |
| *   |   |   |  |   |
| *   |   |   |  |   |

# ANNEXURE XIV

**Annexure XIV: QUESTIONNAIRE RESULTS FOR FOCUS GROUP #4**

**CATEGORY: URBAN LOW INCOME/ RURAL**

**NUMBER OF RESPONDENTS: 5**

**PERSONAL/ FAMILY/ COMMUNITY COUNSELLING NEEDS QUESTIONNAIRE**

*(Please tick one column for each of these questions)*

| PERSONAL  | Frequently | Sometimes | Seldom | Never |
|---|------------|-----------|--------|-------|
| In my experience providing counselling in the community, the following needs are presented for my care:                             |            |           |        |       |
| P1<br>Demonic possession/ oppression  | ✓✓✓        | ✓✓        |        |       |
| P2<br>Adult Depression (sad affect, loss of interest in life, inability to function well)   | ✓✓✓        | ✓✓        |        |       |
| P3<br>Child/Adolescent Depression (sad affect, loss of interest)  | ✓✓✓        | ✓✓        | ✓      |       |
| P4<br>Eating Disorder (self-starvation, or bingeing and purging)  |            |           | ✓✓     | ✓✓✓   |
| P5<br>Anxiety (fear that interferes with functioning, avoidance)  | ✓✓✓        | ✓✓        | ✓      |       |
| P6<br>Phobia (excessive fear of people, heights, objects, death etc.)   | ✓✓✓        | ✓✓        | ✓      |       |
| P7<br>Hallucinations (auditory or visual hallucinations, altered states, could be connected with beliefs in magical powers/spirits) | ✓✓✓        | ✓         |        | ✓     |
| P8<br>Grief/loss (death of family member, other significant loss)   | ✓✓✓        |           |        |       |
| P9<br>Diagnosis of HIV/AIDS   | ✓✓✓        | ✓✓        | ✓      |       |
| P10<br>Delusional Thinking (thinking that is not based in reality)  | ✓✓         |           | ✓✓     |       |
| P11<br>Panic Disorders (panic attacks, dizziness, sweating, trembling)  | ✓✓✓        | ✓✓        | ✓      |       |
| P12<br>Addiction to struggle with use of Pornography  |            |           | ✓✓✓    | ✓✓    |
| P13<br>Poor Self-concept  | ✓✓✓        | ✓✓        |        |       |

|                             |   |                   |                  |               |              |
|-----------------------------|---|-------------------|------------------|---------------|--------------|
| P14                         | Suicidal thoughts or attempts (adult)   |                   | ✓✓✓              | ✓             |              |
| P15                         | Suicidal thoughts or attempts (child/adolescent)                              |                   | ✓✓               | ✓             | ✓            |
| <b>PERSONAL (Continued)</b> |   |                   |                  |               |              |
| P16                         | Psychosomatic Illness (feelings of ill-health with no specific organic cause) | ✓✓✓               |                  | ✓             |              |
|                             |   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| P17                         | Self-injury (e.g. cutting)  |                   | ✓                | ✓✓✓           | ✓            |
| P18                         | Sexual Promiscuity  | ✓                 | ✓✓               | ✓             |              |
| P19                         | Pregnancy before/outside of marriage  | ✓✓✓               | ✓✓               |               | ✓            |
| P20                         | Venereal Disease (sexually transmitted disease)                               | ✓✓                | ✓✓               | ✓             |              |
| P21                         | Coping with illness or injury   | ✓✓✓✓              |                  | ✓             |              |
| P22                         | Addiction to or struggle with gambling  |                   | ✓                | ✓✓            | ✓            |
| P23                         | Traumatic stress or PTSD  | ✓                 | ✓✓✓              |               |              |
| P24                         | Alcohol abuse or alcoholism   | ✓✓                | ✓✓               | ✓✓            |              |
| P25                         | Aggression (volatile and sometimes violent behaviour)                         | ✓✓                |                  | ✓✓            |              |
| P26                         | ADHD (inability to pay attention, impulsivity, hyperactivity)                 |                   | ✓✓               | ✓             |              |
| P27                         | Sexual abuse survivor (adult)   | ✓                 | ✓                | ✓             | ✓✓           |

|   |                   |                  |               |              |
|---|-------------------|------------------|---------------|--------------|
| P28<br>Sexual abuse victim (child/adolescent)   | ✓                 | ✓                | ✓✓✓           |              |
| P29<br>Physical abuse survivor (adult)  | ✓                 |                  | ✓             |              |
| P30<br>Physical abuse victim (child)  | ✓                 |                  | ✓             |              |
| P31<br>Emotional neglect/abuse survivor (adult)   | ✓                 |                  | ✓             |              |
| P32<br>Emotional neglect/abuse victim (child)   | ✓                 |                  | ✓             |              |
| P33<br>Separation anxiety (Excessive fear of separating from parent/s)  | ✓                 | ✓✓✓              | ✓             |              |
| <b>PERSONAL (Continued)</b>   |                   |                  |               |              |
|   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| <i>Are there any other personal counselling needs in the personal category, which you wish to add?</i>              |                   |                  |               |              |
| * Relatives of people living with HIV/AIDS  | ✓                 |                  |               |              |
| *Coping with medical bills  | ✓                 |                  |               |              |
| * Mid-life crisis   | ✓                 |                  |               |              |
| * Abortion  | ✓                 |                  |               |              |
| * Sexual dysfunction  | ✓                 |                  |               |              |
| * Frustration and stress  | ✓                 |                  |               |              |
| *Divorce  | ✓                 |                  |               |              |
|   |                   |                  |               |              |
|   |                   |                  |               |              |
|   |                   |                  |               |              |
| <b>FAMILY</b>   |                   |                  |               |              |
| In my experience providing counselling in the community, the following family/relational needs are presented for my |                   |                  |               |              |



|   |                   |                  |               |              |
|---|-------------------|------------------|---------------|--------------|
| care:   |                   |                  |               |              |
| F1<br>Alcohol abuse or addiction  | ✓✓                | ✓                |               |              |
| F2<br>Family Conflict (e.g. verbal fighting or discord)                       | ✓✓                | ✓                |               |              |
| F3<br>Addressing HIV/AIDS's impact on the family                              | ✓✓                | ✓                | ✓             |              |
| F4<br>Incest (Parent or family member's sexual abuse of a child)              |                   | ✓✓               | ✓✓            | ✓            |
| F5<br>Parenting a physically disabled child                                   | ✓                 | ✓✓               | ✓✓            |              |
| F6<br>Parenting a mentally disabled child                                     | ✓✓                | ✓                | ✓             | ✓            |
| F7<br>Parenting a child who has a learning disability                         | ✓✓                | ✓✓               |               | ✓            |
| F8<br>Parenting a child who is defiant, oppositional or behaving rebelliously | ✓✓                | ✓                | ✓✓            |              |
| F9<br>Domestic violence (Spouse abuse)  | ✓✓                | ✓                | ✓             |              |
| F10<br>Family rejection or estrangement                                       | ✓✓                | ✓✓               |               | ✓            |
| F11<br>Marital dissatisfaction  | ✓✓                | ✓                | ✓             |              |
| F12<br>Marital problems related to an affair or affairs                       | ✓✓                | ✓                | ✓             |              |
| F13<br>Orphaned child (ren)—family response                                   | ✓✓                | ✓                | ✓             |              |
| F14<br>Adolescent premarital sex  | ✓✓                | ✓                | ✓✓            |              |
| <b>FAMILY (Continued)</b>   |                   |                  |               |              |
| F15<br>Cultural dislocation (Refugee or immigrant adjustment difficulties)    | ✓✓                |                  | ✓             | ✓            |
|   | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |

|  |    |    |    |   |
|--|----|----|----|---|
| F16<br>Cultural conflict (Family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict) |    | ✓  | ✓  |   |
| Are there any other family counselling needs in the family category which you wish to add?   |    |    |    |   |
| * orphaned children because of war   | ✓✓ |    |    |   |
| * family dysfunction   |    | ✓  |    |   |
| * spouse conflict  |    | ✓  |    |   |
| * school fees  |    |    |    |   |
| * vehicle accidents  |    |    |    |   |
| * family instability   |    |    |    |   |
| * children in conflict with parents  |    |    |    |   |
| * communication  |    |    |    |   |
| * there are clusters of connected problems e.g.<br>unemployment → poor self concept → alcoholism<br>→ aggression (emotional upset) → family rejection/<br>estrangement |    |    |    |   |
| COMMUNITY  |    |    |    |   |
| In my experience, the following community concerns exist in my community:  |    |    |    |   |
| C1<br>Antisocial Behaviour (Gangs, gang violence, illegal/illicit activities)  | ✓✓ | ✓✓ | ✓✓ |   |
| C2<br>Begging  | ✓✓ | ✓✓ |    |   |
| C3<br>Curses/Spells (occult activities)  |    | ✓✓ | ✓✓ |   |
| C4<br>Displacement/Dislocation (from war, famine, and unemployment)  |    | ✓✓ | ✓  |   |
| C5<br>Demonic manifestations   | ✓✓ | ✓✓ | ✓  | ✓ |



|  |                   |                  |               |              |
|--|-------------------|------------------|---------------|--------------|
| C6<br>Drug Addiction   |                   |                  |               | ✓            |
| C7<br>Gambling Addiction   | ✓                 |                  | ✓✓            | ✓            |
| C8<br>HIV/AIDS   |                   | ✓✓               |               |              |
| C9<br>Homelessness   |                   |                  | ✓             |              |
| C10<br>Hunger/starvation   | ✓                 |                  | ✓             | ✓            |
| C11<br>Malnutrition  | ✓✓                |                  | ✓✓            |              |
| Community (Continued)  |                   |                  |               |              |
| C12<br>Unemployment or underemployment   | ✓✓                | ✓✓               | ✓             |              |
|  | <b>Frequently</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> |
| C13<br>Illiteracy  | ✓✓                | ✓✓               |               |              |
| C14<br>Poverty   | ✓✓✓               | ✓✓               |               |              |
| C15<br>War, genocide or regional conflict  | ✓✓                |                  |               | ✓            |
| C16<br>Street children   | ✓                 | ✓                |               | ✓            |
| C17<br>Initiation Anxiety (initiation practices, rites of passage e.g. circumcision) | ✓                 | ✓                | ✓             | ✓✓           |
| C18<br>Loss of property (bad debt, bankruptcy)                                       |                   |                  | ✓✓            |              |
| C19<br>Murder and other violent crime  | ✓✓                | ✓✓               |               |              |
| C20<br>Mutilation  | ✓                 |                  | ✓✓            |              |
| C21  | ✓✓                | ✓✓               | ✓             | ✓            |

|   |    |    |    |   |
|---|----|----|----|---|
| Post-traumatic Stress   |    |    |    |   |
| C22<br>Rape   |    | ✓✓ | ✓✓ |   |
| C23<br>Sexually Transmitted Diseases (STDs)   |    | ✓✓ |    | ✓ |
| C24<br>Superstition   |    | ✓  |    |   |
| C25<br>Rampant (possibly violent) Theft   | ✓  | ✓✓ | ✓  |   |
| C26<br>Torture  |    | ✓✓ | ✓✓ | ✓ |
| <i>Are there any other community counselling needs in the community category which you wish to add?</i> |    |    |    |   |
| * cultural expectations to look after homeless family, tribal members                                   | ✓✓ |    |    |   |
| * begging at all levels – government, church, family  | ✓✓ |    |    |   |
| * family instability and insecurity, breakdown  | ✓✓ |    |    |   |
| * to nurture people to overcome the ethnicity conflict  | ✓  |    |    |   |
| * land cases  |    |    |    |   |
| * school buildings  |    |    |    |   |
| * dependency  |    |    |    |   |

# **ANNEXURE XV**

**Annexure XV**

**Focus group #2: Priority mental health needs in the urban middle to upper income sub-group**

| <b>PRIORITY MENTAL HEALTH NEEDS FOR URBAN MIDDLE TO UPPER INCOME SUB-GROUP</b> |     |   |
|--|-----|---|
| <b>PERSONAL (H/L)</b>  |     |   |
|  | P2  | Adult Depression (sad affect, loss of interest in life, inability to function well)   |
|  | P5  | Anxiety (fear that interferes with functioning, avoidance)                            |
|  | P8  | Grief/loss (death of family member, other significant loss)                           |
|  | P9  | Diagnosis of HIV/AIDS   |
|  | P11 | Panic Disorders (panic attacks, dizziness, sweating, trembling)                       |
|  | P13 | Poor Self-concept   |
|  | P14 | Suicidal thoughts or attempts (adult)   |
|  | P16 | Psychosomatic Illness (feelings of ill-health with no specific organic cause)         |
|  | P18 | Sexual Promiscuity  |
|  | P19 | Pregnancy before/outside of marriage  |
|  | P21 | Coping with illness or injury   |
|  | P23 | Traumatic stress or PTSD  |
|  | P24 | Alcohol abuse or alcoholism   |
|  | P25 | Aggression (volatile and sometimes violent behaviour)                                 |
|  | P27 | Sexual abuse survivor (adult)   |
|  | P29 | Physical abuse survivor (adult)   |
|  | P30 | Physical abuse victim (child)   |
|  | P31 | Emotional neglect/abuse survivor (adult)  |
|  | P32 | Emotional neglect/abuse victim (child)  |
|  | P0  | (other) abortion  |
|  | P0  | (other) sexual dysfunction e.g. masturbation, lesbianism, homosexuality               |
|  | P0  | (other) stress and frustration  |
|  | P0  | (other) divorce   |
|  | P0  | (other) unemployment / underemployment  |
|  | P0  | (other) adult depression  |
| <b>FAMILY (H/H)</b>  |     |   |
|  | F11 | Marital dissatisfaction   |
|  | F0  | (other) poor communication  |
| <b>FAMILY (H/L)</b>  |     |   |
|  | F1  | Alcohol abuse or addiction  |
|  | F2  | Family Conflict (e.g. verbal fighting or discord)                                     |
|  | F3  | Addressing HIV/AIDS' impact on the family   |
|  | F8  | Parenting a child who is defiant, oppositional or behaving rebelliously               |
|  | F9  | Domestic violence (Spouse abuse)  |
|  | F10 | Family rejection or estrangement  |
|  | F12 | Marital problems related to an affair or affairs                                      |
|  | F14 | Adolescent premarital sex   |
|  | F16 | Cultural conflict (Family members' tension living in a culture in which they are not) |
|  | F0  | (other) divorce   |
|  | F0  | (other) Gender role confusion   |

| COMMUNITY (H/H) |                          |   |
|-----------------|--------------------------|---|
|                 | C6                       | Drug Addiction  |
|                 | C8                       | HIV/AIDS  |
|                 | C12                      | Unemployment or under-employment  |
|                 | C16                      | Street children   |
| COMMUNITY (H/L) |                          |   |
|                 | C1                       | Antisocial Behaviour (Gangs, gang violence, illegal/illicit activities) |
|                 | C2                       | Begging   |
|                 | C3                       | Curses/Spells (occult activities)                                       |
|                 | C4                       | Displacement/Dislocation (from war, famine, and unemployment)           |
|                 | C5                       | Demonic manifestations  |
|                 | C9                       | Homelessness  |
|                 | C10                      | Hunger/starvation   |
|                 | C11                      | Malnutrition  |
|                 | C13                      | Illiteracy  |
|                 | C14                      | Poverty   |
|                 | C18                      | Loss of property (bad debt, bankruptcy)                                 |
|                 | C19                      | Murder and other violent crime  |
|                 | C21                      | Post-traumatic Stress PTSD  |
|                 | C22                      | Rape  |
|                 | C23                      | Sexually Transmitted Diseases (STDs')                                   |
|                 | C24                      | Superstition  |
|                 | C25                      | Rampant (possibly violent) Theft  |
|                 | C26                      | Torture   |
|                 | C0                       | (Other) conflict over modern versus traditional values                  |
|                 | C0                       | (Other) insecurity  |
| C0              | (Other) drug trafficking |   |
| C0              | (Other) orphans          |   |

# ANNEXURE XVI

Annexure XVI

Focus group #3: Priority mental health needs in the youth and children sub-group

| PRIORITY MENTAL HEALTH NEEDS FOR YOUTH AND CHILDREN SUB-GROUP |   |  |
|---|---|--|
| PERSONAL (H/L)  |   |  |
| P1  | Demonic Possession/Oppression   |  |
| P2  | Adult Depression (sad affect, loss of interest in life, inability to function well)   |  |
| P3  | Child/Adolescent Depression (sad affect, loss of interest)  |  |
| P5  | Anxiety (fear that interferes with functioning, avoidance)  |  |
| P6  | Phobia (excessive fear of people, heights, objects, death etc.)   |  |
| P7  | Hallucinations (auditory or visual hallucinations, altered states, could be connected with beliefs in magical powers/spirits) |  |
| P8  | Grief/loss (death of family member, other significant loss)   |  |
| P9  | Diagnosis of HIV/AIDS   |  |
| P12   | Addiction to struggle with use of pornography   |  |
| P13   | Poor Self-concept   |  |
| P14   | Suicidal thoughts or attempts (adult)   |  |
| P15   | Suicidal thoughts or attempts (child/adolescent)  |  |
| P16   | Psychosomatic illness (feelings of ill-health with no specific organic cause)   |  |
| P17   | Self-injury (e.g. cutting)  |  |
| P18   | Sexual Promiscuity  |  |
| P19   | Pregnancy before/outside of marriage  |  |
| P20   | Venereal Disease (sexually transmitted disease)   |  |
| P21   | Coping with illness or injury   |  |
| P24   | Alcohol abuse or alcoholism   |  |
| P25   | Aggression (volatile and sometimes violent behaviour)   |  |
| P28   | Sexual abuse victim (child/adolescent)  |  |
| P29   | Physical abuse survivor (adult)   |  |
| P30   | Physical abuse victim (child)   |  |
| P32   | Emotional neglect/abuse victim (child)  |  |
| P0  | (other) Sexual dysfunction (masturbation, lesbianism, homosexuality)  |  |
| P0  | (other) Abortion  |  |
| FAMILY (H/L)  |   |  |
| F1  | Alcohol abuse or addiction  |  |
| F2  | Family Conflict (e.g. verbal fighting or discord)   |  |
| F3  | Addressing HIV/AIDS impact on the family  |  |

|                        |   |
|------------------------|---|
| F4                     | Incest (Parent or family member's sexual abuse of a child)              |
| F5                     | Parenting a physically disabled child                                   |
| F6                     | Parenting a mentally disabled child                                     |
| F8                     | Parenting a child who is defiant, oppositional or behaving rebelliously |
| F9                     | Domestic violence (Spouse abuse)  |
| F10                    | Family rejection or estrangement  |
| F11                    | Marital dissatisfaction   |
| F12                    | Marital problems related to an affair or affairs                        |
| F13                    | Orphaned child (children)—family response                               |
| F14                    | Adolescent premarital sex   |
| F0                     | (other) family instability and breakdown                                |
| <b>COMMUNITY (H/L)</b> |   |
| C1                     | Antisocial Behaviour (Gangs, gang violence, illegal/illicit activities) |
| C2                     | Begging   |
| C3                     | Curses/Spells (occult activities)                                       |
| C4                     | Displacement/Dislocation (from war, famine, and unemployment)           |
| C5                     | Demonic manifestations  |
| C6                     | Drug Addiction  |
| C8                     | HIV/AIDS  |
| C9                     | Homelessness  |
| C10                    | Hunger/starvation   |
| C11                    | Malnutrition  |
| C12                    | Unemployment or underemployment   |
| C13                    | Illiteracy  |
| C14                    | Poverty   |
| C16                    | Street children   |
| C18                    | Loss of property (bad debt, bankruptcy)                                 |
| C19                    | Murder and other violent crime  |
| C22                    | Rape  |
| C23                    | Sexually Transmitted Diseases (STDs')                                   |
| C25                    | Rampant (possibly violent) Theft  |
| C26                    | Torture   |
| C0                     | (Other) community violence  |



# ANNEXURE XVII

**Annexure XVII**

**Focus group #4: Priority mental health needs in the urban low income/ rural sub-group**

| <b>PRIORITY MENTAL HEALTH NEEDS FOR URBAN LOW INCOME/ RURAL SUB-GROUP</b> |     |   |
|---|-----|---|
| <b>PERSONAL (H/H)</b>   |     |   |
|   | P21 | Coping with illness or injury   |
| <b>PERSONAL (H/L)</b>   |     |   |
|   | P2  | Adult depression (sad affect, loss of interest in life, inability to function well)   |
|   | P3  | Child/Adolescent Depression (sad affect, loss of interest)  |
|   | P5  | Anxiety (fear that interferes with functioning, avoidance)  |
|   | P6  | **Phobia (excessive fear of people, heights, objects, death etc.)   |
|   | P7  | Hallucinations (auditory or visual hallucinations, altered states, could be connected with beliefs in magical powers/spirits) |
|   | P8  | Grief/Loss (death of a family member, other significant loss)   |
|   | P9  | Diagnosis of HIV/AIDS   |
|   | P11 | Panic Disorders (panic attacks, dizziness, sweating, trembling)   |
|   | P13 | Poor self-concept   |
|   | P14 | Suicidal thoughts or attempts (adult)   |
|   | P15 | Suicidal thoughts (child)   |
|   | P16 | Psychosomatic illness   |
|   | P18 | Sexual promiscuity  |
|   | P19 | Pregnancy before/outside of marriage  |
|   | P20 | Venereal Disease (sexually transmitted disease)   |
|   | P23 | Traumatic stress or PTSD  |
|   | P24 | Alcoholism, alcohol abuse   |
|   | P25 | Aggression (volatile and sometimes violent behaviour)   |
|   | P29 | Physical abuse survivor (adult)   |
|   | P30 | Physical abuse victim (child)   |
|   | P31 | Emotional neglect/abuse survivor (adult)  |
|   | P32 | Emotional neglect/abuse victim (child)  |
|   | P33 | Separation anxiety (Excessive fear of separating from parent/s)   |
| <b>FAMILY (H/L)</b>   |     |   |
|   | F1  | Alcohol abuse or addiction  |
|   | F2  | Family Conflict (e.g. verbal fighting or discord)   |
|   | F3  | Addressing HIV/AIDS' impact on the family   |

|                        |  |
|------------------------|--|
| F5                     | Parenting a physically disabled child  |
| F6                     | Parenting a mentally disabled child  |
| F7                     | Parenting a child who has a learning disability  |
| F8                     | Parenting a child who is defiant, oppositional or behaving rebelliously  |
| F9                     | Domestic violence (Spouse abuse)   |
| F10                    | Family rejection or estrangement   |
| F11                    | Marital dissatisfaction  |
| F12                    | Marital problems related to an affair or affairs   |
| F13                    | Orphaned children-family response  |
| F14                    | Adolescent premarital sex  |
| F16                    | <i>Cultural conflict (Family members' tension living in a culture in which they are not accepted, or are discriminated, or family members' values are in conflict)</i> |
| <b>COMMUNITY (H/L)</b> |  |
| C1                     | Antisocial behaviour (Gangs, gang violence, illegal/illicit activities)  |
| C2                     | Begging  |
| C3                     | Curses/ spells (occult activity)   |
| C4                     | Displacement/Dislocation (from war, famine, and unemployment)  |
| C5                     | Demonic manifestations   |
| C6                     | Drug Addiction   |
| C8                     | HIV/AIDS   |
| C9                     | Homelessness   |
| C10                    | <i>Hunger/starvation</i>   |
| C11                    | Malnutrition   |
| C12                    | Unemployment or underemployment  |
| C13                    | Illiteracy   |
| C14                    | Poverty  |
| C18                    | Loss of property (bad debt, bankruptcy)  |
| C19                    | Murder and other violent crime   |
| C21                    | Post-traumatic Stress PTSD   |
| C22                    | Rape   |
| C23                    | Sexually Transmitted Diseases (STDs')  |
| C24                    | Superstition   |
| C25                    | Rampant (possibly violent) theft   |
| C26                    | Torture  |

\*\* In regard to use of the term '*phobia*' (P6) there is evidently some confusion as to the accuracy of this term in a conflict-ridden social context. The definition '*excessive fear of people, heights, objects, death etc.*' is inadequate without the qualifier that a phobia is often lacking a root cause. Upon investigation as to why participants responded to this item, they described the excessive fear experienced by many and triggered by the history of ongoing conflict; death; threat of death; insecurity etc. A more appropriate definition of *excessive fear* in this context would be *post-traumatic stress disorder*. Participants shared that excessive fear is only one consequence of their history. It doesn't take long for one to notice a deep-seated irritation and aggression that can be triggered by the smallest event, and at times triggered in the absence of an event. One can only conclude that there is a *community neurosis* of something bad about to happen to either individual or community at any given point in time over which one cannot exercise any control.

# ANNEXURE XVIII

**Annexure XVIII: SPREADSHEET FOR CLUSTERS**

| <b>Economic sub-group</b>                    | <b>Cluster</b>   | <b>Domain</b> | <b>Item No.</b> |
|--|--|---------------|-----------------|
| Focus group #2: Urban middle to upper income | Spousal Conflict                                       | Personal      | 2               |
| Focus group #2: Urban middle to upper income | Spousal Conflict                                       | Personal      | 5               |
| Focus group #2: Urban middle to upper income | Spousal Conflict                                       | Personal      | 8               |
| Focus group #2: Urban middle to upper income | Spousal Conflict                                       | Family        | 9               |
| Focus group #2: Urban middle to upper income | HIV/AIDS impact upon the family                        | Family        | 9               |
| Focus group #2: Urban middle to upper income | HIV/AIDS impact upon the family                        | Family        | 10              |
| Focus group #2: Urban middle to upper income | HIV/AIDS impact upon the family                        | Family        | 12              |
| Focus group #2: Urban middle to upper income | HIV/AIDS impact upon the family                        | Family        | 16              |
| Focus group #2: Urban middle to upper income | HIV/AIDS impact upon the family                        | Community     | 9               |
| Focus group #2: Urban middle to upper income | HIV/AIDS impact upon the family                        | Community     | 14              |
| Focus group #2: Urban middle to upper income | Family Conflict  | Family        | 2               |
| Focus group #2: Urban middle to upper income | Family Conflict  | Family        | 8               |
| Focus group #2: Urban middle to upper income | Family Conflict  | Family        | 9               |
| Focus group #2: Urban middle to upper income | Family Conflict  | Family        | 10              |
| Focus group #2: Urban middle to upper income | Family Conflict  | Family        | 12              |
| Focus group #2: Urban middle to upper income | Gender role confusion                                  | Family        | 0               |
| Focus group #2: Urban middle to upper income | Gender role confusion                                  | Family        | 16              |
| Focus group #2: Urban middle to upper income | Gender role confusion                                  | Family        | 2               |
| Focus group #2: Urban middle to upper income | Gender role confusion                                  | Family        | 9               |
| Focus group #2: Urban middle to upper income | Gender role confusion                                  | Family        | 10              |
| Focus group #2: Urban middle to upper income | Gender role confusion                                  | Community     | 0               |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Personal      | 8               |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Personal      | 2               |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Personal      | 0               |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Family        | 2               |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Family        | 16              |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Community     | 0               |

| <b>Economic sub-group</b>                    | <b>Cluster</b>   | <b>Domain</b> | <b>Item No.</b> |
|--|--|---------------|-----------------|
| to upper income                              | modernity on cultural values                           |               |                 |
| Focus group #2: Urban middle to upper income | Grief/ Loss and impact of modernity on cultural values | Community     | 0               |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Personal      | 3               |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Personal      | 5               |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Personal      | 13              |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Personal      | 25              |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Personal      | 28              |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Family        | 0               |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Family        | 2               |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Family        | 8               |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Family        | 14              |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child     | Community     | 1               |
| Focus group #3: Youth/Children               | Sexual promiscuity                                     | Personal      | 0               |
| Focus group #3: Youth/Children               | Sexual promiscuity                                     | Personal      | 9               |
| Focus group #3: Youth/Children               | Sexual promiscuity                                     | Personal      | 18              |
| Focus group #3: Youth/Children               | Sexual promiscuity                                     | Personal      | 19              |
| Focus group #3: Youth/Children               | Sexual promiscuity                                     | Personal      | 20              |
| Focus group #3: Youth/Children               | Adolescent poor self-concept                           | Personal      | 3               |
| Focus group #3: Youth/Children               | Adolescent poor self-concept                           | Personal      | 5               |
| Focus group #3: Youth/Children               | Adolescent poor self-concept                           | Personal      | 13              |
| Focus group #3: Youth/Children               | Adolescent poor self-concept                           | Personal      | 15              |
| Focus group #3: Youth/Children               | Adolescent poor self-concept                           | Personal      | 16              |
| Focus group #3: Youth/Children               | Adolescent poor self-concept                           | Personal      | 25              |
| Focus group #3: Youth/Children               | Conflict between traditional and modern values         | Family        | 0               |
| Focus group #3: Youth/Children               | Conflict between traditional and modern values         | Family        | 2               |
| Focus group #3: Youth/Children               | Conflict between traditional and modern values         | Family        | 8               |
| Focus group #3: Youth/Children               | Conflict between traditional and modern values         | Family        | 9               |
| Focus group #3: Youth/Children               | Conflict between traditional and modern values         | Family        | 10              |
| Focus group #3: Youth/Children               | Conflict between traditional and modern values         | Personal      | 25              |
| Focus group #3: Youth/Children               | Street children  | Personal      | 30              |
| Focus group #3: Youth/Children               | Street children  | Personal      | 32              |
| Focus group #3: Youth/Children               | Street children  | Family        | 3               |
| Focus group #3: Youth/Children               | Street children  | Family        | 9               |
| Focus group #3: Youth/Children               | Street children  | Family        | 10              |

| <b>Economic sub-group</b>                | <b>Cluster</b>                         | <b>Domain</b> | <b>Item No.</b> |
|--|--|---------------|-----------------|
| Focus group #3: Youth/Children           | Street children                        | Family        | 13              |
| Focus group #3: Youth/Children           | Street children                        | Family        | 14              |
| Focus group #3: Youth/Children           | Street children                        | Community     | 1               |
| Focus group #3: Youth/Children           | Street children                        | Community     | 2               |
| Focus group #3: Youth/Children           | Street children                        | Community     | 4               |
| Focus group #3: Youth/Children           | Street children                        | Community     | 6               |
| Focus group #3: Youth/Children           | Street children                        | Community     | 8               |
| Focus group #3: Youth/Children           | Street children                        | Community     | 9               |
| Focus group #3: Youth/Children           | Street children                        | Community     | 10              |
| Focus group #3: Youth/Children           | Street children                        | Community     | 11              |
| Focus group #3: Youth/Children           | Street children                        | Community     | 12              |
| Focus group #3: Youth/Children           | Street children                        | Community     | 13              |
| Focus group #3: Youth/Children           | Street children                        | Community     | 14              |
| Focus group #3: Youth/Children           | Street children                        | Community     | 16              |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Personal      | 5               |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Personal      | 6               |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Personal      | 13              |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Personal      | 21              |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Personal      | 33              |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Family        | 16              |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Community     | 2               |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Community     | 4               |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Community     | 10              |
| Focus group #4: Urban low income / Rural | A conflict-ridden cultural environment | Community     | 14              |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 2               |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 3               |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 5               |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 6               |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 11              |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 16              |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Personal      | 25              |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Community     | 12              |
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem  | Community     | 13              |



| <b>Economic sub-group</b>                | <b>Cluster</b>                                     | <b>Domain</b> | <b>Item No.</b> |
|--|--|---------------|-----------------|
| Focus group #4: Urban low income / Rural | Poor self concept and low self esteem              | Community     | 14              |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Personal      | 2               |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Personal      | 3               |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Personal      | 5               |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Personal      | 6               |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Personal      | 23              |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Family        | 13              |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Community     | 2               |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Community     | 9               |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Community     | 18              |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Community     | 19              |
| Focus group #4: Urban low income / Rural | Trauma suffered through exposure to conflict       | Community     | 21              |
| Focus group #4: Urban low income / Rural | Family conflict and domestic violence              | Family        | 9               |
| Focus group #4: Urban low income / Rural | Family conflict and domestic violence              | Family        | 10              |
| Focus group #4: Urban low income / Rural | Family conflict and domestic violence              | Family        | 11              |
| Focus group #4: Urban low income / Rural | Family conflict and domestic violence              | Family        | 12              |
| Focus group #4: Urban low income / Rural | Family conflict and domestic violence              | Family        | 16              |
| Focus group #4: Urban low income / Rural | Poverty  | Personal      | 2               |
| Focus group #4: Urban low income / Rural | Poverty  | Personal      | 5               |
| Focus group #4: Urban low income / Rural | Poverty  | Personal      | 13              |
| Focus group #4: Urban low income / Rural | Poverty  | Personal      | 14              |
| Focus group #4: Urban low income / Rural | Poverty  | Family        | 1               |
| Focus group #4: Urban low income / Rural | Poverty  | Community     | 10              |
| Focus group #4: Urban low income / Rural | Poverty  | Community     | 11              |
| Focus group #4: Urban low income / Rural | Poverty  | Community     | 12              |
| Focus group #4: Urban low income / Rural | Poverty  | Community     | 18              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human | Personal      | 9               |

| <b>Economic sub-group</b>                | <b>Cluster</b>   | <b>Domain</b> | <b>Item No.</b> |
|--|--|---------------|-----------------|
|  | relations  |               |                 |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Personal      | 18              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Personal      | 19              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Personal      | 20              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Family        | 3               |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Family        | 9               |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Family        | 10              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Family        | 11              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Family        | 12              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Family        | 14              |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Community     | 8               |
| Focus group #4: Urban low income / Rural | Unclear socio-cultural messages about sex in human relations | Community     | 23              |

## Results/ outcomes

| Count of Item No.                            |  | Domain    |        |          |           |
|--|--|-----------|--------|----------|-----------|
| Economic sub-group                           | Cluster  | Community | Family | Personal |           |
| Focus group #2: Urban middle to upper income | Spousal Conflict   |           | 1      | 3        | Primary   |
|  | HIV/AIDS impact upon the family                              | 2         | 4      |          | Primary   |
|  | Family Conflict  |           |        |          | Secondary |
|  | Gender role confusion  | 1         | 5      |          | Primary   |
|  | Grief/ Loss and impact of modernity on cultural values       | 2         | 2      | 3        | Core      |
| Focus group #3: Youth/Children               | Relationship difficulties between parent and child           |           |        | 5        | Core      |
|  | Sexual promiscuity   |           |        |          | Secondary |
|  | Adolescent poor self-concept                                 |           |        |          | Secondary |
|  | Conflict between traditional and modern values               |           | 5      | 1        | Primary   |
|  | Street children  | 12        | 5      | 2        | Core      |
| Focus group #4: Urban low income / Rural     | A conflict-ridden cultural environment                       |           |        | 5        | Core      |
|  | Poor self concept and low self esteem                        | 3         |        | 7        | Primary   |
|  | Trauma suffered through exposure to conflict                 | 5         | 1      | 5        | Core      |
|  | Family conflict and domestic violence                        |           |        |          | Secondary |
|  | Poverty  |           | 1      | 4        | Core      |
|  | Unclear socio-cultural messages about sex in human relations |           | 6      | 2        | Core      |