Emerging Field Experiences: Counseling in Rural Uganda

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Abstract

Working from a critical, multicultural informed tradition, this research explored the experiences of rural Ugandan counselors. Fifteen interviews of counselors and counselors-in training were collected and analyzed. Themes emerged related to the transferability of western counseling practices to the Uganda context, the specific cultural considerations related to practicing professional counseling in Uganda, and the challenges and resources present in the counseling field in Uganda.   Outcomes inform the barriers and the resources that impacted Ugandan counselors' practice of professional counseling as well as how Ugandan counselors navigated cultural considerations and contradictions arising from practicing professional counseling.

Chapter 1

Introduction

The establishment of counselor-training programs globally has been heavily influenced by western countries (Rivera, Nash, Wah, & Ibrahim, 2008; Kaslow, 2000). Ideas from innovative theorists and practitioners in the global north have become popularized around the world (Kaslow, 2000; Nowye, 2001).This has resulted in shifting thought and values surrounding international relational issues in the global north *and* the global south. In the past couple of decades, the field of professional counseling has experienced a shift towards embracing multicultural practices changing common training and supervision practices (American Psychological Association, 2002; Commission on Accreditation for Marriage and Family Therapy Education, 2014; ACA Code of Ethics, 2014).

Cross-cultural counseling immersion and collaboration initiatives have increased in frequency in an effort to promote cultural competency within practitioners and to establish counselor training programs (McDowell, Goessling, & Melendez, 2012; Borstnar, Bucar, Markovec, Burck, & Daniel, 2005; Rivera at al., 2008; Alexander, Kruczetk, & Ponterotto, 2005). Research has highlighted positive impacts from immersion experiences on students' views of power, privilege, and family therapy practice (McDowell et al., 2012; Platt, 2012; McDowell et al., 2011). Though the field of counseling in the global north has benefited from cross-cultural collaborations and trainings, less is known about the impact of these exchanges on students and practitioners in the global south.

The global north has had significant influence on the development of professional counseling in Africa due to the need for outsider support during the HIV/AIDS epidemic and

crippling societal challenges brought on by decades of colonialism and colonization, and the

push towards modernization from globalization (Bhusumane, Nitza, & Stockton, 2010; Senyonyi

et al., 2012). Though the expansion of family therapy and counseling has been documented

within academic research, few studies have explored the experience of counselors from the

global south relative to their actual professional work, particularly in African nations, and

specifically in Uganda (Dupree et al., 2012; Grinstead & van der Straten., 2000).

Like other countries in Africa, Uganda is a former British colony and was greatly

affected by the HIV/AIDS epidemic. Within the literature, research has explored the

programming and counseling challenges related to HIV/AIDS relief (e.g. Bunnell et al., 2005;

Medley & Kennedy, 2010), as well as challenges related to rehabilitation and counseling of child

soldiers, their families, and their communities in Northern Uganda (e.g. Bannink-Mbazzi &

Lorschiedter, 2009; Klasen, Oettingen, Daniels, & Adam, 2010; Nakimuli-Mpungu et al., 2013).

Many programs working with vulnerable populations in Uganda, which is similar to the rest of

the region, are funded by NGOs or private organizations from the global north. To date, I have

found one article reporting on the emerging field of counseling in Uganda (Senyonyi et al.,

2012), two studies pertaining to counselor training immersion programming from the global

north in Fort Portal, Uganda (Brown et al., unpublished; McDowell et al., 2011), and one article

related to the training of Ugandan counselors in the Fort Portal, Uganda (Kabura et al., 2005).

No studies have explored the transferability of western-oriented family therapy and

professional mental health counseling practices to the Ugandan experience. No research to date

has specifically explored how applicable global north theories and interventions are in the

Ugandan context, or how Ugandan counselors are integrating western counseling theories and

interventions, and creating the professional field of counseling in Uganda. To date, no research

has explored formally trained Ugandan counselors' experiences practicing counseling in their communities.

Purpose of the Study

The purpose of this study was to explore the experiences of counselors relative to their actual professional work in the Fort Portal, Uganda region. Findings answered questions that can help shape future counselor training and training collaborations between the global north and the global south, as well as increase knowledge and awareness of factors affecting the professional work of counselors and counselors-in-training in Uganda.

Specifically, an exploratory, non-positivist study of fifteen counselors and counselors-in-training was conducted in Fort Portal, Uganda. Data was collected through roughly hour-long, semi-structured interviews during a week-long collaborative workshop between Lewis and Clark Graduate School of Education and Counseling (LCGSEC) Marriage, Couple, and Family Therapy (MCFT) students studying international family therapy in Portland, Oregon, USA, and Bishop Magambo Counselor Training Institute (BMCTI) students in Fort Portal, Uganda.

Chapter 2

Literature Review

The Context- Uganda

Outsiders started to colonize Uganda in the late 1800s. Uganda became independent from British rule in 1962. Following independence, tensions between tribal kingdoms ruling themselves and people invested in a more centralized government increased. In 1966 Prime Minister Milton Obote obtained rule over Uganda; he was overthrown by a military coup led by Idi Amin Dada in 1971. Milton Obote regained power, after merging forces with Tanzanian army forces and Ugandan exiles (Uganda Bureau of Statistics, 2011) President Idi Amin Dada and Milton Obote both committed violent crimes against their citizens.

In 1985, an army brigade led by General Tito Okello took over. Tito Okello battled with the head of the National Resistance Army (NRA), Yoweri Kaguta Museveni, but lost in 1986. Museveni became president and ended the decade of human devastation. Armed groups, such as the Lord's Resistance Army lead by Joseph Kony, continue to resist that Uganda government, despite worldwide effort to end the human rights violations carried out by Kony's group and others (Uganda Bureau of Statistics, 2011).

Uganda is a landlocked country, surrounded by the Democratic Republic of the Congo, Tanzania, Kenya, Rwanda, and South Sudan. Uganda's total population is 36,345,000 (WHO, 2012) composed of fifteen differing ethnic groups, with forty-five different dialects and languages. Religiously, Uganda is predominately Christian (85%), followed by Islam (12%) and other beliefs (3%) (Roberts et al., 2014). The Joint United Nations Program on HIV/AIDS (UNAIDS, 2013) estimated that about 1,600,000 people are living with HIV/AIDS in Uganda, a

number which has steadily increased since 2003.However, the same organization reported that

the number of new infections and deaths because of HIV/AIDS has decreased since 2011.

UNAIDS also estimated that 1,000,000 orphans, between the ages of zero to seventeen, are

living without families because of AIDS.

The number of health care providers available to treat people with HIV/AIDS - let alone

other communicable and non-communicable diseases - is limited. The World Health

Organization (2006) reported a total of 2,209 physicians and 16,221 nurses in Uganda.

Unfortunately, World Health Organization did not collect data on the number of community

health workers or counselors.

Counseling in Fort Portal, Uganda

Professional counselor training, supported by advanced degree programs at universities

and colleges, is a relatively new field in Uganda. In 2003, Dr. Paschal Kabura established

Bishop Magambo Counsellor Training Institute (BMCTI) in Fort Portal, Uganda. Fort Portal

resides in the Kabarole District in the western region of Uganda. Their Congolese neighbors are

less than thirty miles away and are connected by the Budibugyo Lamia Road. The Kabarole

District population in 2002 was 356,914 (Uganda Bureau of Statistics, 2011).

BMCTI program's vision entails "…spearhead[ing] the integration of counseling into the

national healthcare system." BMCTI's goals are to provide high quality professional counselor

training, to provide formal training to informal counselors, and to "promote mental health care

through direct clinical practice or a variety of indirect psychosocial interventions (p. 12, "About

Bishop Magambo Counsellor Training Institute (BMCTI)", 2014). BMCTI trains students at the

certificate, associate, bachelor, and master degree level (Bishop Magambo Counselor Training Institute, 2012).

Development of Professional Counseling within Uganda

Counseling in Uganda was present before colonial influence, but was marginalized by the process of colonization and the adoption of western-counseling practices. Outsider ways of healing, like professional counseling, increased to address the HIV/AIDS crisis in the 1980s. Many global north funded NGOs as well as privately funded programs entered Uganda and trained Ugandans and cultural outsiders to administer counseling interventions. Researchers Senyonyi et al. (2012) identified that the foundations of professional counseling in Uganda were created by outsider counseling efforts, who were trying to curb the HIV/AIDS epidemic. The researchers also identified the following to components as major factors contributing to the development of professional counseling in Uganda:

1) the non-formal guidance system offered in the traditional culture, clan, and family;

2) guidance and counseling offered in schools for choosing subjects and careers.

Defining the word "counselor"

In order to provide more structure to the field of counseling, the Uganda Counseling Association (UCA) was established in 2007. The UCA specified guidelines for labeling helping professionals in the community. Para-counselors, which include HIV/AIDS counselors, are anyone who assists people with psychosocial needs, while formal degree-holding individuals are labeled counselors. Individuals who received a master or doctoral degree are counseling psychologists (Senyonyi et al., 2012, as cited from UCA, 2010).

The term 'counseling' and 'counselor' is still not well understood in Ugandan society and is heavily associated with HIV/AIDS testing (Bannink-Mbazzi & Lorschiedter, 2009).   The UCA is making strides in professionalizing the counseling field, despite a lack of societal understanding of, acceptance of, and stigma attached to professional counseling. The UCA has 800 active members, two registered training institutions, and fourteen private institutions (Roberts et al., 2014).

It is a common practice in Tanzania, Kenya, Uganda, and Malawi, that health workers, including nurses and clinical officers (who have three years of medical training), conduct mental health assessments and provide mental health services. Kenya, Ethiopia and Uganda have instated a community health program, which provides village health workers with basic training skills. Despite these gains, the integration of mental health care into Uganda's current health system is evolving. This problem is exacerbated by the gap between the available trained Ugandan mental health workers and the many mental health issues (Jenkins et al., 2011).

Kabura et al. (2005) analyzed the impact of micro-counseling skills training for informal helpers. The premise of the study was to address the lack of counselor training for those who were naturally taking on counseling roles in their communities, including teachers, health care workers, priests, pastors, nuns, and other religious leaders.   Researchers identified the people taking on counselor positions without training as informal helpers (as cited in Egan, 2002).

Development of Professional Counseling in Sub-Saharan Africa

According to Nwoye (2001), two major movements outside of Africa influenced the development of psychotherapy in Africa: psychotherapy as rehabilitations from the 1940s-1970s, and psychotherapy as liberation in the 1980s to today (p. 65). The 1990's were characterized by

the forces of modernization and globalization on traditional values and beliefs, combined with economic, military, and ethnic conflicts.   These problems, influenced by the global north, are more structural than familial. In response to the more structural crisis, "…the emphasis in our practice in the last two decades or so had largely shifted to the theme of spirituality and hope restoration (p. 66)." Nowye (2012) stated that colonialism devastated indigenous knowledge, values, and beliefs, ostracizing the African people from themselves.

Most people practicing in the therapeutic field were clergy, or similarly minded. Noywe (2001), refuted Kaslow's statement about how family therapy generally developed, and stated that in Africa the "…pattern reflected more of a cognitive-mediational outlook (p. 67)." Noywe listed many western theorists, principles, and methodologies that influenced the professional development of sub-Saharan African family therapy. He also recognized that there were no places specifically training family therapists.

Nowye (2001) reported that family therapy training is integrated in social work, counselor, psychiatry, and ministry graduate programs. The major emphasis Nowye reported for therapeutic practice in sub-Saharan Africa is psycho-educationally focused, and "…aimed at relief of individual suffering both within and outside the family setting (p. 69)."

Traditional African Counseling Practices

Traditional African ways of healing continues to be a part of the African communities.

Uganda. Strong traditional beliefs and religions are valued and relied on for support by Ugandans. Religious beliefs of mystical power, magic, witchcraft, and sorcery infiltrate all aspects of a life, and greatly affect whom, how, and when Ugandans seek counseling. Communal values, exemplified by the use of 'we" instead of 'I', is at the foundation of Ugandan

culture. Like many Africans, Ugandans integrate, rather than separate, the spiritual and the secular spheres of life. These values overflow into the counseling arena, and allow for counselors to create approaches and healing practices that address the person holistically. An example of this is story telling that uses proverbs to connect to peoples' lives (Roberts et al., 2014, p. 564). Little research has been done documenting how the integration of spirituality is impacting the field of counseling in Uganda.

Zimbabwe. Before the British colonized and controlled Zimbabwe, local healers, leaders, elders, and the ancestral spiritual world provided help and healing for community members. Communal values and familial organization made people's health and well-being the community's concern (Zivave et al., 2012).

Nigeria. Traditional methods of healing in Nigeria, such as faith healers and the Yoruba traditional healers are widely documented as providing guidance and assistance in personal groups. Currently, 60% of Nigerians turn to traditional and religious healers before seeking out professionally trained counselors (Bojuwoye & Mogaji, 2013, p. 47; as cited from Idemudia, 2003; and Uwakwe, 2007).

Transferability and Colonization

Mertens (2015) defined transferability in qualitative research as the ability to extend information received by the reader of the research to their own context. The concept of confirmability occurs after the transfer of knowledge between two contexts. This can only happen when the individuals within those contexts *confirm* the applicability and adaptability of concepts or knowledge (Lincoln & Guba, 1985; as cited in McDowell et al., 2011). Both concepts are important to understanding the development of professional counseling in Uganda

due to the differing contexts and power dynamics that exist between the global north and the global south, specifically between the USA and Uganda.

Researchers from the global north commonly participate in cross-cultural research projects exploring topics in and related to the global south (e.g. exploring the development of professional counseling in Uganda as a cultural outsider from the global north) without considering the power dynamics, resource discrepancies, or who benefits from the research. This dynamic can quickly slip into a colonizer/colonized relationship, with the more powerful entity (USA) benefiting both professionally and financially from colonizing. This power-over position sustains and expands upon the colonizer's resources at the cost of ostracizing and distancing the colonized people from their own knowledge (Bacigalupe, 1998; McDowell, et al., 2011; Rankopo & Ose-Hwedie, 2010).

The concepts of transferability and colonization should be given great consideration before participating in cross-cultural research projects, particularly in the field of counseling. Western professional counseling knowledge has been established throughout the world, yet was created in the global north (Kaslow, 2000). Established counseling and therapy programs, associations, and licensure procedures intensified and maintain the global north power-over position in the field of professional counseling. (Kreitzer & Wilson, 2010, as cited in McDowell et al., 2011).

Transferability of Western, Professional Counseling Practices in Uganda

Like in Uganda, the popularity and expansion of professional counseling coincided with the spread of HIV/AIDS and increased outsider help in Zimbabwe, Botswana, and Nigeria. A concern and reported challenge in research exploring the development and use of professional

counseling practices in Africa is the cultural relevance of western professional counseling

practices, as well has the integration of traditional African counseling practices with western

professional counseling practices in African settings (Annan et al., 2003). Ugandan counselor

education and training is western-focused. To date, research has not documented how Ugandan

counselors are integrating western practices to their local contexts, or vice versa.

Fort Portal, Uganda. McDowell and colleagues (2011) reported on four focus groups

conducted by Ugandan counselors with Ugandan counselors, to determine which topics

discussed during a cross-cultural training between a Marriage, Couple, and Family Therapy

graduate program in the U.S.A. and a counselor training institute in Fort Portal, Uganda were

helpful. Findings concluded that the following concepts and techniques closely aligned with the

local cultural and contextual dynamics:

1) The use of family hierarchy and structure,

2) Multiple embedded systems, ecomaps, and genograms,

3) Storytelling and re-telling to draw on strength and resilience, as well as narrative
   theater to intervene in communities,

4) And the domestic violence power and control wheel (p. 75).

Researchers acknowledged how differences in power and resources shaped the cross-

cultural collaborative workshop and the transferability of professional counseling practices. The

researchers also noted the importance of having one of the researchers, Paschal Kabura, be

"fluidly bi-cultural" helping "explain cultural differences to both groups (p. 77)".

Kabura et al. (2005) concluded that micro-counseling skills training for Ugandan

informal helpers were "readily adaptable" to the cultural context. The study concluded that

"social learning, modeling, and coaching were considered to be culturally appropriate and

consistent with the traditional assimilation of learning" (p.69).

One of the researchers, Pascal Kabura, was identified again in the article as a cultural

insider, which helped the researchers validate their claim of cultural appropriateness.

Researchers reported that the integration of local proverbs with western micro-counseling skills

training increased participants' understanding and improved the interventions' cultural

appropriateness.

Professional Counseling Challenges in Uganda

The historical, political, and economic circumstances of Africa, and specifically Uganda,

have propelled the field of counseling forward in order to help and heal people. Wars, political

uprisings, the HIV/AIDS epidemic, and the devaluing of indigenous knowledge through the

process of colonization has greatly marginalized people. As the need for outsider help and

resources increased, in Uganda, professional counselor training followed suit.

child soldiers. International and Ugandan initiatives have been aimed at ending the

abduction of children for war, but have made little progress (Cheney, 2005). The need for

healing and reciprocity for the millions of humans affected by the guerilla war in Northern

Uganda is crucial. The Lord's Resistance Army (LRA) is reported to be responsible for the

abduction of 30,000 children for child soldiers and/or laborers and displaced 1.6 million people

(www.insightonchliect.org/conflicts/uganda/). Historically, the LRA not only targeted

children to build an army, but also looted and burned villages (Annan, et al., 2003).

Child soldiers survive complex traumatization, experiencing torture, sexual abuse,

witnessing and participating in the killing of others (Klasen et al., 2010). Stigma attached to

former child soldiers by societal beliefs of evil spirits and the lasting impacts of traumatization

on psycho-social and emotional health makes the process of returning to society extremely

challenging (Akello Richters, and Reis, 2006; Cheney, 2005). In many global south countries,

spirit possession is a common 'symptom' of distress and has been categorized as dissociative

experience (van Duijl et al., 2014). The mental, emotional, and physical stressors experienced

by the abducted children are further complicated by children returning to economically unstable

families and communities.

The LRA not only terrorized the children while in captivity, but also disrupted and

displaced families' and communities' way of life (Annan, et al., 2003). Researchers also found

an increased risk of domestic and community violence to these children once they escaped the

LRA (Klasen et al., 2010). Bolton and colleagues (2007) addressed the need for a viable

depression, anxiety, and conduct problem intervention with survivors. Two interventions were

analyzed, one focused on group interactions and the other used psychotherapy. Neither

intervention reduced anxiety or depression in the boys group, but researchers did find statistically

significant improvement of depression for girls in the psychotherapy-focused intervention

(Klasen et al. 2010).

NGOs play a key role in the reintegration process and treatment of former child solders.

A few larger organizations involved in the rehabilitation process are Gulu Support the Children

Organization, Save the Children in Uganda, and World Vision (Akello et al., 2006). Annan et al.

(2003) summarized the consequences of the war as:

Loss of life, lack of basic needs, loss of parental and family support, social breakdown,

disruption of education, physical and sexual abuse, trauma and emotional distress, and

the spread of disease, including HIV/AIDS.

HIV/AIDS. A significant portion of the counseling field in Uganda is dedicated to HIV/AIDS reduction. The rise and influence of western counseling practices is deeply imbedded in the prevalence of and spread of HIV/AIDS in Uganda. The number of individuals and couples seeking HIV testing and counseling varied slightly in one report conducted by Matovu (2013) from the years of 2003-2009, with 54.4% of people coming in by themselves for testing, 27.8% of couples coming together, and 17.8% of the population within this study not coming between 2008-2009.

Confusion and social stigma surrounding and related to HIV status is a big concern in the Ugandan counseling field. Researchers Bunnell et al., (2005) conducted twenty-four interviews and four focus groups to better understand the Ugandan experience of living with discordance. These researchers also collected data from counselors asking how they explain HIV-discordance. Results indicated a range of explanations, from accurate to inaccurate. Examples included luck, number of sexual encounters, presence of STDs, denial that discordance is a possibility. A considerable amount of relational and emotional stress plagued clients who were in a discordant relationship.

Bolton and Wilk (2004) explored how Ugandans view the HIV/AIDS epidemic, employing ten local staff to conduct interviews. Findings resulted in three categories of concern as a result of the epidemic: too few able-bodied adults, homeless youth/lack of care for youth, and mental and social problems. Ugandans reported that poverty/reduced income, the high number of orphans, the lack of child counseling and parental care, and the lack of food were the most frequent problems in the community from HIV/AIDS (p. 125).

care for homeless children. With the increased detrimental effects from HIV/AIDS on the community, a large number of children have to find ways to survive. Much of the work

related to orphan care pushes for children staying within the family system. This family

preservation model was ratified by the United Nations General Assembly Special Session (Roby

& Shaw, 2008, p. 120; as cited from UNAIDS, UNICEF, & USAID, 2002).

Roby and Shaw (2008) conducted an evaluation of a program placing and providing

assistance to families that are taking on more homeless children. Overall, the evaluation

concluded positive impacts, but the researchers noted that about 75% of the children in the study

did not have contact with their relatives (p. 125). Researchers concluded that, "This data

suggests that the extended family network is in fact weakening, and the once-strong system of

kinship is no longer the reality for these children (p. 125)."

child-headed households. The weakening of support from extended family, deceasing

number of childcare providers, and the increasing number of orphans connects to another social

phenomenon taking place in Uganda as a result of the spread of HIV/AIDS: child-headed

households. Kipp et al. (2010) defined a child-headed household as "one or more people who

share cooking and eating arrangements…headed by a child under the age of eighteen (p. 298)."

One of the researchers, who was also a cultural insider, conducted twenty interviews with

children identified as heading their household. Researchers found significant exploitation by

neighbors and extended family and the basic needs and educational standards not being met for

these children. Five of the twenty child-headed households were supported by the local NGO.

Though the NGO donations provided basic necessities and the ability to go to school,

discrimination from neighbors and family because of the assistance was evident (Kipp et al.,

2008).

Challenges Reported by Ugandan Counselors

A considerable amount of research has been conducted exploring the social issues

plaguing Ugandan culture (e.g. HIV/AIDS, homeless children, child soldiers, etc.), but less

research has been conducted exploring African counselors' experiences doing their work.

Medley and Kennedy (2010) conducted a qualitative research study exploring HIV counselor

challenges in central Uganda. Heavy workloads, stress associated with HIV counseling, and

perceived lack of training was identified as overall challenges (p. 96).

A study exploring the impact of and integration of counseling services in Northern

Uganda reported similar experiences of the Ugandan counselors. Ugandan counselors, in this

study, had to provide services for a large population in a wide area. Researchers reported that all

of the counselors in the study had other professions in which counseling was integrated into that

position (e.g. nurse/ social worker, or civil servant providing counseling). This greatly impacted

the counselors' ability to assess, plan, and treat clients for mental health problems. Ugandan

counselors in this study reported immense personal and professional fatigue, working in a

conflict situation while providing services to a highly traumatized population. This fatigue was

exacerbated by poverty contributing to the lack of basic necessities. The last challenge reported

by this study was the counselors' tasks of integrating western counseling ideas and knowledge

from their training into the cultural context of Northern Uganda (Annan et al. 2003). Some of

the conflicting norms reported were:

> women are not to express their feelings, an outsider should not involve him/herself in
>
> another family's affairs, a younger person should not [be] counseling an older person,
>
> and a woman should not [be] counseling a man (p. 244).

Other issues that counselors have to navigate in Uganda include: language barriers, ethnic

and cultural barriers, and counseling not being embraced by communities (Senyonyi et al.,

2012). Kabura et al. (2005) also reported language as a significant barrier when providing

micro-counseling skills training to informal helpers. Western micro-counseling words, such as

empathy and paraphrasing, were not a part of the participants' native language of Rutooro.

Without a cultural insider, who also is very familiar with western culture and professional

counseling practices, the feasibility of applicability of professional counseling practices would be

compromised.

Purpose

The purpose of the current study is to explore how professional counseling is developing

within the Ugandan context from the Ugandan counselor perspective. This study explored the

experience of Ugandan counselors relative to their actual professional work in rural Uganda.

Findings answered questions that help shape future counselor training and training collaborations

between the global north and the global south, as well as increase knowledge and awareness of

factors affecting the professional work of counselors and counselors-in-training. Fifteen semi-

structured interviews were collected in spring, 2014, during a collaborative workshop between

LCGSEC students in the MCFT program and BMCTI students in Fort Portal, Uganda.

To date, there are only three studies that have been conducted in this area related to

professional counselor training. Kabura, Fleming, and Tobin (2005) conducted a quantitative

pre- and post-test, with no control group on micro-counseling skills training. A McDowell et al.

(2011) article on cross-cultural professional counselor training and an unpublished article by

McDowell, Goss, & Sitorous explored the applicability and transferability of family therapy.

Research Questions

What do Ugandan counselors report relative to:

1. What it is it like to work in an emerging field?

2. Their experiences working with individuals, families, and communities?

3. Their professional roles and training?

4. What guides their clinical decision-making?

5. What challenges they face and what resources they have/need?

Chapter 3

Methodology and Design

Self-of-the Researcher

I am a female, white, heterosexual, mid-twenties, graduate student raised in rural

Wisconsin, USA. As a Marriage, Couple and Family Therapy graduate student at LCGSEC

studying international family therapy, I have privileges that grant me access to resources and

opportunities that allow me to conduct research. I understand that family studies and marriage

and family therapy research and knowledge has been primarily centered on European American

experiences of ways of knowing. My access to education has developed a critical lens that

influences how I view, conduct, and analyze research.

I have become aware of the potential to colonize professional knowledge through training

programs and research (Bacigalupe, 1998). Being a white woman from the Unites States of

America and conducting research in a country that was colonized by outsiders and currently has

fewer resources than the USA could be socially unjust and inequitable. In attempts to mitigate

colonizing knowledge, I used member checks throughout the study and actively employed self-

reflexivity. To actively employ self-reflexivity, I took researcher notes on my thoughts,

reactions, and ideas that came up throughout the study. I reviewed and processed these reactions

during dialogues with my thesis chair.

Methodology

As a critical student, researcher, and global citizen, I use/used a cultural equity paradigm

that recognizes the intersectionality of identities and power dynamics at play on a multi-

systemic, multi-directional level.   This process is circular, in that by developing a critical

conscience, taking accountability, and empowering the self and others through these processes,

leads to an increased critical conscience (Almeida, 2013).

In order to center the Ugandan people, the Ugandan culture, and the Ugandan context in

this research project, I used a feminist-informed, critical, multicultural standpoint, which also

contributed to a social/cultural equity agenda (McDowell & Fang, 2007). This stance holds me

accountable for the power dynamics that are created between the researcher and the researched.

Using a feminist, critical, multicultural-informed framework acknowledges the micro and macro

aspects of insider/outsider power dynamics. Using this framework is increasingly important

when working cross-culturally, due to the historical and present-day colonization of professional

knowledge committed by the global north unto the global south. Some methods that I have used

to hold me accountable for the position of power that I hold within this research are the

following: 1) established and maintained professional relationship with a cultural insider

throughout the research and writing process, who was also invited, and agreed, to be a part of the

thesis committee, 2) prioritized presenting the research by defending my thesis in Uganda to de-

center the western, global-north perspective, and 3) prioritized presenting the research to the

people who are actually doing the work. All of these methods not only hold me more

accountable for the information presented in the research, but also shift comfort and ease away

from myself and the global north context, and shifts/shares intellectual/academic power with the

global south, and more specifically, with the Ugandan counselors and the Ugandan context.

This research asks the counselors in Uganda directly about their experiences to promote

the cultural equity paradigm, with the end goal of promoting liberation and decreasing or

eliminating oppressive colonizing practices (McDowell and Fang, 2007; Almeida, 2013;

McDowell &Hernandez-Wolfe, 2010). This research advances social justice and decolonizing

practices by creating a local and global platform for Ugandan counselors' voices and experiences to be heard about working in the field of professional counseling. This framework values and documents all voices and experiences, and does not throw out "data" because only one person mentioned it.

Design

       data collection. This study was a qualitative (non-positivist) research project. A generic, semi-structured, hour-long interviewing design explored fifteen experiences of counselors and counselors-in-training in rural Uganda. A copy of the semi-structured interview schedule is located in Appendix A. An open-ended demographic questionnaire was used to gather the following information: age, ethnicity, biological sex, marital status, region participant worked, region classification (rural or urban), populations counselor typically worked with, level of education, and religious preference. A copy of the demographic questionnaire is located in Appendix B. Interviews were collected at Bishop Magambo Counselor Training Institute (BMCTI) in Fort Portal, Uganda, during a collaborative workshop between BMCTI and Lewis and Clark Graduate Marriage, Couple, and Family Therapy students.

       participant recruitment. The initial phase of recruitment included the dissemination of information, via a flyer, about the research project at BCMTI before the researcher arrived. A copy of the flyer is located in Appendix C. The flyer was posted around the BMCTI campus and forwarded by mail or email to community members and counselors connected to the institute. The flyer introduced the research project, outlined the time commitment, location, and offered a small compensation for participating in the study. Interested participants were informed that the researcher could travel to an interested participant's location if attending the interview on the

BMCTI campus was not possible. The founder and director of BMCTI, and a thesis committee member, Dr. Pascal Kabura, directed the initial recruitment phase.

Upon the researcher's arrival, Dr. Kabura announced the opportunity again. All interested individuals, who were eighteen years or older, and who were currently attending, or alumni of any professional counselor training program and working in Western rural Uganda were able to participate in the study. All informal helpers or people without any formal training in professional counseling were excluded. To protect participants' confidentiality, all participants identified themselves to the researcher.

No consequence or benefit was given to current and BMCTI students. Dr. Kabura did not have access to the raw data and did not know who participated in the project unless the participant shared that information with him. Dr. Kabura emailed an agreement letter to Human Subjects Review committee at Lewis and Clark Graduate School, stating that he clearly understood confidentiality as it pertained to the study.

As mentioned previously, a small compensation was offered to the interested participants. The compensation was a small gift that demonstrated gratitude towards the participants' effort on the researcher's behalf. Participants were reassured that at any time, they could withdraw from the study, and still receive the compensation. Once participants identified themselves to the researcher, an interview in a private room on the BMCTI campus was arranged. No participants requested to meet off campus even though all participants were given the option of meeting at a location that was convenient for them

participant consent. This project was approved by the Human Subjects Review Committee at Lewis and Clark Graduate School in April, 2014. Prior to the beginning of the

interview, the researcher obtained written informed consent. The informed consent emphasized what type of information that would be collected in the interview, that the participant could withdraw at any time and still receive the compensation, and that the participant's identity would be kept confidential. The informed consent also identified Dr. Paschal Kabura as a contact person, if the interview brought up uncomfortable feelings or thoughts that did not dissipate after the interview. Participants read the informed consent form and had the opportunity to ask the researcher any questions about the study and their participation. Once the participant signed the consent form, the researcher turned on the audio-recording device.

Participant Demographics

All participants were asked to fill out the demographics questionnaire before the interview started. The researcher did not require the participants to fill out the demographic questionnaires, but prompted each participant to fill out as much of the individual felt comfortable with. A summary of the demographic information is presented in the Table 1.

education. All participants received some sort of professional counseling training and were either enrolled in a counseling training program, or practicing counseling in the community. Eleven participants received a Diploma in Counseling, one participant received a Bachelor in Counseling, and two participants received a Master in Counseling (n = 14). Five of the participants reported receiving formal training in another field (n = 15).

biological sex. Thirteen out of fifteen participants self-identified their biological sex at female, and two participants self-identified their biological sex as male.

age. Fourteen out of fifteen participants listed their age (n = 14). Participants age ranged from 25-51 years old (M = 33.79; SD = 7.68).

ethnicity/tribal affiliation. Four different tribal affiliations were reported (n = 14). Two participants reported their ethnicity as "Ugandan" and one participant reported their ethnicity at "Black" and specified their tribal affiliation.

religion. Seven participants identified themselves as Catholic, five participants identified themselves as Anglican, one participant identified as Protestant, one participant identified as Christian, and one participant identified as Muslim (n = 14).

Table 1

Summary of Participant Demographics

Category	*n*	Response
Sex	15	Female: 13 Male 2
Age	14	Range: 25-51 (M = 33.79, SD = 7.68)
Level of Counseling Degree	14	11 = Diploma 1 = Bachelor's 2 = Master's
Additional Degrees in another field	15	5
Ethnicity and/or Tribe	14	4 = tribe names 2 = "Ugandan" 1 = "Black"
Religion	15	7 = Catholic 5 = Anglican 1 = Protestant 1 = Christian 1 = Muslim

Data Analysis

The audio-recorded data from the fifteen interviews was transcribed by the researcher. The researcher read and re-read the transcriptions to develop a deep understanding of the content. Then the researcher identified themes. Line by line analysis of the transcripts, as well

as inter-rater reliability with the thesis chair was used to check and re-check themes and codes

that emerged from the data. The researcher, the thesis chair, and the committee member from

Fort Portal, Uganda used concept mapping to connect themes and make meaning of the

relationships.

Chapter 4

Results

In this study, six themes and twenty-two sub-themes emerged from interviews with participants, illuminating the components that play a role in the emerging field of counseling in Uganda (Table 2). The six primary themes are identified as Resources, Counseling as an Emerging Field, Integration of Counseling Ideals and Cultural Expectations, Factors influencing the Practice of Counseling, Specific Ugandan Cultural Considerations, and Barriers. The first theme, Resources, focuses on resources available to provide the best care possible for their clients. Resources were accessed from external sources (the community or the school), or internal sources (personal strengths, personal insight, etc.). The second theme focuses on the development of counseling in Uganda. Integration and impact of Eurocentric therapeutic theory and practices, and the intrinsic beliefs and values that are embedded in therapy is explored in theme three. Theme four summarizes the sociological factors that influence the practice of counseling. Theme five address the specific Uganda cultural considerations that counselors negotiate in order to practice in their communities. The last theme focuses on the major challenges counselors overcome because of professional counseling being an emerging field and originating from western colonization. Table two displays the number of times each subtheme arose during the interviews with the participants.

Table 2

Themes from Interviews with fifteen Rural Ugandan Counselors

Themes/subthemes	Number of Participants
1. Resources	
Helpful Techniques	13/15
Strengths and Support	11/15
Self of the Counselor	8/15
Need for More Resources	7/15
Dedication to the Field	7/15
2. Counseling as an Emerging Field	
Other Professions doing Counseling	14/15
Relationship Between Helpers	8/15
Not Enough Counselors	6/15
3. Integration of Counseling Ideas and Cultural Expectations	
Deviating from Ugandan Culture	6/15
Integration of Western Counseling Ideas	4/15
Women's Empowerment	3/15
4. Factors Influencing the Practice of Counseling	
Education	10/15
Language	9/15
Including Others	9/15
Gender	8/15
Rural/Urban Setting	7/15
5. Specific Ugandan Cultural Considerations	
Cultural Norms, Values, and Beliefs	9/15
Tribal Affiliations	8/15
6. Barriers	
Not Understanding Counseling	13/15
Little or No Pay	9/15
Seek Others for Help First	9/15
Stigma Attached to HIV/AIDS	8/15

Theme One: Resources

Five types of resources arose from transcription analysis that influenced Ugandan

counselors' ability to help others in their field. Thirteen out of fifteen counselors identified the

application of educational material as being helpful to their practice (table 1).   Other counselors

found that it was very helpful to connect to other organizations for personal and professional

support, as well as seeking regular supervision. Many counselors mentioned the importance of

their education having expanded their own perspective and insight on their lives and culture,

which in turn better prepared them to practice counseling in their communities.   A passion for

the field fueled by dedication and perseverance was mentioned as a resource by seven out of

fifteen counselors. Even though the counselors were able to identify these internal and external

resources that facilitate their practice of counseling, a lack of resources, including financial funds

and educational materials, was addressed by only seven out of fifteen counselors.

      helpful techniques. All except two participants mentioned how important certain

therapeutic techniques, learned during their counselor-training courses, have been for their

counseling practice. The helpful techniques included skills like listening, reflecting, and the use

of empathy, theoretical approaches, and specific interventions used in order to illicit positive

change in clients' lives. Participant one stated that, while present in session, she shows empathy

and really "feels" for someone else. Participant six referenced her usage of a variety of

interventions, including: genogram, drawings, the "empty chair" technique, and the sand tray.

She also mentioned how she integrates her clients' passions into therapy. She recognized that

some clients enjoy music and praise. She would help her client explore parts of their lives that

they would like to change by singing it in a song, and then making changes to the song in order

to make life changes. She stated that,

> "…they apply them [the changes] to their life situations and their solutions [in their
>
> songs] they create more insights in their lives. Okay you are doing this here and this over
>
> there, what do they need in their life? So they go back, and sing this part into their life."

Many participants mentioned the integration of art into their therapy. Participant twelve described that she integrates local flora and fauna as art materials for counselling with children. She stated that it does not cost anything, and "because someone can construct something with the available resources that are there, banana leaves, and writing, and flowers everywhere, some sticks… you can make something out of those things."

   strengths and support. Eleven out of fifteen counselors referenced the importance of resources within their schools and communities necessary to do their work. The educational materials, like books located at BMCTI or purchased by the counselors, were referred to often by the participants. Participant thirteen stated,

   I use resources from here. Sometimes I look at my books. I keep reading my

   books. Psychoanalytic theory, client-centered, existential, experiential theories to

   help my clients. I keep reading because I have my books.

For the counselors to continue their work, they reported relying on others for professional and personal support. Professional support provided to the counselors came in the form of individual and group supervision and consultation from BMCTI. Participant two, six, and eight discussed the importance of professional organizations providing support.   Participant two reported that this area of professional support is still developing. She said that,

   We are aiming at inviting different counselors at different levels, whether they have a

   certificate, whether they have whatever, regardless of what. So that we talk together and

   form one voice.

For personal support, counselors turned to religious organizations and their spirituality. Others turned to family and friends for emotional support. Participant thirteen stated that she is lucky to also receive financial support from her family and relatives for her to continue her education.

self of the counselor. Eight of the fifteen counselors reported that their counselor training changed them in some way. For some, this change was on an individual level, while others identified that counselor training education transformed how they interact with other people. Participant six expressed a sense of how the momentum of social change happens, stating that "…the change must begin with you as an individual in the community." Participant one stated that, "I can't explain how good it {the counselor's training} is, but first of all, it worked on myself, as an individual, in that sometimes I used to be so caught up by the culture." She went on to share later in the interview that, "I got so much empowerment. And it has really helped me in my family, with my husband, and [how] I interact with the people I work."

A deeper understanding of oneself that influenced how another participant interacts with clients and community members was also participant eleven's experiences. She stated that,

There are things I used to, but when I came here, when I started this counseling,

and when I went deeper to understand myself, who am I, and why do I do this?

How do I come to do this? But when you studying and you come to understand

yourself, who you were, and how are you doing this, because of this and this, your

background. This institute helped me a lot, and helped me understand other

people in the community, to listen to them.

need for more resources. A lack of financial and educational resources influenced many aspects of Ugandan counselors' experiences working in the field. Seven of the participating counselors reported a significant lack of resources. Counselors work hard to provide superior care in their local communities, as well as more rural regions in the area, yet are many times not compensated monetarily for their work. Many counselors expressed how difficult it was to provide counseling to communities that sit outside Fort Portal. One counselor shared that outreach interventions are very important, but expensive because of the cost of transportation, supplies, and time needed to complete such tasks. Participant ten shared a story about an act of violence that occurred in a rural community. She stated that a man was accused of practicing witchcraft and bewitching others, so his house was burnt down.   She stated that,

> It did happen last year and we had to go and intervene and it took quite a lot of
>
> resources for us to intervene in that particular community because it was not
>
> involving one person, it was involving a lot of people, and somebody almost lost
>
> his life.

The lack of educational and financial resources not only affected counselors'' ability to intervene during crises and provide outreach care to surrounding communities, but also hinders their ability to continue their education and access the best tools to provide counseling. Participant one stated that,

> I am planning on buying some books in Kampala, I am planning on…
>
> save[ing] and buy[ing] them so that I have them on my own, so that I don't
>
> have to always come to BMCTI to looks for these books. They are costly though.

But you have no way out because they help me gain more knowledge and to keep

myself updated.

The lack of affordable and accessible educational resources forces Ugandan counselors to

have to make difficult financial decisions. Financial resources limit their ability to continue their

education, and to remain current on how to treat certain issues.

dedication to the field. Despite limited educational and financial resources, seven out of

the fifteen counselors reported that a strong motivating factor for them to continue counseling

others was their passion and dedication to helping others. The feeling that came from helping

their fellow people in need was a resource seven out of the fifteen counselors tapped into.

Participant two stated that, "…it is my passion that has kept me here and kept me going. The

issue of money comes in later."

She later explains that,

I am not comparing how much I am going to be paid for this. How much am I

going to be given in return. The emotional wellness of the people, um, I think

gives me far more fulfillment than the financial gain.

Many of the counselors also described a commitment to the development to the emerging

field of counseling. Participant twelve described her dedication to the field, saying,

I want to see this person to look at the importance of counseling, how counseling

is helping, how it can help him or her. So I sacrifice, I make sure the time for

session is really convenient for her. So it is me who is sacrificing.

Despite many community members not paying for counseling services, the belief in the healing powers of counseling cements many counselors dedication to the field. Characteristic of this sentiment was participant fifteen's response, wherein she stated,

> People really need help, though it is challenge but I know with time, and take[ing]
>
> steps, and I believe counseling will help, because I know it does. If it can help me
>
> then it can someone else.

Theme Two: Counseling as an Emerging Field

Ugandan counselors identified three factors that are currently influencing the development of counseling in the Uganda: other professions are also providing mental health support, the relationship between counselors who are trained at counseling schools and counselors who may have other types of training is strained, and there are not enough counselors trained to help the people in need.   These factors contribute to the challenges that Ugandan counselors navigate in order to help others.   These factors also intrinsically display the struggle between western ideas and Uganda culture.

other professions doing counseling. Fourteen out of fifteen interviewed counselors mentioned and/or discussed other professions providing healing for others. All of the participants identified this as a challenge that also contributes people not wanting to pay for counseling done by counselors trained at counselor-training schools like BMCTI. Participants reported the use of elders, witch doctors, local prophets, religious figures, relatives and family members, tribal leaders, and politicians for counseling as common. These methods of healing are so common that counseling may not even be considered a useful treatment. Participant thirteen stated, "In my area and the area around, it is almost the last resort…", later adding, "…in

rural areas they will first go around, elders, church groups, witch doctors. They will first go around, they maybe will think of you [counseling] later."

Many trained counselors do not think that other professions should be providing counseling to others. Participant three shared that religious leaders and teachers should not be providing counseling because, "They have not acquired skills." She explained that she believes it creates more problems for people, stating, "…and in the long run, instead of healing this client, they make it worse for this client." Trained-counselors reported that people seeking counseling from religious leaders, prophets or witch doctors is problematic because they do not see it as actual counseling. Participant thirteen stated that,

> …people are ignorant about counseling. The counseling they know is, I will pray,
>
> and god will make my situation okay. So they go praying, maybe using elders,
>
> yeah that is the type of counseling that is common.

relationships between helpers. Eight out of the fifteen interviewed counselors reported either an avoidance of working with other professions who are helping people, or an effort to work together with help others. All eight counselors emphasized that it was a challenge due to the professional counseling field being new to the region. The challenge arose because of divergent views of what counseling is. As previously mentioned, most of the counselors interact with religious or spiritual figures, including pastors, priests, and witch doctors. Participant six interpreted the difficulty of helping professions working together as a struggle for power and control. He stated,

And sometimes they may think you are competing with them and you are going to take their work, their roles and responsibilities. You are taking away power. They don't want to be loser.

Some participants expressed a difference in what they as trained counselors, were providing to clients, and what other professions were providing. Participant eleven stated,

So, those people are going to seek help somewhere else other than counselors, they are not really helped. Because those people they don't explore where the problem started from, you know?

Participant ten explained her process of working with clients who seek help from witch doctors. In the following passage, participant ten tries to shift the client's thinking in order for the client to view the problem differently. She stated,

They contribute their suffering to someone outside of themselves or something outside of themselves. So, the responsibility is little because literally, if it is my neighbor causing this suffering what do I do with that.   But we try and say, okay, your neighbor is making you suffer, but please come back to yourself. How do you suffer as a result of your neighbor? And maybe before you met that neighbor, were you suffering? The person says 'yes'. And you say okay, how were you suffering?

Participant thirteen explained that she interacted with many clients who also seek healing from witch doctors. She stated,

But my experience is that they want to use both. They want to go to this side, and other there for clarification. So it is confusing. But what I learned is I tell them to choose one.

Participant fourteen did not believe that it was difficult to work together because trained

counselors provided something different to clients. She stated,

> But it is not really different, or conflictual, but the difference is that the professional
>
> aspect is not on the other side. It has been supportive kind of relationship because we
>
> work toward helping people.

Even though many counselors reported that it was difficult working alongside other

professions who state they provide counseling, there was a strong desire to work together. Like

participant fourteen in the previous paragraph, participant six expressed this desire by saying,

> We are shooting the game goal. We have the same targets. We are helping the same
>
> people. Why can't we work together? I borrow what is good in you. You borrow what is
>
> good in me. After all, we want to see this person well. We want to see this person living
>
> a meaningful life.

not enough counselors. Six out of fifteen interviewed counselors reported that there

were not enough counselors in the field to match the need. Counselors struggle to get to help

everyone in need because of limited transportation for either the counselor to travel to the clients

or the clients to reach the counselor. Participant six stated, "And in most cases, the counselors

are very few. They are not easily reached to access. The numbers are very low and that is why

they are not known."

> Participant two had similar remarks to participant six, stating,

> We are very few since it is a new field. So, we have an overwhelming number that we
>
> can't help. When the number is big, these people maybe try to see other people, the
>
> informal counselors that they can talk about.

A limited number of counselors available to meet the need for counseling services were reported to be connected to the little or no pay received by trained counselors. This limitation inhibits trained counselors' ability to use their skills to help others, because they have to spend a portion of their time in a profession that will provide them the financial resources to meet basic needs. As mentioned previously, five out of the fifteen counselors reported receiving training in other professions, as well as working in the other profession while also working as a professional counselor.

Theme Three: Integration of Counseling Ideas and Cultural Expectations

Some of the interviewed counselors discussed how western counseling ideas conflicted with Afro-centered counseling practices and African/Ugandan cultural expectations. Three major themes arose for the counselors from studying and practicing professional counseling in rural Uganda: 1) Ugandan counselors deviating from Ugandan culture in order to apply counseling concepts, 2) how Ugandan counselors were able to negotiate specific Ugandan culturally contextual factors when integrating western counseling concepts, and 3) the impact of western counselor education on women's empowerment and equal voice within Ugandan society.

deviating from Ugandan culture. Six out of fifteen participants shared that they struggle with how their own cultural knowledge is absent from, or conflicts with, information gained in readings from their education and training. Two participants directly connected this contradiction to the counselor education and training originating in the west, and being created by white people, rather than Ugandans. Other cultural contradictions that led to counselors deviating from Ugandan culture as expressed by participants were related to parenting and the counseling of children within families. Three participants commented that western ideas of

parenting styles, dialogues with children, including dialogues about sex, sexuality, and emotions, is rarely discussed or seen as important in Uganda. These three counselors also discussed how they are adopting or accommodating this knowledge to their culture and clients' culture. Participant fourteen shared a story about a woman losing her husband and one of the family members was going to take this woman as his wife. She explained that her counselor-training provided one opinion of what to do in this situation, while her culture and the clients' culture inform the woman to do something else. Participant ten shared a common occurrence that women, who were receiving professional counseling services from her, were reporting,

> The wife has gone to {name of counseling center}, she is going to become big-headed. She is going to not listen to you. She is going to become independent. She is going to, you know, have all these white ideas from the west. And they are like, you learn all these things from the Mzungu [white person/foreigner from wealth] and you think they apply here?

In this study, six out of fifteen Ugandan counselors reported experiencing a push back from their families, loved-ones, and communities members for choosing to study and practice professional counseling. This push back was in the form of questioning Ugandan counselors why they want to practice professional counseling, family members and loved ones choosing to not help fund the Ugandan counselor's education or continued education, as well as calling out Ugandan counselors for aligning themselves with white people's ideas and ways of being. Participant eight explained how society pushes against professional counseling, and those in the professional counseling field, stating

> Some people say you are conflicting with them, you have gotten in their way, when you are doing work, you are supposed to do work on my own, not on the culture. Of course

this person following the culture will be told that this person does not cooperate with us. "She does her own things, she is not with us [community members might say]." So I am conflicting with the culture. But still I have to look at the culture, part of it is what I feel like doing is what I have to do. I have to consider somehow the culture, so that it is not affected and I am not affected. I am doing work, but it is not affecting the culture.

integration of western counseling ideas. Four out of fifteen participants expressed how they are able to integrate ideas from their counselor education and training to work in the Ugandan context. How counseling is structured, has been modified by some of the interviewed counselors. Concepts such the 'here and now' and 'client-directed care', as well as separating the problem from the client were mentioned as theoretical ideas Ugandan counselors are accommodating and are found to be helpful to clients.

Participant seven explained why the 'here and now' focus to therapy is helpful in her practice:

> The African culture believes in the past. And actually they don't look into the here and now. They refer, it was like this with our ancestors, so it will maybe be like this in the future. But in the present is always left to chance. So this theory, I have learned, that I work with a person I always to bring them to the here and now. This is a theory which is very helpful for me know.

These counselors mentioned how they were able to separate the culture from the client and from themselves in order to help culturally diverse clientele. The counselors emphasized the importance of respecting individual differences, carefully considering how their views are influencing others, and the importance of not influencing culture.

Participant fourteen concluded,

…I do not look at a client as a culture, but as a human being, therefore, respecting that

individual difference is there and finding that out about that culture, and their personal

values, and I am not supposed to object. If their culture says then as a counselor, I am not

going to change it and I'm not going to impact on their values that they have, apart from

addressing the issue at hand.

women's empowerment. Three out of the fifteen participants concluded that the idea of

power imbalance in relationships based on biological sex and women's rights and empowerment

are ideas from the counseling field that impacted how they conceptualized client's problems and

live their personal lives. The participants shared that cultural, political, and social power is

organized by gender, with men receiving more power and influence than women. The participant

concluded that this negatively impacts relationships within their families, their clients'

wellbeing, and their communities. The idea of women's empowerment receives a lot of

pushback from Ugandan community members. Participant one stated, "We are adopting

empowerment so that we can also have our voice raised." She later shared that many Ugandans

resist that idea that women should have an equal voice to men in Ugandan society.

She went on to explain,

Because our country here, naturally, men have more power, but when I look at

counseling, a man is not supposed to have that much power. People have to talk, they

have to agree. It's not all about the man. They have to agree and so on. If it is an issue

with the children, both parents need to look at what is good for their children. But now

you find the man has the power.

Theme Four: Factors Influencing the Practice of Counseling

The interviewed counselors identified many factors influencing the practice of counseling in Uganda. Some of the factors relate to the client's socio-economic status, access and opportunity within their region which contribute to one's social location. All of the factors are influenced by the unique cultural context of Uganda. The factors shape how people understand counseling, including ideas of who attends counseling. Participants offered multiple interpretations of how the factors interact to shape the developing field of counseling.

education. Ten out of fifteen interviewed counselors stated that a person's level of education influenced their choice to seek out professional counseling from trained counselors'. A mixed review was collected from participants; some participants stated that the more education a person has, the more likely they are to come to counseling, while other participants thought that the less educated people attended counseling more.

Participant ten stated,

The most population that comes into counseling are people who have had some form of education. They have had some school, they have heard about counseling.

Participant twelve stated the opposite of participant ten, sharing,

About the trends, yeah, people who are learned, those who are educated. I don't know why, but I realized they don't seek counseling. Those who are illiterate, they seek counseling.

Two other participants providing explanations for why they thought people with more education were not attending counseling:

Participant six stated,

Most match the education level that is not very far, and the elites, they think they know it

all. And their health seeking behavior is not all that…they can use their education to

solve the psycho-social problems.

Participant agreed with participant six's explanation, stating, "The higher the level of

education, the more the knowledge, therefore he knew it all."

language. Nine out of the fifteen participants stated that differences in language

produced a challenge that not only affected who counselors are able to help, but how they are

able to work them.   Many participants reported that in rural areas, many clients would not be

fluent in English. Due to the location of Fort Portal, Uganda, fluency in Swahili and Congolese

would be helpful for counselors. The counselors reported that there are very few people who are

trained in professional counseling, as well as fluent in multiple languages. The use of an

interpreter is common for counselors working in clinics and in more rural areas.

Participants discussed the difficulty of translating counseling concepts into other

languages in order to help clients.

On this topic, participant three stated,

In local languages, to translate these things into local languages, it becomes very difficult.

So you try to psycho-educate these people, to do psycho-education. You try to bring out

the actual things that you would have said in English to the local vernacular.

The application and transferability of counseling concepts from the English language to other languages is a challenge for counselors in Uganda. Participant three went on to explain how he goes about explaining counseling concepts to people who do not speak English, stating,

You look for the words that you say in English in local vernacular and if you are not good in vernacular then you cannot explain it. And this person will not understand you.

Differences in language and the inability to communicate with one another greatly influences counselors' ability to connect with those people needing services, as well as how well the people in need are getting helped.

including others. Nine out of the fifteen counselors interviewed reported including family members, relatives, and friends in their counseling sessions. The majority of the participants stated that they typically work with mothers and their children. Seeing a whole family together was rare, according the participants, because men typically do not come into counseling (reported later on in the "Gender" section). Many counselors stated that involving others in the counseling depends on the presenting problems. Gaining consent from the clients before involving others, particularly when working with children, was common practice.

Participant twelve stated,

Who else is there and contributing [to the problem], that I see as a counselor, who could be contributing to the issue on this wife. Then that is the person I bring in. Because even if I dealt with things for the wife, things may not change for the better for the wife, if the husband is not involved.

This participant later added,

But of course you get consent from the client. Because at times, that client may not need that person to come in.

gender. Eight out of the fifteen participants identified that strong gender norms contributed to who attended counseling. The counselors reported that gender expectations limited men participating in counseling because they would feel incompetent or weak. This gender dynamic usually forces women to attend counseling initially on their own, at which point the counselor would decide to invite the partner into counseling due to the presenting problems.

Participant three stated that men do not want to come into counseling because:

He will feel like if he says that I'm weak. I am becoming weak. I can't manage myself or control myself. Like I don't have the capability of solving the problem.

Participant ten also agreed that men typically to not want to come into counseling because it will mean a loss of power and control in the family.

He has the power, so coming into counseling is consciousness for them, like I am powerless, now let somebody else solve the problems of my family. And they don't want that. They don't want to think that someone else can kind of help. They want to stay in the position of power even when it is not working.

The counselors who reported a gender difference in who comes to counseling drew a line between gender and specific cultural meaning that is designated to men and women's roles.

gender dynamics. Specific gender dynamics were reported as greatly influencing not only who attends counseling, but how counseling is received and what problems people are experiencing that may lead them to seek out counseling. Eight out the fifteen participants

commented on how differing gendered roles and expectations negatively impacted clients' lives, which may result in the need for counseling. Participant ten described these expectations as the following,

> As a woman, most of the responsibilities are put on me and I am supposed to be quiet. I am supposed to be meek. I am supposed to take it. And not give it out. The man has all the power, and I have no power. Even when I work, I am expected to give my salary to my husband. Then he plans for me.

The gendered dynamics also influence how men and women view counseling. Ugandan counselors reported that men could view the practice of counseling as a threat to their power. Participant ten also commented on this, and, again, how difficult the pattern is to disrupt since many Ugandan counselors are females.

> She stated,

> And so, most the counselors, they are females. So, it's difficult for a man, who wants to maintain his manhood and sometimes they think talking to a woman will reduce him from being a man.

urban/rural setting. Seven out of fifteen interviewed counselors reported that the setting influenced the number of people seeking out counseling. Counselors noticed that in urban setting, the general population was more familiar with counseling and what it was, as opposed to rural settings where this knowledge was lacking. Participant thirteen reported that because people in more urban settings knew more about counseling they were more likely to attended counseling.

Out of the seven counselors reporting an influence of the setting, urban vs. rural, on the number of people seeking out counseling, one counselor, participant twelve, reported experiencing that people in rural setting seemed to attend counseling more. She stated,

> …the rural people can easily go to counseling than the urban ones. Urban ones think they know things. They be seen it. They don't even have the time. They have other issues other than counseling.

Theme Five: Specific Ugandan Cultural Considerations

Ugandan citizens come from diverse backgrounds. The influence of tribe and clan affiliations and their shared cultural values and beliefs seemed to have a noticeable impact on counseling practice. The specific cultural beliefs and societal expectations for men and women was reported to have a negative impact on how clients' are relating to one another, as well as how the counselor is able to help the clients, working within those cultural expectations.

cultural norms, values, and beliefs. Nine of the fifteen interviewed counselors stated that their own culture had a big impact on their counseling practice. The impact, at times, presented itself as more a challenge for some counselors; while for others it was more unifying, helping them to connect with a wide away from clientele. Differences in cultures could be problematic, at times, because the client may lose trust in the counselors' ability to understand their issues. Other counselors stated that despite the differences, the people they were seeing came in with similar issues, so the cultural norms, values, and beliefs, though they may be different, did not influence how they would help those clients.

Participant fourteen explained how counseling may be negatively influenced by cultural differences, stating,

And the other thing is with that difference is the quality of service or the outcome is

compromised to some extent, because you work better if you are faced with a person with

a cultural background you have an idea about, or is near to you. But if you are facing

someone who is very very different, and to them it is okay, of course without trust, this

person loses trust or confidence because this person is like, ah, you don't understand this.

It affects the quality of therapy and outcome all together.

Participant seven described a common view from participants, that many cultural norms,

values, and beliefs are shared in Uganda.

She stated,

You see that the African cultures are widely shared. Certain life issues are widely shared.

Also beliefs, widely shared, so I haven't found any challenge yet. What comes up to me

of late, are mostly related to being like of different ethnic groups, {named many different

groups} they have the same beliefs, and certain, they have a few tribal practices that are

different, but this will not really influence the people's behavior so much.

tribal affiliations. Eight of fifteen interviewed counselors reported that tribal affiliations

were important to consider when counseling. Some counselors viewed tribal and clan

differences as a barrier that they had to overcome in order to practice counseling with that client,

while another saw the differences as benefiting their relationship. Many participants mentioned

that differing tribal affiliations were not as problematic as the stereotypes that groups have for

one another. Participant ten stated that, "The difference is the maybe the prejudices we hold

against each tribe. The practices are not that different, but the prejudices are different."

Participant one stated that when she interacts with people from different clans, they may hold a stereotype about her because of how her tribe is viewed by others. She said, "It's a challenge because my tribe, I am told, I may not be that, but I am told, that we are aggressive."

Participant eleven discussed how differing client/counselor affiliations may positively or negatively influence their relationship.

She stated,

If I am in the same tribe, when I am counseling people from my same tribe sometimes I get, complications, like you find, you know the person. …And sometimes those people from your tribe, when they find like, you are the same tribe as that client, some of them they tend you have trust with what you are telling them.

The likelihood of the counselor knowing the client through certain family connections, because they are in the same tribe or clan, can negatively impact their relationship and break confidentiality. Participant eleven, though, also stated that being from the same tribe can boost the client/counselor relationship because there may be an increased sense of trust and understanding.

Theme Six: Barriers

Multiple barriers for Ugandan counselors arose from the data. All but two participants reported that many community members do not understand the profession of counseling. This lack of understanding influenced how counselors were compensated financially for their work, as well as whom community members sought out for help. The historical timeframe of when counseling was introduced to Uganda from the United States and Europe coincided with the

outbreak of HIV/AIDS. This connection, participants reported negatively impacted the amount

of community members choosing professional counseling for help, as well as their understanding

of what professional counseling can provide for them.

      not understanding counseling. Thirteen out of fifteen participants expressed that people

in their communities do not know about counseling, and/or do not understand what counseling

can do for them. Many participants reported that community members confused a counselor as

someone who would give advice, like a religious or spiritual leader, relative, or community elder

would do. These participants felt strongly that as a counselor, they were not to give advice, but

to help their clients explore the problem and where it came from in order for them to come to

their own conclusions about how to overcome that problem. The participants that said their

community members don't understand counseling indicated that it was from the field being new

to Ugandans.

      Participant six explained this by saying,

      Because they know that counseling is only giving advice and solutions. Most of

      counseling that people have ever had is advice and solution oriented. So most people

      say, okay, when they go, they are seeking for solutions. They are not seeking to

      understand their situation. They feel they are really helpless only that person can restore

      them.

      Participant fourteen, like other participants, viewed many community members as not

seeing counseling "as something very important" because "it is not a way of treatment, so they

don't really value it much."

little or no pay. Nine out of fifteen participants shared that severe financial limitations inhibit trained Ugandan counselors in conducting the counseling they feel would benefit others. These participants stated that their work is not recognized by their community members or government, therefore the vast majority of their work is unpaid. Of the nine participants, three participants mentioned that non-governmental organizations were one of the few opportunities where their counseling work would be paid. These positions were reported as sparse and difficult to attain. Due to counselor positions being unpaid, counselors are forced to take on a second profession, which impacts how frequency they are able to practice their skills learned during their counselor education.

The difficulty of finding a paid position that will recognize the importance of paying for counseling services is limited. Participants reported that one of the only locations to use your counseling skills and be paid for them would be at hospitals.

Unfortunately, many of these positions believe that it is more important to hire nurses, so they look for medical professionals who might have taken courses in psychology.

Participant eleven explained this situation, stating,

But for us, we have been studying for two and a half years just studying counseling but you find that they are not employing you, not a professional counselor, they advertise for a nurse counselor. They are taking nurses when they do not have qualifications of counseling.

seek others for help first. Nine out of the fifteen counselors stated that community members turn to professional counseling for help once they tried other methods of healing. The most common referenced forms of healing used by people were: relatives, priests, and witch

doctors. Most of the participants believed that people did not seek counseling for help immediately because it is something new that people do not quite understand the benefit of.

Participant six remarked about how the current state of professional counseling is influencing community members using services, stating,

Well in most cases since counseling is a young field in this country and in Africa, people use counseling as a last resort. Because, why I am saying this, they must use their other resources available [first].

stigma. Eight out of fifteen participants concluded that the field of counseling is affected by the stigma attached to HIV/AIDS. As previously mentioned, Outsider countries, specifically the United States and Europe, introduced western professional counseling in order to help address the spread of HIV/AIDs. The participants stated that community members identify people that attend/seek out professional counseling as being HIV/AIDS positive. Therefore, many people do not attend counseling in order to avoid negative social stigma.

Participant two summarized the impact of HIV/AIDS stigma on the counseling field, stating,

In the beginning, people were afraid. Just because counseling in Uganda came during the outbreak of HIV AIDS. So if you have to go to counseling, if you said you have to go to counseling then people would know that you are HIV positive. They would have you with that. They know that he is going to counseling then he is HIV positive. Even now, some people are pessimistic about it.

Chapter 5

Discussion and Conclusion

In this study, Ugandan counselors reported on their experiences working in the field of professional counseling in rural Uganda. The Ugandan counselors shared what helped them practice professional counseling, what made their practice challenging, and how they viewed the development of their professional field. To date, this is the first study that amplified Ugandan counselors' voices and experiences relative to their actual training and work experiences.   Many barriers reported by the Ugandan counselors related to professional counseling originating outside of the Ugandan context. Historical and present forms of colonization are deeply rooted in Ugandan culture, and contribute to the emerging field and the shape in which professional counseling is taking in Uganda.

Many of the challenges and strengths that Ugandan counselors reported in this study connected to professional counseling being an emerging field that originated from cultural outsider knowledge and ways of healing. This study demonstrated the challenge of discovering and creating Ugandan professional counseling practice that is culturally relevant and competent relative to the Ugandan context.   Many of the results reported in this study confirm previous research on the barriers that impact the field of professional counseling in Uganda. This study adds depth and perspective to the previous results because of the methodology used. This study begins to showcase Ugandan counselors' ability to integrate, modify, and create their own ways of providing professional counseling.

Professional Role of Ugandan Counselors

All of the Ugandan counselors in this study reported that their professional role includes promoting greater psychosocial support and wellbeing for individuals, couples, and families in their communities. All of the Ugandan counselors connected their professional roles to not only bettering individuals' lives, but their community. All of the participants, given the requirements for participation in the study, received college level training in western-style professional counseling at the diploma, bachelor, or master level. The Ugandan counselors' training in this study is in line with how researchers Senyonyi et al. (2012) described the training of professional counselors in Uganda as a whole. All the participants in this study reported that their training, their continued education, and their supervision and consultation with other professional counselors helped guide their clinical decisions.

Working with Individuals, Families, and Communities

In this study, Ugandan counselors reported working with individuals, couples, families, and communities in a variety of settings, including hospitals, schools, orphanages, prisons, churches, homes, and other community gathering spaces. Ugandan counselors reported a variety of clinical issues that were also reported as common issues in the practice of marriage counseling in Africa, including: marital struggles, which connected to domestic violence, infidelity, parenting and child obedience issues, illness, loss, and grieving, relationship/identity development in adolescents, substance abuse, and issues and impacts connected with HIV/AIDS and orphan care (Sodi et al., 2010).

Counselors in this study reported that some of their counseling takes place spontaneously, when people see them in the community, and have something they would like to talk about, while other counseling sessions take place at different locations in the community, such as the church, the school, or at an office in the counseling center. The Ugandan counselors reported

meeting their clients anywhere that was convenient for the client(s) and confidential. Nine out of fifteen counselors reported that they often include other family members and friends in their counseling, depending on the presenting problems and how involving others will promote greater wellbeing for the client(s).

Ugandan counselors reported experiencing a lack of trained professional counselors available for the actual need in the area. In this study, the Ugandan counselors faced similar issues that have been documented in the literature, and felt that there were not enough professional counselors to address the issues in their area. Ugandan counselors connected the limited number of trained professionals to address the need in the area to limited number of paid-positions available for training professional counselors. That reported need for more counselors and the reported lack of paid positions and recognition of the counseling field seem to be in conflict, and indicates that the field of professional counseling in Uganda, is at the beginning stages of development because of previous factors listed. Lack of recognition by the government points towards professional counseling not being fully recognized for the contributions that it makes to society.

The impact of little pay on the field of Ugandan professional counseling, which forced Ugandan counselors in this study of have other jobs, was also mentioned as a challenge in one study exploring the experiences of Ugandan counselors providing services in Northern Uganda (Annan et al., 2003). Heavy workloads and high stress, which was reported by counselors in this study, due to the necessity of taking on multiple jobs, was also reported in a study about Ugandan HIV counselors (Medley & Kennedy, 2010).

These findings not only reflect Ugandan counselor training, and the use of systemic counseling practices, but also that a dedication to the development of Ugandan professional

counseling by the Ugandan counselors. This dedication is accented by Ugandan counselors'

commitment to the field, despite little to no pay, heavy workload, and challenges arising from

finding the space and time to provide professional counseling services to community members.

Transformation of Gender Roles

In this study, counselors reported their training as enhancing their awareness of their

cultural values, beliefs, and expectations. This awareness resulted in a deeper understanding of

themselves, their relationships, their communities, and their society. Some of Ugandan

counselors reported that this awareness specifically impacted their view of Ugandan gender roles

and expectations, and the oppression that is experienced by women due to those gender roles and

expectations. The impact of the counselor-training program demonstrates an educational shift

that is taking place in many counselor-training programs across the world. An intentional focus

on clients' social location, context, and what meaning and power these factors hold has been a

focus of many researchers.

gender. In this study, Ugandan counselors reported that women and children primarily

seek out and participate in professional counseling services because of traditional cultural

expectations related to gender roles. Ugandan counselors reported that many Ugandan men felt

threatened by the practice of professional counseling services, and often resist attending

counseling services with their families. A few Ugandan counselors in this study connected

men's resistance to counseling as a loss of power and control over women. Similar findings

were reported by researchers Sodi et al. (2010) who connected the low turnout of men attending

professional counseling services to their perceived loss of power. Certain gender and cultural

norms were also reported by researchers Annan et al. (2003) as impacting Ugandan counselors'

experiencing working in Northern Uganda.

The spread of western ideas through globalization and contributed to a consciousness raising shift towards women's empowerment movement. These shifts are not only transforming Ugandan culture, but what issues are shaping the emerging field of professional counseling in Uganda. Sodi et al. (2010) concluded that women's empowerment is impacting the development of marriage and family counseling in Africa because it is leading women to challenge the patriarchal practices, including traditional marriages and marriage arrangements. This challenge, in turn, influences men's sense of loss of power. Extensive research conducted around the world pointed to the negative impact of gender oppression, and the importance of gender equality on the well-being of families, communities, and societies (Fredman & Goldblatt, 2015). Increased attention to gender dynamics due to consciousness-raising movements are impacting individual, couple, family, and community life, and are in turn, impacting the challenges and issues that are shaping the field of professional counseling in Uganda.

Deviating from Culture

The field of professional counseling in Uganda is being shaped by cultural values, beliefs, and traditional ways of healing from the past, and western-counseling knowledge. These two bodies of knowledge are colliding to create Ugandan professional counseling. The results from this study demonstrated a push-back from the community members, particularly those community members that may lose power and control, related to deviating from Ugandan cultural expectations and values. Ugandan counselors' training increased awareness of factors related to privilege and power that has allowed them to develop a different perspective that is separate from traditional Ugandan cultural perspective, and separate from a western-perspective.

The push-back experienced by the Ugandan counselors' deviating from the culture have been experienced in many socially transformative movements, including the Civil Rights

Movement and Women's Rights to Vote Movement in the USA, the push to end the apartheid in

South Africa, and circumstances across the world. Ugandan counselors' heightened awareness

and understanding for the importance of greater gender equality, as well as the other societal

changes that would increase peoples' well-being, puts them a difficult yet pivotal and innovative

position and living in the borderlands. Hernandez-Wolfe (2011) defined borderlands as

"overlapping border spaces and the cultural representations that those of us who inhabit these

spaces negotiate in order to exercise personal and collective agency (p. 298)." This position

speaks to Ugandan counselors' experiences of being confronted with multiple ways of knowing,

and having to navigate how to enhance Ugandan's women's agency and position in society in the

unique context and cultural dynamics.

tribal and clan affiliations. In addition to the push-back that resulted from the deviation

from culture, another factor that demonstrated some of the difficulties with deviating from

culture are the tribal dynamics that arose in the counseling context. In this study, Ugandan

counselors reported that the stereotypes that were held by Ugandans about Ugandans from

different tribes, in addition to gender roles and expectations, further complicated Ugandan

counselors' ability to engage community members in counseling. As one Ugandan counselor

reported, the similarities and differences of tribal affiliations between the counselor and the

client(s) may assist or inhibit the counselor from building therapeutic trust and a working

alliance. No research has reported on how tribal and clan and affiliations are influencing

Ugandan counselors' ability to counsel and the counseling process in general in Uganda.

In this study, Ugandan counselors reported on how they addressed the impact varying

stereotypes held by themselves and by their clients. The majority of Ugandan counselors

reported that increased awareness about themselves helped them understand their own biases and

prejudices they may have been taught growing up.   Ugandan counselors also reported emphasizing the connecting and shared aspects of humanity, rather than the differences.

No research to date, explores how Ugandan counselors are navigating the clinical challenges they face working in a highly culturally diverse area. Research exploring this topic, in the future, could contribute to a better understanding of the unique dynamics of Ugandan professional counseling, as well as assist the training of cultural-insider and -outsider counselors to work in Uganda.

Deep, residual consequences from colonization were indicated by participant seven in this study, as one of the factors that increased tension between tribes and clans. This participant connected tribal stereotypes and tension to when "the colonists came and entered the country through cultural leaders." The impact of the divide and conquer tactic of colonizers from the global north seem to be affecting Ugandans' intra- and inter-cultural relationships, which also seems to be impacting the field of Ugandan professional counseling.   Participant seven was also identified his role as a professional counselor, as to take an active stance on the systems, values, and beliefs that contributed to mental health problems, even if they were a result of colonization. He stated,

> But at the end, it is you [the Ugandan counselor] that is responsible to defend your
> culture or take out things that are not good in your culture so that they do not make…
> social problems. So we live as individuals in the culture, so we decide the good values in
> our culture and those that are not causing problems.

Working alongside Other Professions

In this study, Ugandan counselors reported on their experiences working alongside other people who provided counseling services. Ugandan counselors reported that clients seek help from a professional counselor as a last resort, after going to family leaders, tribal leaders, religious leaders, and traditional spiritual healers, such as witch doctors. Previous findings have also found this to be a common trend in Ugandan culture, and in African culture in general, since western-style professional counseling is not a method that Ugandans historically have turned to for help (Bojuwoye & Mogaji, 2013; Senyonyi et al., 2012; Zivave et al., 2012;). In addition to Ugandans being unfamiliar with professional counseling, a lack of trust of professional counseling practices that was also found in another study about the development of professional counseling in Uganda was also found in this study (Senyonyi et al., 2012).

Ugandan counselors reported varied experiences working with other helpers, Ugandan counselors reported a great desire to figure out a way to integrate traditional ways of healing with African professional counseling practices. To date, there is no research showcasing Ugandan counselors' experiences working with other helpers, or how Ugandan professional counselors are integrating professional counseling ideas with traditional healing practices in Uganda, however, there is research commenting on how difficult the Ugandan counselor position is due to the complexity of integration of western-style counseling practices, while simultaneously creating the field of Ugandan professional counseling theories and interventions (Annan et al., 2003).

Varying views and experiences of Ugandan professional counselors working with other helpers reflects the development of the professional counseling field in general, in that the field in emerging and transforming into Ugandan professional counseling, not western style counseling or traditional Ugandan healing practice. Historical and present day colonizing practices that have affected Ugandan culture and life dramatically could be contributing to a lack

of trust and understanding of the professional counseling field. This would also lead people to

turn to other avenues for help first, that are more culturally relevant, than to the professional

counseling. Ugandan counselors in this study linked the impact of professional counseling

practices being created by outsiders and in the global north, to the hesitation, and in some cases,

rejection of professional counseling services by community members. Turning away from

outsider knowledge and ways of living has been reported in few research studies exploring the

expansion of counseling in other areas of the world. The physical and metaphorical "turning

away" has traditionally been reported by and viewed by the outsider, or colonizer, as negative.

More recently in the field of counseling, though, it has been viewed a form of preservation of

culture and knowledge, resisting the oppression of colonization.

Interventions and Techniques

In this study, thirteen out of fifteen Ugandan counselors reported using a variety of

techniques that they learned from their training. To date, only one research reported the specific

interventions that rural western, Ugandan counselors found helpful (McDowell, et al., 2011).

Similar interventions found in that study, such as genograms, as others, including the empty

chair technique, drawing, singing, use of the sand tray, to name a few, were mentioned as helpful

in this study.

Many Ugandan counselors in this study reported integrating spirituality and creative

activities, such as art and music, into their counseling practice. Nowye (2001) reported that

counseling in Africa is largely focused on spirituality and restoration of hope. In this study, some

conflict arose for Ugandan counselors working with other spiritual leaders and healers, due to

differing perspectives on how to help others that is connected to their training experiences.

Despite these challenges, the Ugandan counselors reported integrating spirituality, and spiritual

healing into their practice.   The integration of spirituality in counseling practice is common in

Africa, due to many clergy being trained in the counseling field (Nowye, 2001).   Participant two

discussed how he sees the connection and significance between spirituality and counseling

practice,

> For that we know that it is integral. You can pray and you can also have psychological
>
> counseling. So to move some of the people from this [prayer] to this [professional
>
> counseling], it will take more work looking at things. Some of them [spiritual healers
>
> and religious leaders] don't see it as a real move.

An increased integration of creativity and spirituality reflects Ugandan counselors'

experiences modifying, integrating, and developing the practice of professional counseling for

the Ugandan context. The Ugandan counselors in this study reported using a variety of western

theories and interventions in ways that makes sense for the Ugandan context. As stated earlier,

this study demonstrates the delineative position of the Ugandan counselor living in the

borderlands. Ugandan counselors are met with trying to understand and interpret if and how

what they learned in their counseling training program can be useful to promote Ugandan mental

health and well-being. Participant five explained the cultural implications of expressing

emotions in how it affects counseling, stating,

> What I have come to realize is… Africans, the way we are brought up is different than
>
> you, the whites. …It is very difficult for us to express our feelings or emotions… they
>
> are always being suppressed. So, it is different in counseling, whereby you allow the
>
> clients to express feelings and their emotions during the interaction with [between] the
>
> client [and counselor].

Participant seven discussed how he works to promote present-day thinking in clients, and how this type of thinking may not be culturally common-practice, but he has found to be therapeutically helpful.

> The African culture believes in the past. And actually they [Africans] don't look into the here and now. They refer, "It was like this with our ancestors, so it will maybe be like this in the future." But… the present is always left to chance. So this theory, I have learned that [when] I work with a person I always… bring them to the here and now. This is a theory which is very helpful for me now.

The Ugandan counselors exemplified the heightened awareness of the Ugandan counselors in this study related to how they are practicing professional counseling in the Ugandan context, in relation to their counselor training.   In this study, Ugandan counselors demonstrated an increased self-awareness about navigating multiple ways of practicing professional counseling, which is contributing to the overall development of Ugandan professional counseling.

Limitations

A limitation to this study was the language barrier between the interview and the participants. All of participants spoke English as a second or third language. A lack of understanding of the questions could have influenced how the participants responded. This limitation also arose when the interview transcribed the audiotapes. At times, the audiotape recording could not be understood because of background noise and participant's accent. The interviewer's inability to understand the words being spoken on the audiotape recording could have also influenced the results.

Other limitations in this study are the cultural and power differences that existed between the interviewer and participants.   Despite the interviewer taking steps to mitigate these differences by having a cultural-insider as a thesis committee member, who helped to create meaning from the results, a lack of insight still exists because the researcher is a cultural outsider. In addition, the researcher was unable to re-check the results with the participants to confirm accuracy in the transcriptions. Participants would have been influenced by the researcher being a cultural outsider, either providing answers that they believe the researcher would prefer, or withholding information because the historical legacy and abuse from global-north citizens, unto global south.

Applicability

The results and the discussion of this study can help guide future cross-cultural research, counselor-training programs within Uganda and the USA, and cross-cultural training programs taking information and people from the global north into the global south.   Cross-cultural research endeavors need to be comprehensively considered not only by the global north institutions, the applicability for the institutions and citizens in the global south. This research employed a variety of methods to mitigate colonizing knowledge, as well as to provide the information gathered to people who would find it most valuable. For that case of this research, the Ugandan counselors would benefit from their professional field being "validated" through the process of western research methods, and therefore can potentially use the information in this research project to move the field of professional counseling in the direction that they chose. The information in the research could be used to inform counselor-training programs in Uganda, as well as counselor-training programs in the global north, specifically the USA. The barriers and strengths can inform and hone program development. Students in the USA can gain insight

into the context in which professional counseling developed in Uganda, as well as how Ugandan counselors understand their field. USA students can also gain insight in how to conduct cross-cultural research in a way that shares power, rather than abuses one's privilege and power by colonizing knowledge. Cross-cultural training programs specifically taking students from the global north into the global south (USA to Uganda) may have increased insight into the impact of global north ideas in the global south, given that the perspectives of the people actually integrating western-counseling practices in their context has brought many challenges.

All readers can take away an appreciation and reflection upon oneself in our respective fields and contexts. Ugandan counselors, like many people who live within the borderlands, are fighting to uphold their cultural values and beliefs that make them who they are, while also trying to make their communities a better place to live in for themselves and their loved-ones. Ugandan counselors work in the counseling field because they believe in the power of healing and growth. They are willing to commit their money and time, with little to no financial benefit in return, to a profession that in many ways challenges their peoples' values and beliefs. Ugandan counselors' courage, creativity, and commitment to the field of professional counseling can be reflected upon and applied to every reader's life.

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Appendix A

INTERVIEW SCHEDULE

The semi-structured interview schedule includes the following questions:

1. What is your professional role in counseling? Where do you work?
2. What training have you had in counseling?
3. What is it like to work with individuals, families, and communities in rural Uganda? How would you describe your experience as a counselor?
4. Who do you work with? What populations do you serve?
5. What are the most common issues for which people seek your help?
6. What main ideas drive your work? How do you decide what to do when you are counseling?
7. What techniques do you use when working with individuals, families, and communities?
8. Who do you involve in your work? How do you decide who should meet with you? How do you get the people you need to be part of the counseling?
9. Do you, and if so, what is it like to work with members of tribes/clans outside your own tribe/clan?
10. Do you, and if so, what is it like to work with members of your own tribe? Clan?
11. What are the greatest challenges you face counseling in rural Uganda?
12. What resources do you have/use that enable to you counsel? What resources do you need to counsel in rural Uganda?

Appendix B

Demographic Questionnaire

Identification Number:

Pseudonym:

---

1. What is your age?

2. What is your ethnicity?

3. What is your biological sex?

4. What is your marital status (single, divorced, widowed, etc.)?

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5. What region do you work in?

6. Is the region urban or rural?

7. With which populations do you work with?

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8. What is the highest level of education you have completed?

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9. What is your religious preference?

Appendix C

Flyer

A Call for Research Participants!

Are you interested in sharing your experiences of counseling in rural Uganda?   A research project taking place April 28th- through May 2nd will be seeking 10-15 individuals, who are 18 years or older, to fill out a questionnaire and partake in a 60 minute interview that will explore your training, how you do your work, who you work with, and what challenges and resources you need to be a counselor in rural Uganda.

The research project will take place on the BMCTI campus. Please identify yourself as an interested participant by contacting Elsa Kraus at ekraus@lclark.edu, in person at the BMCTI on April 28th, or by phone by leaving a message at the BMCTI for Elsa to return your call.

Your participation is completely voluntary and you can withdraw from the research project at any time for any reason. Your identity will remain anonymous and a small gift will be offered in appreciation of your time and effort, even if you decide during or after the interview to withdraw your participation.