EXPLORING HOW AFRICAN EMPLOYEES ACCESS WORKPLACE COUNSELLING IN SOUTH AFRICA

by

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DECLARATION

I, JAYMATHIE DOOKRAN, declare that this dissertation is my own work. It is submitted for the Degree of Masters in Social Work at the University of KwaZulu-Natal (UKZN).

This dissertation has not been submitted for any degree or examination at any other university.
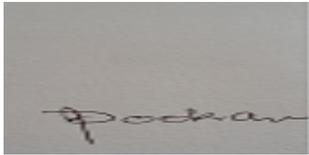
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TABLE OF CONTENT

CHAPTER TWO: LITERATURE REVIEW: SECTION ONE

CHAPTER TWO: THEORETICAL FRAMEWORK: SECTION TWO

CHAPTER THREE: RESEARCH METHODOLOGY

CHAPTER FOUR: RESULTS AND DISCUSSION

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

This study explores the role that traditional beliefs and practices play in influencing African clients' decisions towards accessing mainstream Western counselling, and determines how these beliefs and practises manifest in a counselling relationship. It also explores how Western based counselling manages these concerns. Despite the increased attention that multicultural counselling and indigenous healing modalities have received in the international literature over the past decades, this research area is still considered to be in its infancy in South Africa. Effectively counselling cultural minority clients remains a controversial issue worldwide. Until recently, there have been indications that mainstream available counselling services in South Africa have been described as irrelevant to the needs of the majority of African clients in this country and forms the subject of this study.

This study researched the views of a few groups of African workers, residing in the KwaZulu-Natal province to explore their counselling help seeking behaviours. The study used qualitative methodology, specifically an exploratory design conducting four focus groups. The first focus group constituted the pilot study and informed changes to the data collection process.

The findings indicated that the African worldview, entrenched in deep cultural values and beliefs, played a pivotal role in defining and labelling the social problems of African clients. There was a clear distinction between the way counselling was managed from a Western perspective (talking therapy) and that of traditional methods (ritualistic, spiritual, ancestral). Prejudices and ignorance of traditional forms of healing created mistrust and miscommunication between Western counsellors and African clients. To counteract these biases, the recommendations of this study suggest that South African counsellors need to work in a counselling modality that makes provision for recognizing and appreciating a client's cultural identity and worldview, with specific recommendations thereof featuring in the final chapter of this report.

INDEX- ABBREVIATIONS

APA	American Psychological Association
BBBEE	Broad Based Black Economic Empowerment
CEO	Chief Executive Officer
COGTA	Cooperative Governance and Traditional Affairs
DOE	Department of Education
DOH	Department of Health
DSD	Department of Social Development
DSR	Department of Sports and Recreation
EAP	Employee Assistance Programme
HIV/ AIDs	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
H.R.	Human Resources
KZN	KwaZulu- Natal
NGO	Non- Governmental Organisation
S.A.	South Africa
SACSSP	South African Council for Social Service Professions
Stats S.A.	Statistics South Africa
USA	United States of America

CHAPTER ONE: INTRODUCTION AND BACKGROUND

This chapter provides an introduction, overview of the background and the context of the research problem, together with the principal aims and objectives. It also includes the research questions, rationale and the limitations of the research study. The methodology and theoretical framework are briefly introduced however, it will be discussed in greater detail in forthcoming chapters. This chapter also defines some key concepts.

1.1 INTRODUCTION

Workplace counselling which became equated with the Employee Assistance Programmes (EAP) began to emerge in South Africa in the early 1980's. It was initially introduced in the mining sector and in all government departments. Since then, there has been a rapid change in the corporate business sector mindset, where workplace counselling has been introduced as part of wellness programmes (Maiden, 2013). With the changing South African workplace arena and the increase in a multicultural workforce, there was and is a dire need for a counselling service to address the challenges faced by African employees in accessing counselling. A more appropriate stance needs to be adopted to include the cultural beliefs of African clients in service delivery. According to Charema (2004) social workers in Africa as a totality, who are functioning from a Eurocentric methodological framework, are on occasions challenged when faced with counselling clients from a different culture.

The practice of counselling in South Africa cannot be fully appreciated without understanding its multicultural nature and historical background. The apartheid system introduced in the Republic of South Africa in 1948 created a society with four distinct races namely Whites, Indians, Coloureds and Africans.

Since 1994, South Africa saw the abolishing of apartheid laws and the introduction of new laws, around employment equity, affirmative action and Broad Based Black Economic Empowerment (BBBEE) (Grant, 2007). The rapid employment of the African workforce gave rise to an increased multi-racial and multicultural workforce. Race still remains the main ethnic dividing factor in South Africa. Coupled with such discrimination of the African culture is the counsellor's own

value system which is also of Western influence resulting in discrimination and oppression of people who come from a different culture other than the counsellor's.

According to Pedersen (2002), the counselling profession itself has many skills that enable the counsellor to reduce the social and emotional barriers experienced in a culturally and ethnically diverse workplace in South Africa. It is important to acknowledge social and political factors that influence the counselling relationship with African majority clients. All people possess cultural identities that are influenced by their families, friends and communities. These include various groups such as work, religious or education that they belong to. Multiculturalism includes such aspects as language, gender, ethnicity, race, religion, spirituality, age, and sexual orientation, physical and socio-economic factors. Sloman (2005), states that these factors have a profound effect on the therapeutic counselling relationship. Counsellors therefore need to acknowledge that a client from a culturally different background lacks the understanding or familiarity with that counselling environment. Asante (2007) highlighted that the use of an African language was an expression of an individual's identity, hence African clients would prefer speaking in their own language.

In this study the researcher argues that there are cultural reasons that hinder access to workplace counselling. The researcher focuses on the perceptions and experiences of clients towards a Western based counselling relationship. However, the question arises as to whether African employees are willing to access the services of workplace counselling, taking into consideration the influence of their cultural beliefs and practises on the counselling relationship. Hence, this study explored the incompatibility of Western counselling employed in a multicultural South African workplace. This investigation is supported and in the context of the on-going debate on the relevance of Western psychological counselling in South Africa and the rest of Africa. It explores the impact of conducting counselling with clients whose worldviews are different from those of the counsellor and focuses on the impact of the client's worldviews on psychological counselling from a Western perspective

1.2. BACKGROUND

This study was located in a HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome) work organisation that primarily focuses on implementing prevention programmes to the youth of South Africa. The organisation is a Non-Governmental Organisation (NGO), supported by the South African Government, namely the Departments of Health (DOH), Department of Social Development (DSD), Department of Education (DOE) and Department of Sport and Recreation (DSR). The organisation offers its services in all nine provinces, with the National office situated in Gauteng province. This study was located in the province of KwaZulu-Natal (KZN).

Amongst the Africans in South Africa there are also ethnic subdivisions with the four major ethnic divisions being Nguni, Sotho, Shangaan-Tsonga and Venda groups. As of year 1991-1992, together the Nguni and Sotho groups made up at least 18.2 million people, the largest population group in South Africa (Maiden, 2013). The Zulus, Xhosas and South Ndebele form part of the Nguni Group, with the Sothos having a further subdivision of North Sothos, South Sothos and Twansas. The South Africa Demographics Profile (2013) places the highest percentage of Zulu speaking population in South Africa at 23.82%, with the lowest being Ndebele at 1.59%. In this study the sample consisted of predominately Zulu employees, together with two Sothos. The table below illustrates the eleven official language group distribution in South Africa, indicating the highest number of Zulus in KZN.

Table 1.1: Distribution of language groups in South Africa

Language Group	Percentage
isiZulu	23.82
isiXhosa	17.64
Afrikaans	13.35
Sepedi	9.39
English(official)	8.2
Setswana	8.2
Sesotho	7.93
Xitsonga	4.44
siSwati	2.66
Tshivenda	2.28
isiNdebele	1.59

The 2011, population Census figures indicated that KZN is the second most populous province in South Africa with 10.3 million people as compared to the total population of 51.8 million people that are living in South Africa. The KZN province is a majority Zulu province; hence the majority of the sample population were from the Zulu group. In South Africa almost a fifth of the population speaks isiZulu and make up 11.5 million people (51.8 Million People in South Africa Census, 2012).

The researcher is an Indian, female, currently employed at the organisation in the KZN province. As part of the employee wellness strategy the EAP programme was introduced in 2002 under the auspices of the Human Resource (H.R) Department. A "Responsive Approach" was introduced, with the use of external psychologists. Employees made contact with the external service provider when the need arose. This service was made available free of charge to all employees across the nine provinces. Each employee was allowed as many consultations as needed with the psychologist per year. The type of cases varied from relationship issues, alcohol abuse, trauma, depression and financial problems. In an interview with the Chief Executive Officer (CEO) of the organisation, the researcher was informed that due to employee underutilization of the service, by less than 5%, the EAP department

was declared redundant in the year 2005 (interviewed on 21/4/2014). In another interview, the Human Resource Manager (on 30/4/2014) confirmed that the EAP service was costly and that it was not utilised to its maximum. The organisation presently wishes to re-open the EAP department with the aim to reintroduce its services to its employees. No research has been undertaken to evaluate the EAP service that was introduced in 2002; neither were the reasons that brought on the closure of the EAP service explored at any point. A telephone counselling service currently exists in the organisation and is available to employees and clients in the wider community. The call centre is supervised by a social worker with a team of lay counsellors. Employees are able to call the free help-line to access advice with healthy sexuality behaviours. Other types of social problems are referred to professionals out of the organisation, at a cost to the employee. There are no documented research studies available to indicate if the African employees are currently utilizing the available telephonic counselling services. The researcher conducted interviews before embarking on the study with Managers and Administration employees in KZN (NGO), who indicated that they have not contacted the help-line as they associated the call- centre with assistance especially for youth instead of mature clients. They also indicated that the lay counsellor's expertise was very narrow in that they have been trained mainly around sexuality issues, which is not the area in which they required assistance. This further supported the need to conduct the study.

The population in this study comprised of the total number of 335 employees in the given organisation, spread across the nine provinces in South Africa. The annual report for the year ending 2012-2013, stated that the organisation employed 84% African employees, Coloured employees made up 13% whilst Indian and Whites were 2% each of the total number. Foreign nationals made up 0.31%. Of the 335 employees there was, a higher number of female employees at 182, as compared to males at 153.

1.3. RESEARCH PROBLEM

Eurocentric or Western counselling techniques and skills are largely based on models that are suitable for the American and European communities. Hence, this research wishes to address this problem, which is cognizant that the Eurocentric counselling models may neglect the cultural background of the African client despite the fact that African clients are the majority in the country. Moreover, 79% of the South African population comprised of black Africans, whites, 9.6%, coloureds, 8.9% and Indians, 2.5% (South Africa Demographics Profile:2013)

In considering the problem of a Eurocentric form of workplace counselling being offered to African clients, this study aimed to explore how workplace counselling is accessed by the African employees and whether the needs of the African client were met in the Western counselling intervention. The origins of the research problem, relates to the training and development of multicultural competent counsellors. Pedersen (2002) emphasised the importance of a culturally competent counsellor who is aware of his/her own culturally learned assumptions as well as that of their clients. He continues that they are able to comprehend relevant facts and information about a client's culture and are able to skilfully intervene to bring about positive change in the client through counselling.

In discussing the origins and development of counselling and practice in social work in South Africa, the researcher noted that in her 4th year as a social work student in 2004, at the University of South Africa, the social work curriculum was based on a Western model of understanding client's problems. A blanket approach was employed to understand and manage counselling interventions irrespective of the client's differing race groups in the South African context. Education in general and the development of the social work curriculum in South Africa lacks focus on African experiences (Murove & Mazibuko, 2008; Bhana, 2004; Higgs, 2003; Pillay & Kramers, 2003).

A number of South African universities presently do not include intensive multicultural specialization in their social work counselling degrees. The curriculum of social work at a number of universities in South Africa remain largely based on Western models of understanding and managing clients problems as argued by Chitindingu (2012) in a study conducted at University of KwaZulu-Natal and

another University in Gauteng. Chitindingu (2012) concluded in her study that students were of the view that tertiary institutions had not adequately responded to the demands of an inclusive multicultural curriculum. It was also highlighted that there is a paucity of research in South Africa with regards to the inclusion of African perspectives into the counselling curriculum. Chitindingu (2009) found that professional counselling training had failed to meet the needs of ethnic groups in South Africa. The same study indicated that other related studies also indicated similar views (Mkhize, 2004; Holdstock, 2000).

In contrast to South African Universities, the Western Michigan University and other international universities, offer an intensive specialization in multicultural counselling. The programme emphasizes the importance of addressing the needs of an increasingly diverse society. The programme strives to increase the educational opportunities of racial minorities and diverse student populations. The programme creates an atmosphere where unique values and concerns receive attention and respect. Racial minority and other diversity concerns are integrated into the curriculum. The programme is also committed to recruiting students from diverse ethnic backgrounds (Western Michigan University Brochure, 2011). At the University the last four admissions classes for 2003 through to 2005 were:

- 48 %: White or Caucasian

- 36 %: African American

- 6.5 %: Asian

- 6.5 %: multiracial

- 3 %: Hispanic

Although universities in the United States of America (USA) are offering a social work curriculum that is inclusive of multicultural principles there still seems to be a low percentage of Black American counselling psychologists available in the country. Studies revealed the number of Black graduating counselling psychologists at universities in USA in 2002 to be at 6% according to Bailey (2004).

In South Africa studies by Mayekiso, Strydom, Jithoo and Katz (2004), indicated that of all the registered psychologists, 90% were White with 80% of interns also being white. The statistics around the low number of Social workers registered in KZN at only 1749 serving a population of close to 10 million, bears reference in this study (Scarce Skills Policy Framework, 2003). In South Africa, EAP services are rendered and practiced by a high number of Psychologists, instead of Social workers. The history and development of EAP in South Africa will be discussed in greater detail in chapter two, however some challenges need to be introduced as part of the research problem. In a study by Terblanche (1992) cited in Maiden (2013) on EAP staffing in South Africa, a majority, 58% of EAP practitioners were personnel officers, 44% were nursing staff and 39% were medical officers. Social workers ranked fourth, at 33%. He concluded that this could have resulted from the fact that EAP service was merely added on to the existing tasks of staff already responsible for other duties.

Given the above implication, addressing workplace counselling within the African context raises a number of context specific questions that require appropriate answers. The African view adopts a holistic approach to healing and the West adopts an individual, differing approach, therefore, how can the two be best utilised to effectively assist the African client in the South African context? This is the subject of the present study.

1.4. RATIONALE

The rationale for this study was guided by the availability of many international studies on counselling amongst minority groups, living in multicultural and Western countries. A study conducted by Keynejad (2008) in London, assessed the barriers faced by minority ethnic groups in accessing mental health services and showed that ethnic majority groups wanted services to be delivered more holistically. Some clients wanted complementary and alternative therapies to be available. The National Health Service in the United Kingdom, does currently provide a few of these therapies and they may be a crucial way of engaging ethnic majority groups by illustrating that services go beyond the Eurocentric medical model. Many service users struggled to get their physical health needs taken

seriously and ethnic minorities with multiple needs felt they were always being referred from one agency to another. The heritage of social relations between White communities and ethnic minorities mean there are profound reasons why some people will be suspicious of what is seen to be a White dominated service. In the Keynejad (2008) study ethnic minorities groups felt medication needs to be complemented by a range of talking therapies. Those not using services wanted more information in their own languages.

Although workplace counselling has many benefits to employee well-being and increasing productivity as seen in other parts of the world, the direct application of the Western model to African employees remains problematic.

In the USA, studies are very strong at many academic institutions, publications, journals and in university curricula. Several cross-cultural studies conducted internationally by Sloman (2005), Sue and Sue (2003) and Wong-Hernaandez and Wong (2002), amongst minority groups such as Chinese, Asian Hispanics, and Indians living in the United Kingdom, Australia, Canada and America in the hope to evaluate and improve the counselling services offered to minority groups. These studies raised concerns about the applicability of Western counselling to minority groups and highlighted that there is an international boom in studies related to culture.

Similarly, in South Africa at the Psychoanalytic Trust Conference held in Cape Town, March 1998, conversations commenced indicating a paucity of research studies promoting an Afrocentric counselling practice. The conference also addressed the applicability of psychoanalysis in the South African post-apartheid context. A cross cultural study by Read (2007) highlighted such debates. The conference concluded by raising concerns that whilst standard psychoanalytic theory may be relevant to a Western based White minority, it may not be applicable to the majority of South Africans. At the 2012, International Congress of Psychology, it was argued that Western and non Western traditional counselling can work together to develop an empirically sound and culturally relevant counselling modality (American Psychological Association (APA), 2011).

At the 4th Annual Psychoanalytic Congress, Watson and Fouche (2007) suggested that South Africa's counselling profession was struggling to establish a relevant

identity that would address the inherent problems created by South Africa's socio-political and socioeconomic history. Hence this study explored this gap to ascertain the views of African employees in relation to workplace counselling. The results will inform an improved service delivery, specifically enhancing the counsellor's multicultural skills and to develop better counselling relationships.

Juma (2011) in his study found that the client participants defined their problems in terms of their African traditional beliefs and practices. Their communication style presented problems of miscommunication between themselves and their counsellors. There was also a clear distinction between how problems were managed from an African traditional perspective and that of a Western perspective (Moodley, Rai & Alladin, 2010). The study recommended the creation of specific departments in Universities to embark on research aimed at establishing foundational structures on which to build on African counselling principles as an alternative to Western counselling. Juma (2011) recommended comprehensive research on African people's attitudes about traditional African thinking around counselling. Another recommendation was that future studies should be conducted with more diverse samples on a wider variety of demographics and cultural belief systems and practices. Similarly, Mpofu (2011) had the same view on African clients.

Although South Africa is comprised of non-African South Africans and Foreign Nationals from various cultural backgrounds, social services in South Africa focus primarily on Western approaches. This phenomenon thus creates conflict between the needs of individuals and the essential wellness services that are available to them (Macias & Morales, 2000).

Studies both internationally and locally, indicate that there is a definite need for more cultural studies in South Africa especially in the area of counselling with ethnic majorities (Holdstock, 2000; Mkhize, 2004). According to Chitindingu (2009), South Africa has yet to come to grips with the varieties of cultural expressions, together with those that maintain some form of distinctiveness and group identity.

This study hoped to make a contribution to the dynamic nature of cultural practices in the field of multicultural counselling in the workplace. Moreover, it wishes to

ascertain how African clients' access workplace counselling whilst guided by certain traditional customs and practices not documented in the formal academic literature.

1.5. AIM

The study aimed to understand how African employees accessed a workplace counselling service, centred on a multicultural work dynamic in South Africa.

1.6. OBJECTIVES

When formulating the research objectives, the researcher took cognizance of reaching the aforementioned research goal.

The specific objectives of this study were:

i.   To explore the perceptions and views held by African employees about workplace counselling.
ii. To determine what cultural beliefs and practises influence accessing workplace counselling.
iii. To explore suggestions and recommendations on increasing access to workplace counselling.

1.7. RESEARCH QUESTIONS

According to Maree (2007), the following needs to be borne in mind when identifying research questions:

- Research questions relate directly to the statement of purpose.
- They are connected logically.
- They are linked conceptually through key terms that appear in each question.

The research questions in this study were as follows:

i. How was workplace counselling perceived by the African employees?
ii. What were some of the common cultural beliefs that influenced access to workplace counselling?
iii. What perceived recommendations or changes would encourage the employee to increase access to workplace counselling?

1.8. LIMITATIONS AND DELIMITATIONS OF THE STUDY

This research study had the following limitations:

- Being a South African Indian, the researcher's cultural competence may have influenced the manner in which data was received, analyzed and reported. This was addressed by increasing cultural knowledge through extensive literature readings on South African ethnic culture and its values. To further increase her cultural knowledge the researcher conducted personal interviews with key informants, such as the performing African arts and culture historians residing on the South of KZN and traditional leaders before commencing with the fieldwork in this study. Since the researcher has been working as a Social worker within a multicultural environment with fellow African employees for the past 15 years, some competency in isiZulu mannerisms and language have been developed. Mkabela (2005) in support, states that when conducting research in different cultural contexts, researchers should first familiarise themselves with the culture, language, history, values and traditions of the participants before the commencement of the research (Chitindingu, 2012).
- Language may create barriers in the understanding and translation process of data in this study. In considering that the English language was used as a medium of communication, all questions were asked in simple and clear language, so that meanings of words were not duplicated. Participants were encouraged to answer using the "isiZulu" word at times and consequently translate the meaning of words into English. All the sample participants were highly conversant in the English language as their employment requirements demanded fluency in the language.

- There was limited room in this study to test the accuracy of the participant's perceptions of workplace counselling. Similarly, there was little scope for the counselling professionals to respond to the beliefs and views of the sample.

- Another limitation of the study was the homogenous nature of the participants, in that they were majority Zulu participants. The reason as mentioned before is that KZN is a Zulu dominated province. The other African ethnic groups were not represented with the exclusion of Sothos, however the similarities of customs and beliefs amongst African clients addressed this concern.

- The small sample size of 30 participants, did limit generalisation of the results. Notably, the small number did include both female and male participants. In qualitative studies a smaller sample would be preferred so as to gather in-depth information (Babbie, 2013; Rubin & Babbie, 2013).

- Since the focus groups were conducted during work hours, adequate time for discussion was another limitation. To obviate this limitation the researcher split the focus groups into four smaller sub-groups so that in-depth discussions could be conducted, without affecting the quality of data collected.

1.9. RESEARCH METHODOLOGY

This chapter presents an introduction to research methodology which will be discussed in more detail in chapter 3. The research approach in this study was qualitative in nature as it allowed the researcher to gather rich and deep information from participants with regards to their perceptions and beliefs concerning workplace counselling. According to Rubin and Babbie (2013), qualitative research methods are more flexible than quantitative research methods as they allow for more observations to be gathered when subjectivity is used to obtain a deeper understanding of human experiences. The key strength of qualitative research is the depth of understanding it permits in studying characteristics of attitudes and behaviour.

Bless, Higson-Smith and Kagee (2006) defined research design as a programme to guide the researcher in collecting, analysing, and interpreting the observed facts. It is a specification of the most adequate operations to be performed in order to test specific hypotheses under given conditions. Leedy and Ormrod (2005) indicated that qualitative studies typically serve the purposes of:

- Description
- Interpretation
- Verification
- Evaluation

Babbie and Mouton (2006) stated that the purposes of social research were as follows:

- Exploration
- Description
- Explanation

Taking the above theory into consideration, this study used an exploratory and descriptive research design. In this study the researcher conducted qualitative exploratory interviews during four focus group discussions. The researcher explored then described the perception and beliefs of African employees towards workplace counselling.

1.9.1. Population

Bless, Higson-Smith, and Kagee (2006) described a population as a set of elements that the researcher focuses upon, in order to determine characteristics of the population. The population is regarded as the total set from which the participants are chosen.

1.9.2. Sample and Sampling Method

In this study a purposive or judgemental sampling method was used. According to Rubin and Babbie (2013) purposive sampling may be used to select the sample on the basis of knowledge of the population. In this study the sample had to meet the criteria of belonging to the African race group. It was assumed that the African employees were conversant in the African cultural beliefs and customs.

The sample was selected from the research site which was located in the KZN province where the NGO organisation operates from namely, Emathuleni, Mandeni, Nongoma and the main office in Durban. Emathuleni is situated on the South of KZN and is a rural area. Mandeni is located in the ILembe District which is a more urban area. Nongoma on the other hand is rural with clear visibility of culture and traditions being practised. Nongoma is located in the Zululand District and is currently ruled by the royal Zulu King Zwelithini. Zululand is named after the inhabitants of the area, the Zulus (South African Department of Co-operative Governance and Traditional Affairs (COGTA, brochure). The Durban area is urban with a high visibility of informal settlements and people migrating from rural and foreign lands in search of employment.

The organisation in KZN has 33 employees in total, indicated as follows:

Table 1.2: Biographic data of sample

n	Ethnicity	Culture	Gender
1	White	English	Female
2	Indian	Hindu	Females
12	African	11xZulu 1xSotho	Males
18	African	17x Zulu and 1x Sotho	Females
33 **TOTAL**			

Thirty African employees were selected to participate in the study and therefore made up the sample population. Of the thirty participants there were five managers and twenty five programme trainers and administration staff. All the employees were fluent in the English language as it is the organisation's strategy to implement programmes and to communicate in the English official language, given that it operates in a multicultural work space.

A letter inviting participants to participate in the study was sent to all thirty of the African employees (Appendix A). Twenty nine of the employees responded to the invitation and signed the consent forms (Mack, Woodsong, MacQueen, Guest & Namey, 2005).The twenty nine participants belonged to the African group with a majority Zulu cultural background. Included in the sample were two Sothos, one male and one female. None of the African employees felt excluded from the study. Included in the sample were both males and females, thus ensuring a gender balance. Their demographics with regards to age will be discussed in chapter 3.

1.9.3. Data Collection Process

Focus group discussions were most suited as a method of collecting data in this study. A semi-structured interview schedule guided the focus group discussions. Focus groups, according to Toseland and Rivas (2005) are designed to collect in-depth, qualitative information about a particular service or topic of interest to the managers of an organization. The emphasis is on facilitating members' discussion of a subject until viewpoints are fully understood and points of agreement or disagreement become clear.

Four focus groups were conducted. The first focus group was conducted in Emathuleni, which served as the pilot study. The pilot study allowed for improvements to be implemented in the subsequent focus groups. The second focus group was conducted in Durban and then followed by Mandeni and Nongoma. The researcher obtained consent (Appendix B) from the participants to audio tape the group discussions. The researcher explained all the ethical issues surrounding the group participation.

The use of a case vignette and a semi structured interview schedule, allowed the researcher to probe the initial responses of the employees as indicated by Barter and Renold (2000). With the use of interview techniques, a complete understanding of the participant's responses was gathered. The strength of focus groups according to Toseland and Rivas (2005) is the ability to explore topics and generate hypotheses through the use of group interaction. The focus groups allowed the researcher to gather in-depth viewpoints and experiences in a shorter period of time in comparison to individual interviewing of participants.

1.9.4. Data Analysis

All recorded data collected from the focus group discussions were analyzed using thematic and content analysis, as illustrated by Royse (2011). The four separate audio recordings were listened to and transcribed manually. The transcripts of only the three groups were read and analysed and then grouped in order to identify common themes, concepts and patterns. The themes centred on the employee's perception of workplace counselling, and the influence of ethnic cultural beliefs on workplace counselling. The participant's recommendations, to improve the accessibility of workplace counselling were also explored. Cultural innuendos were recorded in verbatim, with a view not to lose the content and ideas of the participants. Participants took the liberty to act as English translators whenever a need arose as it was essential to capture all viewpoints as accurately as possible. In order to recheck understanding of the cultural phrases the summarized narrative transcripts were read by one participant in each focus group. This confirmed the accuracy of the recorded focus group discussion.

1.10. THEORETICAL FRAMEWORK

Theory is essential in social work practice as it helps to predict, explain, and assess situations and behaviours. It provides a rationale for how the Social worker should react and intervene with clients who experience problems or goals (Teater, 2012).Theories assist social workers in understanding, explaining or making sense of situations or behaviours and provide insight into what could have occurred in

the past or future. Theories and methods need to be reliable and effective which can be accomplished by means of qualitative and quantitative research (Teater, 2012).

In considering the literature review on the topic, Multiculturism and Afrocentrism, were found to be most suited in this study. The characteristics of multicultural theory, according to Ritzer (2000) are indicated as follows:

- A rejection of universalistic theories from those that tend to support the use of power; multicultural theories seek to empower those who lack clout
- Multicultural theory seeks to be inclusive, to offer theory on behalf of many disempowered groups
- Multicultural theorists seek to disrupt not only the social world but the intellectual world; they seek to make it far more open and diverse
- There is no effort to draw a clear line between theory and other types of narratives
- Multicultural theory is both self-critical and critical of other theories and, of the social world
- Multicultural theorists recognize that their work is limited by the particular historical, social and cultural context in which they happen to live.

Similarly the researcher found the relevancy of Afrocentric theory in this study as it centred on an African worldview of interconnectedness which is expressed in a holistic understanding of the individual, including body, mind and spirit (Mkhize, 2004). In agreement theorists such as Boloyi (2008); Moodley (2007; 2005), and Moodley and West (2005), contend that an African individual makes sense of social problems only in the confines of family and community. These theories will be discussed in greater detail in chapter two with the inclusion of relevant literature review.

1.11. DEFINITION OF TERMS

A brief definition and meaning of the commonly utilized terms in this study was provided for the purposes of clarity in understanding:

Employee Assistance Programme (EAP)

According to Barker (2003), EAP can be described as services offered by employers to their employees to help them to overcome problems that may have a negative impact on job satisfaction or productivity. These counselling services are provided at the place of work or through outside service providers. They include counselling for problems such as alcohol and drug dependency, relationship problems, marital or career issues. A referral service is also provided when needed (Barker, 2003).

Workplace Counselling

EAP and workplace counselling are terms that are used interchangeably in South Africa. Workplace counselling is described as a provision of brief psychological therapy for employees of an organisation, which are paid for by the employer (Aydogdu& Uzel, 2010).

Culture

Culture refers to the culmination of knowledge, meanings, hierarchies, religion, notion of time, roles, spatial relations, and material items or possessions that have been acquired over generations through individual or group living.

The culture of a given group forms the sum of the shared ways of thought, reactions, rituals, customs, habits and behaviours acquired directly or indirectly from the group or clan of members. It includes child rearing practices, kinship patterns, marriage rituals, diet, dressing, music, art and interpersonal relationships (Owusu-Bempah&Howitt, 2000).

Multiculturalism

Multiculturalism, as explained by Laungani (2005), is a term that lacks precise definition and is best described with the inclusion of the following elements:

- It incorporates attitudes, values and beliefs.
- Human beings are a product of their own culture.
- It is not political.
- Each culture has its own unique way of constructing their own world, which gives meaning to their lives.
- Within each culture there exist multiple values and traditions.
- Human nature allows for culture boundaries to be extended.
- Culture is in some way flawed as no culture has all the answers.
- Culture adds value to other cultures and it is equally important to learn from other cultures as well. A mixture of cultures is advantageous as it enriches one's intellectual, emotional, artistic, spiritual, humanitarian and moral visions.

1.14. STRUCTURE OF THE REPORT

This report comprised of five chapters and was divided as follows:

Chapter One: Introduction and Background

Chapter one introduces the outline and background of the study including the context within which this study was located. The focus included the motivation, purpose, significance, aims, objectives, limitations, theoretical framework and research methodology of the study.

Chapter Two: Literature Review and Theoretical Framework

This chapter comprises an in-depth literature review focusing on the nature of a multicultural workplace counselling arena, its accessibility by employees both internationally and in South Africa itself. The literature review highlights the

applicability of a Western model of counselling for African employees in South Africa. The literature review also provided insight about the role and competence of workplace counsellors in a multicultural environment.

In addition the chapter presents the principal theory by which this study is guided. The chapter indicates the applicability and appropriateness of the theories of Multiculturism and Afrocentrism.

Chapter Three: Research Methodology

Chapter Three includes the research design, sampling, data collection method, research process and the type of data analysis used for this research. The strengths together with the weaknesses of the techniques and their appropriateness for this particular study are outlined.

Chapter Four: Results and Discussion

Chapter Four is made up of the presentation of results after the data was collected. The chapter also presents a discussion of the findings.

Chapter Five: Summary and Conclusions

Chapter Five includes an overall summary of the study and includes recommendations and suggestions that can guide future research on the particular topic.

1.15. CONCLUSION

In this introductory chapter the main aims and objectives, research questions, the rationale, and the context of the research problem were highlighted. Furthermore, the research methodology was introduced from a Multicultural theoretical framework. The limitations encountered during the research study were presented in order to contextualise the findings. The next chapter presents the literature review of the study and theoretical framework.

CHAPTER TWO: LITERATURE REVIEW: SECTION ONE

2.1.1. INTRODUCTION

This chapter comprises of two sections. Section one, begins with an introduction of the relevance of culture and diversity in counselling and the Social sciences, thereafter discussing the relevance of multicultural counselling in South Africa. Included in this section are the criticisms of Western based counselling. The African worldview and traditional counselling concludes the first section.

In section two, the chapter discusses the two theories namely, Afrocentrism and Multiculturism as they apply to this research study.

2.1.2. CULTURE AND DIVERSITY

Culture is mainly related to interrelated behaviours, beliefs, values, attitudes, and practices that are transmitted or communicated from one generation to another, according to Sheafor and Horejsi (2006) in Nicholas, Rautenbach and Maistry (2011). Similarly culture, according to Barker (2004) is the various ways in which we can make sense of the world and are able to answer questions of social meanings. These definitions offer insight to the researcher who believes that culture influences a person's identity hence for counsellors to fully understand their clients they must first understand their culture.

According to Pincus (2006), the concept of race has been replaced by cultural diversity or ethnicity concepts. The researcher is of the opinion that in South Africa culture is still synonymous with racial divides. The concept of culture has been used to describe the whole country, its ethnic group or sub-groups and socio-economic categories. Sloman however (2005) noted that when the term culture is applied to an individual, it refers to a mixture of behavioural and cognitive patterns of belief, feelings and adaptations. Sloman (2005) elaborates that culture gained recognition as a flexible construction of the world to which various groups of people belong and share specific geographical and historical viewpoints. This notion of culture is an important aspect in the context of this study because

individuals cannot be separated from their society and the cultural context in where they were born and raised. Sue and Sue (2003) noted that individuals who share the same cultural matrix would exhibit similar values and beliefs systems. These values and belief systems will then influence their worldview. This study encourages a broader view of counselling development that should not ignore the different world views and cultural values. The Western model cannot simply develop a counselling model that can be used by all individuals without taking into account the cultural context of the client.

South Africa has many different cultural groups as well as racial divides and since the abolishment of apartheid laws, citizens are able to express themselves freely without discrimination against race, gender, marital status, religion, conscience, belief, culture, language and birth. Pincus (2006) added that in a diverse society like South Africa, individuals do not always agree on how people of another culture should behave in society, as it may differ from their own value system. People occupy various roles in their life for example, I am a wife, a mother, a social worker and a post graduate student and these are descriptions that matter to me and is referred to as my 'master status' according to Rosenblum and Travis (2003) in comparison to me being described as an Indian, female, residing in Durban.

2.1.3. ATTRIBUTES OF CULTURE

Hofstede (2001), "Theory of Culture", adapted in Landy and Conte (2010), depicts five attributes of culture that influence the African worldviews, namely:

- Individualism/collectivism: this refers to the degree to which individuals are expected to look after themselves versus remaining integrated into groups such as family. According to Ghyoot (2000), persons with collectivist consciousness include, Africans, Japanese, Malaysians, Indians, Turkish, and the South American populations. Collectivists tend to value group decisions. Individualists include Westerners who regard individuals as unique and are able to make their own decisions and form their own opinions. African collectivism finds expression in the philosophy of "Ubuntu". The key values included in both

collectivism and "Ubuntu" are group solidarity, conformity, compassion, respect, human dignity and collective unity. This aspect is important to the study because in a Western counselling relationship, the therapist demands that the client independently takes responsibility for the problems he/she may be experiencing. The researcher agrees with Mayer and Boness (2013) that in Western society the individual is expected to take care of himself, however in a collectivist, African society the family or members of the family group take care of the individual because of loyalty to the family (Makinwa- Adebusoye, 2001). In the collectivist society there is more family involvement and support. A counsellor that has a need to adhere to confidentiality ethics may not want to include family members in the counselling sessions. Hence this study highlights the misunderstandings that a counsellor may encounter if a Western counselling approach is used to counsel African clients.

• Power distance: this refers to the degree to which less powerful members of an organisation accept and expect an unequal distribution of power. High power distances especially in the Western cultures accept inequality and differences in power more readily than those in cultures with low power distances such as the African culture. High power distances are usually associated with hierarchies, whilst African clients with low power distance will regard a structural place of work as a space of an extended family. This needs to be recognized in the study because, in African culture power is acquired by ascription usually assigned to members based on religion, age, family history, linage and role in the community The Western counsellor is in a position of power in a counselling relationship. The counsellor being the professional can therefore be more demanding towards the client. The counsellor carries a heavier responsibility in the relation with the client. However, the way of engaging in communication can be decisive in the creation of a shared responsibility with the client in a relation of partnership. The counsellor needs to find the appropriate way to get to the heart of the problem of the client. In this regard, the counsellor should try to understand the client's worldview.

• Uncertainty avoidance: this refers to the extent to which members of a culture feel comfortable in unstructured situations. Western cultures are more demanding of structure, hence Social workers find that Western clients would

be accepting and willing to abide by rules of appointments and formality of written correspondence and referrals. In relation to the present study, traditional values are in contrast with Western ideals and values hence not befitting for African clients. The researcher believes that Western values cannot be used to judge traditional values where the latter seem superior.

- Masculinity/femininity: this refers to the distribution of emotional roles between the genders. The masculine role is viewed as "tough" and concentrates on technical performance and accomplishment levels whilst the feminine role is "tender" with emphasis being on interpersonal relationships and communication. In the African group the males are regarded as tough and unemotional. Such a demarcation of roles is relevant to highlight in the study because in Western counselling the client is encouraged to express his emotions. The contrast for an African male client would be that being emotionally expressive would be a sign of weakness. This is an important aspect in this study as the study attempted to explore how gender of an individual impacts on how traditional clients access counselling. In chapter four this issue was explored in detail as it appeared as a pertinent theme during the analysis of data.

- Long-term versus short-term orientation: this refers to the extent to which members of a culture expect immediate versus delayed gratification of their material, social, and emotional needs. Time perceptions, for African clients are more related to concerns about people-related matters rather than important schedules in a meeting. Managing time sequentially means that people experience time as a series of passing events. A sequential person according to Mayer and Boness (2013) has a crucial path worked out in advance with times for the completion of each stage. People with this kind of understanding of time would not want to upset their schedule or agenda by unanticipated events. Hence Al-Krenawi and Graham (2000) suggested that African clients may not be comfortable in making appointments to seek the help of a counsellor. Western counsellors tend to follow the schedule very rigidly. For them it would be considered rude to be a few minutes late because the whole day's schedule is affected. Time is seen as a commodity to be used up. Lateness deprives the other of precious minutes. This type of values leans

towards a Western type ideology and hence will be embedded in Western counselling methods. For African clients time management and events have a past, present and future, which are interrelated, so that ideas about the future and memories of the past shape present action. In contrast to Western ideology, sequential (African clients) are less insistent upon punctuality. The passage of time is not unimportant, but it is very necessary to give time to people with whom they have a particular relation. These values lean towards African cultural values. The researcher agrees with Landy and Conte (2010) that if clients are not time conscious and adhere to appointments, a Western counsellor may view the client's behaviour as a sign of disinterest in the therapy process. This concern is relevant to the study because Eurocentric models of counselling demand that clients are time conscious, which is in contrast to a culture conscious type of counselling. Social workers need to understand the worldview of African clients, concepts like the past, the present and the future have a different influence on decisions. This assessment helps the counsellor to have an attitude of respect for the client's culture. The accommodating attitude gives the client more confidence, self-esteem, and a feeling that his/her culture and beliefs are acknowledged. This positive context, allows the counsellor a better position to listen to the client's history. For the client, it is very important to have a counsellor who connects with his/her experiences and thus more understanding is built, opening the pathway for a trusting relationship. When trust is achieved, then a relationship of "client-counsellor partnership" can be cemented.

2.1.4. ACCULTURATION

According to Launkari and Puakari (2005), acculturation means adaptation to a new culture and the process of change a person will have to go through to achieve it. Acculturation relates to a socio-cultural and psychological context and it concerns both those who come to a new culture, such as refugees, immigrants (Indians in South Africa) and those who come into contact with them. Acculturation can take place in different ways. Gumbiner (2002) in Rebelo (2005) describes acculturation as the assimilation of new ideas into one's own culture. The ideal way of acculturation is integration, which means adaptation to a new culture in

such a way that immigrants preserve their own cultural characteristics. The other alternatives are assimilation, separation and marginalisation. In assimilation immigrants do not want to or are not allowed to preserve their own cultural identities. Separation can be defined as isolation from the predominant culture and emphasis on one's own cultural background. Marginalisation is the least desirable alternative of acculturation where immigrants live at the margins of the society without contact with their own cultural/ethnic group or to the new cultural environment according to Launikari and Puakari (2005). Hence marginalization was the experience which motivated the need for the present study.

In South Africa, acculturation of African clients is possible where youth are quickly adopting a Western lifestyle. The researcher has noted from personal experience that social workers in the old, apartheid South Africa serviced clients of their same race group, as it was believed that their similar cultural background assisted the social worker to understand the client better. The social work profession at the time, failed to recognise the impact of acculturation on the youth, where more African youth were adopting Western values, norms and language. The concern is whether this continues to be practised in present day social work practice. In their quest for better education and employment, youth are being forced to live away from their extended families. Charema (2004) has a similar interpretation as the researcher in that he states that with an increase of urbanization, there emanates an increase in acculturation and the adoption of a Western worldview. Cross- race relationships, since its unbanning are on the increase, giving rise to a generation that will hopefully not have race dictating their everyday lives.

In lieu of the afore-mentioned, the researcher is of the view that it may be useful for Social workers to determine the level of acculturation of the client and if Western counselling is acceptable or not before counselling takes place. In chapter four the findings from the group discussion provide insight into the level of Western acculturation of the respondents in this study and its link to Western counselling practice.

2.1.5. CULTURE AND COUNSELLING

For Western counsellors to fully understand African clients there is a need to understand the culture of the client. In this study it was vital to understand how culture is addressed in social science and counselling. The social sciences face four problems in understanding and explaining behaviour according to Keating (2008) cited in Porta and Keating (2008). Firstly, how it accounts for change over time within societies, for example the impact of democracy in South Africa. Secondly, to explain the connection between micro level changes to macro level. Thirdly, to find the connection between the decision of individuals and the behaviour depicted in society. Fourthly, to describe the relationship between the hard facts of the social world and the way they are interpreted (Keating, 2008 cited in Porta & Keating, 2008).

Consequently, cultural studies in the field of social sciences around the world are increasing. For social workers engaging cross culturally with clients, it becomes imperative that they have some knowledge of clients from a culturally different background to their own. Nicholas et al (2011) elaborate, that cultural empathy or cultural sensitive practice can enable professionals to understand the meanings that individuals and groups attach to particular events or situations, also how cultural rituals, traditions, and practices can assist clients find solace and comfort in their lives. Ghyoot (2000) cautions social workers on stereotyping, when discussing broad cultural differences amongst people who refer to differences as instruments of colonial control and exploitation. Being cognizant of this, the researcher provides an understanding on the differences between English and African cultures as a point of departure for the enhancement of a multicultural relationship process between counsellors and African clients.

Meyers (2004) argues that although cultural differences are noted and that there exists social norms that differ, there are also good commonalities across cultures such as taboo against incest, or that siblings may not engage sexually.

2.1.6. TRADITIONAL AFRICAN COUNSELLING

According to Juma (2011) most sub-Saharan African societies have been held together by various elements such as the extended family system, chieftaincy, taboos, various forms of initiation and close links with ancestors and elders.

Traditionally, chiefs had multiple roles including being the authority and the regulator. These roles were accepted and respected by all. The elders and chiefs were the valuable source of guidance and counselling (Moodley, 2013). The chief was regarded as a direct link to ancestors. The link was strengthened by performing rituals, ceremonies or taboos attached to them. The extended family provided the supportive role in the community (Coker, 2004).

According to Charema (2004), there are two forms of counselling amongst the Africans, namely:

1. Giving advice is the responsibility of the extended family. Giving advice is largely subjective and can be seen to promote dependence on the family system. There are specific roles that each of the family members have for example the female, aunts usually gives advice to girls on dating, marriage preparation and sexuality. Uncles do the same with young boys and with married men who may be experiencing marital problems. The advice given has to be taken seriously and if the desired result is not attained then there is blame cast and the reasons would be that the person asking for help did not follow instructions or that the ancestors are punishing the individual (Charema, 2004). Physical and mental disabilities are also attributed to angry ancestors.

2. Wisdom is given by the elders who provide wisdom, experience and knowledge about life. The elders usually share wisdom with the use of proverbs and folk stories and singing and dancing are a very popular counselling tool amongst Africans according to Mpofu (2011). He elaborates that one of the proudest talents of Africans is the ability to tell stories and thus listen to wisdom from the elders. Mpofu (2011) argue that a "talking" therapy is alien to many African people in South Africa and that social workers should adapt a storied approach.

The researcher notes that when children are faced with communicating with Western social workers, especially in children's institutions they find it difficult to speak to social workers and find it strange that adults listen to them. The individual in traditional households exists as part of the family and community system and operates as a collective structure (Charema, 2004). Self affirmations and feelings of connection with the world are gained from family and community relationships.

2.1.7. TRADITIONAL HEALING IN SOUTH AFRICA

Traditional healers play an important role in South Africa, where it is estimated that eight out of ten Africans rely on traditional medicine alone or in combination with Western medicine, according to Keeton (2004) in Nicholas et al (2011). Traditional healers occupy an esteemed position amongst indigenous South African cultures because they can make contact with the spirit world and have the ability to exploit the forces of nature (Moodley & West, 2005). They are consulted on a wide range of problems that are physical, social, and emotional. They usually occupy varied roles such as healer, physician, priest, psychiatrist, adviser, teacher, diviner, and herbalist as explained by Gregory (2001) in Nicholas et al (2011).The traditional healer also acts as an intermediary between the visible and invisible worlds to determine which spirits are at work and how to bring the sick person back into harmony with them. They are viewed as holistic healers. Traditional healers use a variety of procedures to diagnose clients' problems such as talking, physical and spiritual, same as their Western counterpart, others are said to be able to diagnose from a distance without seeing the client. Some take part in elaborate ceremonies designed to invoke the spirits of ancestors to obtain answers about problems or good fortune (Adegoke, 2003). The researcher's summation is that the issue of understanding the client's culture is very important in making the correct diagnosis and offering appropriate service to the client. In a scenario where traditional leaders act as counsellors, they may be in a better position to understand their clients as they come from the same cultural background.

According to traditional African beliefs, every illness has a specific purpose or cause. In order to treat illness one needs to discover and remove the cause. The reasons for the illness are usually related to the fact that ancestors may be

punishing the person for violating taboos or performing rites incorrectly (Adegoke, 2003). In the context of Black urban South Africans the available help serving agents stem from the family, friends and neighbours. The type of help and the choice between traditional and Western medicine will be determined by the particular support group (Johnson, 2000). In this domain there exists, the herbalist (Inyanga) and the diviners (Sangoma). A Christian influence is combined with the Zionist church influence. The use of Western medicine and counselling is not entirely excluded. In terms of the mental health profession there is a greater abundance of primary health care workers as compared to social workers, clinical psychologists and psychiatrists (Johnson, 2000). This, points to a need for the latter to offer relevant services.

2.1.8. WESTERN VS TRADITIONAL AFRICAN COUNSELLING

Most importantly, Western counselling is conducted by a trained and qualified practitioner. Social workers in South Africa are required to be registered with the relevant registration council such as South African Council for Social Service Professions (SACSSP). Contact with the counsellor is usually by appointment and may involve one or more counsellors. The counsellor has to establish a relationship with the client, whereas in traditional African counselling, the relationship is already established because the client is known to the counsellor. The counsellor expects the client to do the talking and the Western counsellor has to listen, the opposite of what happens in traditional counselling. The Western counsellor views the client's behaviour and then guides the client to find a solution for him/her self. The onus is on individual development from the individualistic perspective. Traditional counselling is prescriptive and solutions to problems are dictated. Any deviation from the prescribed solutions offered by elders or advisers is deemed as rebelliousness and an attempt to anger the ancestors. Western counselling uses theories, techniques and strategies that were developed by Anglo- European theorists with a monolithic approach and ignores the needs of the African culture. The researcher agrees with African critics like Locke (1990) in Charema (2004) who have opposed the appropriateness of Western approaches to counselling in African countries. He argued that the Western strategies were

time consuming, expensive, sophisticated and catered for the small elite group. Coker (2004) and Coker (2002) on the other hand, observed that formal counselling was problematic among Africans as they associated it with a Western endeavour that intrudes into people's private lives. They were comfortable with traditional sources of support such as family, friends and spiritual outlets (Sue & Sue, 2003). Such an observation is important in understanding the mind of Africans deeply rooted in their cultural traditions when offering counselling services.

Charema and Shizha (2008) observed that Western approaches to counselling demonise and oppress an individual's culture when applied to non Western cultures. Charema and Shizha (2008) advocate the use of indigenous approaches to counselling which they claim tactfully captures the importance of family and community in therapy.

The researcher acknowledges the important realisation that appropriate counselling takes cognizance of the client's cultural environment and utilises structures in family and community to enhance assistance offered to clients. Chamberlain and Hall (2000) allude that counsellors who are not sensitive to cultural differences had lower success rates when dealing with clients of other cultures, and as a result, they failed to empower their clients.

However there are some similarities in the two types of counselling, in that a confidential relationship between counsellor and client exists in both types of counselling and both give priority to finding a solution for the problem (Charema, 2004).

2.1.9. MULTICULTURAL COUNSELLING

Because a multicultural approach to counselling is relatively new, the implications for practice are still being developed. There is some agreement, however whilst maintaining the integrity of the distinctive new approach, multicultural counselling should strive to build on whatever current counselling practice is in place (Pedersen, 2008).

Elements of a multicultural skilled counsellor:

- According to Pedersen (2008), there are three stages of development for counsellors namely, awareness, knowledge and skill. Awareness demands realizing assumptions of other cultures and accepting different views in a non judgemental way. The counsellor is able to judge a situation from different viewpoints and become aware of assumptions being made in other cultures. In agreement with Pedersen (2008), the researcher believes that if Social workers lack development in the three stages then the counsellor will not be able to understand the point of view of the client and will not be able to suggest adequate solutions to problems.

- Cultural knowledge is important for the development of awareness, clarification and reduction of ambiguous situations for the counsellor. The emphasis is on increasing the amount of precise information accessible in order to develop cultural knowledge. Without cultural knowledge counsellors assume and judge a client's point of view according to Pedersen (2008).The researcher agrees with Pedersen, on this point of departure.
- Having appropriate skills allows counsellors to determine and build intervention strategies.

Sue and Sue (2003) outlined a process to be followed to become a skilful counsellor. The first task is that the counsellor thinks about him/herself. Secondly, he/she identifies the values of the dominant culture in which to practise counselling or communication, and thirdly, he/she examines alternative value orientations. The researcher supports this notion that such a skilful counsellor will be more effective to finding solutions to problems of an African client.

2.1.10. THE BASIC TENETS OF MULTICULTURAL COUNSELLING

Sue and Sue (2003) engaged many efforts to include multicultural issues in training programmes in counselling. The field of multicultural psychology evolved from counselling and psychotherapy with diverse populations. These discussions gave rise to the basic assumptions of a framework of multicultural counselling.

This study is informed by the Multicultural Counselling and Therapy theory (MCT). The theory is premised on the following tenets, as summarized by Flores and Heppner (2002):

(a) Counselling theories and approaches must be embedded in the worldview of the culture in which they are developed.

(b) The counsellor and the client must be understood contextually.

(c) The counselling process and outcome is informed by the counsellor and client's racial identity development that explain feeling and behaviours of the cultural group.

(d) A variety of techniques and multiple helping sources within the community should be utilized in assisting the client.

(e) The treatment goal is on expanding consciousness.

The researcher advocates for multicultural counselling in this study as it proposes culturally sensitive counselling and therapy where the client is viewed from the context in which he/she is found. This is contrary to approaches such as person-centred counselling, as set out by the founder, Carl Rogers (1980) in Sprangenberg (2003), where people are viewed as having enormous potential for understanding themselves and resolving their problems without direct intervention from the counsellor. Clients are seen as capable of self-directed growth when involved in an effective counselling relationship. According to Rogers, three essential counsellor attitudes create a growth-promoting climate.

The three attributes are (a) congruence (genuineness or realness), (b) positive regard (acceptance and caring), and (c) accurate empathic understanding (an ability to deeply grasp the subjective world of another person). In "Person-Centred" counselling, therefore, clients define their own goals, and counsellors strive to deeply understand the world as their clients see and experience it (Sprangenberg, 2003). The "Person-Centred" approach takes clients as their own best authorities. The focus of "Person-Centred" therapy is always on the client's own feelings and thoughts, and not on those of the therapist. The "Person-Centred" therapist makes every attempt to foster an environment in which clients

can delve deep in themselves and become more intimate with their own thoughts, feelings and meanings. Clients who have a strong urge in the direction of exploring themselves and their feelings and who value personal responsibility may be particularly attracted to the "Person-Centred" approach. However those, like African clients in particular, would prefer a counsellor to offer them extensive advice, to diagnose their problems, and analyse their psyches will probably find the "Person-Centred" approach less attractive and helpful. In this study the researcher has already highlighted that in traditional counselling, the traditional healer diagnoses the problem and offers solutions based or directed by spiritual guidance of ancestors to the client. The reliance of self-disclosure in the client-centred approach is contrary to traditional counselling methodology as it may be viewed as going against the allegiance to the family.

The researcher acknowledges that multicultural counselling training may equip and skill social workers to better understand clients of African culture. The element of multicultural counselling provides a framework for social work training and practice with a view of providing better services to African clients. The researcher agrees that not all of the elements may be ideal, however selecting a few elements suggested by Sue and Sue (2003) and Pedersen (2008) above, are a starting point for the development of a new form of counselling approach for the African client in South Africa, as proposed in this study. Pedersen (2002) suggests the multicultural approach, which he referred to as a fourth strength of counselling, together with a culturally skilled and competent counsellor as being a solution away from an exclusive Eurocentric methodology. The multicultural counsellor requires sensitivity towards the individual's own philosophical and religious beliefs and presuppositions. It would be helpful for the counsellor to know some basic facts about different philosophies and religions because there may be some tensions between the different cultural and religious groups of clients and the counsellor. This basic knowledge helps the counsellor to adopt different counselling practices for persons with different orientations. General information on religions and philosophies are not always enough. Whaley (2001) indicated that it minimizes the mistrust between counsellor and client. The counsellor sometimes needs more specific information on particular aspects such as rituals and rules. Particularly when dealing with different cultures, a counsellor should

seek consultation with religious leaders and other relevant people who can enlighten the meaning of specific aspects of the religion or ideology. The researcher also believes that it would be very important for social workers to understand the value of traditional healers in the lives of African clients (Launikari & Puakari, 2005).

Mkhize (2004) elaborates that there is a shortage of social workers, with its added burden of HIV/AIDs, in the country, South Africa and social work as a profession has failed to introduce developmental approaches in training such as multicultural counselling. Mkhize continued that multicultural counselling cannot be avoided, particularly because South Africa constitutes different populations with diverse cultures.

The researcher believes that South Africa should learn from countries like America, Australia and the United Kingdom, where many changes to the traditional Western type counselling have been introduced. A multicultural approach, although not perfect in providing a framework or guideline for social workers is however the step in the right direction as it is inclusive of the African cultural worldview of the client.

2.1.11. BARRIERS TO WESTERN COUNSELLING

In South Africa, all four race groups have their own cultural and religious beliefs that have an influence on their lives in many ways, including their psycho-social well-being. This is evident within the African culture amongst the Zulus, Sothos, Xhosas and others. Juma (2011) argued that the practice of counselling which is based on a colonial model has largely ignored the social-cultural and religious beliefs of the African people. It is further said that a failure to take into consideration the socio-cultural beliefs of a client in a counselling situation may not only lead to misunderstanding but can also be anti-healing and misleading.

Counselling from a Western perspective faces challenges of cultural expressions. Men from African cultures find it difficult to speak to a woman about problems that they may experience, according to Townes, Cunningham and Chavez-Korell (2009). However in a Western culture a man might want to speak to a female

counsellor as he may feel that she could be more empathetic to his emotional problems. Western cultures do not narrow down options regarding to whom certain feelings can be expressed.

Traditional men in these cultures will hardly express emotions portraying pain or anguish, for example, crying in front of women counsellors or younger men. This is seen as a sign of weakness and vulnerability that is not expected from men (Zastrow, 2009). Talking about sex is another difficult area in these cultures depending on who is talking to whom. Married women would discuss sexual issues with fellow married women or an aunt. Elderly men do not talk about such issues with men or women younger than themselves. Some women do not talk about sexual issues in the presence of men. In a counselling relationship, this difference can present a serious challenge for a younger woman counselling an older man who is bereaved and presenting a different picture emotionally to her due to his cultural background. This situation may not result in an appropriate assessment and intervention (Townes *et al.*, 2009).

Other cultural bodily gestures can also present challenges among and between different cultural groups and races. In the African culture looking at someone straight in the eyes when conversing, especially with an elderly person, is a sign of disrespect. These barriers create a situation of anxiety amongst African clients (Waites, 2009; Keating & Robertson, 2004). In some Western cultures, this is a sign of shyness or dishonesty (Coker, 2004). This can also present a challenge to a Western counsellor in a counselling relationship. The client runs the risk of being assessed inappropriately. Most traditional Africans do not draw a line between matters pertaining to religious beliefs and empirical reality (Crawford & Lipsedge, 2004). Western practitioners tend to operate within a Western theoretical framework, keeping in mind their own values and beliefs.

In support, Tisdale, Doehring and Lorraine-Poirier (2003) suggest the need for a well articulated applied or clinical model(s) that effectively captures an approach with the kind of healing or counselling that most South Africans are inclined to embrace. They continue to state, that it relates to an "Ubuntu" worldview, a collective existence as opposed to the Western ethos on the principle of individuality. Most South Africans in their cultural and religious beliefs would

embrace a counselling approach that is inclusive of their family members and extended family relations, deceased or alive, and including their belief systems in the solution focused process (Juma, 2011). Mainstream Western models of psychological research on African clients reflect bias and prejudices of White theorists in the past. They came under scrutiny as ethno-cultural intricacies were exposed. However in South Africa critics began to express themselves even more strongly after the collapse of apartheid laws (Juma, 2011).

International researchers as indicated by Sloman (2005) challenged the universality of traditional counselling. They questioned the theory base that applied to all populations. In addition they stated that if cultural differences are not acknowledged among people, it means that perspectives or activities different from those in the mainstream model are regarded as inferior or abnormal.

McLeod (2001) summarizes that the focus of theory and practice of counselling and psychotherapy has served the dominant group in society, and has ignored the problems of people who are disadvantaged by it. Following these growing discussions Pedersen (2002) argued for a cross cultural counselling perspective, as he believed multiculturalism to be a defence against social, economic and political colonisation.

However, D'Ardenne and Mahtani (1999) in Sloman (2005) proposed an inter-cultural approach. Both approaches contend that traditional therapeutic models have an emphasis on the self and tend to undervalue the significant place of family and culture.

The researcher agrees with the majority of researchers that Western counselling practice may not be an easy fit for an African client as it excludes the cultural background of the individual, as culture is the very backbone that defines a person's identity.

2.1.12. CONCLUSION

A current challenge in the work place is that companies should be helped to deal with increasing cultural diversity. Counsellors in the workplace should understand that their own culture does not represent the only way of thinking. A critical examination of conventional counselling requires re-evaluation of one's own attitudinal starting points. The ultimate aim is to possess emotional commitment and to respect and understand cultural diversity and its impact on counselling. To achieve this, there is a need for a change in training and practice of social work. Recommendations and possible solutions have been discussed in chapter five of this study; however the researcher found it befitting to introduce the theoretical framework in the next section of this chapter.

CHAPTER TWO: THEORETICAL FRAMEWORK: SECTION TWO

2.2.1. INTRODUCTION

The aim of section two in this chapter was to present and discuss the two theories, namely Afrocentrism and Multiculturalism, in relation to the objectives of this enquiry. Theories have the power of insight and understanding, allowing scientists to see phenomena that previously they would not have been able to conceptualize (Chadee, 2011). Practice theory on the other hand is a set of ideas about human nature, including concepts of health, illness, normalcy, and deviance, which provide verifiable explanations for behaviour and rationales for intervention (Walsh, 2010). In order for social workers to become knowledgeable and effective counsellors, they must have understanding and familiarity with commonly used and well established theories and methods used in the practice of social work (Teater, 2012). Elaborating further by stating that, once knowledge is established, then the social worker would be able to determine which theories or methods are the most appropriate for the client. The researcher was in agreement with Teater's (2012) suggestions about social workers choosing an appropriate theory to counsel minority clients. Hence this chapter highlights the concern that social workers in South Africa may lack knowledge of emerging contemporary theories, such as the two theories under discussion.

2.2.2. JUSTIFICATION FOR CHOICE OF THEORETICAL FRAMEWORKS

Social casework has been strongly criticised by practitioners and policy developers in South Africa according to Gray (2011) cited in Nicholas, et al (2011). Gray (2011) argues that when it comes to theories to understand human behaviour, two traditional theories are used, namely Freudian or Psychodynamic theory. When understanding how individuals respond to the environment, the Social Learning theory is used. The limitations in the use of these psychological theories, especially in a culturally diverse society like South Africa is that, these theories overlook the importance of culture and socio political progress in the lives

of African clients. Non-Western cultures are driven by external forces such as ancestors and collective cultural norms. Many of the conflicts that arise in a multicultural South Africa, according to Gray (2003) stem from colonialism and apartheid's disregard of indigenous cultures, and seek to replace them with Western ways of life.

Two other theories, namely Systems and Ecosystems theories view an individual in relation to a range of systems such as family, extended family, school, work, religion, economic etc. These theories attempt to understand how an individual thrives in a particular environment. The limitation in these latter theories is that they fail to understand the implication of structural change such as apartheid for the majority of the South African population (Nicholas *et al.*, 2011). However modern views of counselling social sciences recognise all forms of theories on culture and society. Internationally, the rapid increase in a multicultural population gave rise to race, culture and ethnicity divides which have challenged counselling as a science to respond with a new strategy in cross-cultural counselling (Sloman, 2005). Models deriving from Western counselling research on minority clients included models such as Inferiority model, the Deficit model and the Multicultural model of counselling (Sloman, 2005). Sloman (2005) challenged the universality of traditional counselling approaches that developed within a White middle class context. The approaches were seen to have a mono-cultural perspective and related to Western individualistic ways. Numerous South African critics have also argued around the incompatibility of Western based models for counselling African clients such as, Smith (2008) who called for structural, modernist analysis as well as a post-modern critical theory to achieve change in social work education. The researcher shared the views of the theorists above, and was motivated to argue the oppressive mono-cultural Eurocentric approach to counselling African clients in South African workplaces. Hence the researcher found it befitting to include Afrocentrism and Multiculturalism as the most appropriate theoretical perspectives to critique mainstream, Western counselling practices for African clients in South Africa. The researcher chose to discuss the African paradigm in counselling social work. The researcher chose to focus on the African worldview as the study was concerned with the relevance of Western counselling to people of African ancestry

in South Africa. Afrocentrism was the logical point of departure, followed by Multiculturalism as the two theories of choice.

2.2.3. MAIN TENETS OF AFROCENTRISM

Afrocentrism, as defined by Howe (1999) is an emphasis on shared African origins amongst all 'Black' people who have pride in their origins and an interest in African history and culture. Howe elaborates that it is a belief that Eurocentric bias has blocked or distorted knowledge of Africans and their cultures. He indicated that Africans may come from different parts of the world, yet their diverse historical backgrounds give them some commonalities.

The main tenet of the African centred worldview is interconnectedness which is expressed as a holistic understanding of reality. Spirituality as Grills (2002) elaborates is a unity of mind, body and spirit. The intrinsic values of human relationships are very important in the African worldview. The individual is surrounded in a belief of collective identity and can only make sense of his world within the confines of the community (Baloyi, 2008; Mkhize, 2004). The Western culture on the other hand is expressed as being individualist (Landy & Conte, 2010). Hence Afrocentricity is based on a collective view of the world that emphasizes harmony and working together for a common goal. The problem that some researchers have with this construct is that it may not be a valid interpretation of African values and thus results in discrimination. Afrocentricity is considered by some, to be central to understanding the African individual and therefore the researcher believes it to be central to counselling with this population. Afrocentricity is a worldview based on African values that are upheld by some African Americans in the US as well as Africans around the world. It is seen as a way to bring about unity to African people and to help Africans in Diasporas to understand and take pride in their heritage. Afrocentricity is often seen as opposite to Eurocentricity.

The following table from Foster (2003) illustrates the perceived differences in the two worldviews:

Table 2.1: Differences between African and Western Worldviews

African Worldview	Western Worldview
Group Centred	Individuality
Sameness	Uniqueness
Commonality	Differences
Cooperation	Competition
Collective responsibility	Individual rights
Cooperation and interdependence	Separateness and independence
Survival of the tribe	Survival of the fittest
One with nature	Control over nature

The table above shows that categorization may be detrimental to individuals who feel that they do not identify with all of the values above. However, Robinson and Howard-Hamilton (1994) in Foster (2003) believed that the Afrocentric perspective could benefit an African individual's sense of self. They described how adherence to Afrocentric beliefs provided a buffer against racial oppression through the Resistance Modality Model. In the Resistance Modality Model, a distinction was made between resistance versus survival and oppression and resistance that is empowering and liberating. Resistance that is empowering is healthy and allows the individual to avoid internalizing negative societal messages. Robinson and Howard-Hamilton (1994) in Foster (2003) believed that healthy forms of resistance are linked to an accurate knowledge of one's historical, racial, and cultural connections, which can benefit the African individual's sense of self. This model seemed to be the vehicle through which the Afrocentric perspective was lived out. In the researcher's opinion, it is relevant to the study because, if Africans in South Africa have a good sense of identity and high self esteem they will be able to resist the oppressive Western forms of counselling and advocate for an Afrocentric form of counselling. The individual resists oppression in a way that is empowering and uplifting with the help of the Afrocentric worldview (Foster, 2003).

2.2.4. HOLISTIC UNDERSTANDING OF REALITY

Baloyi (2008) and Mkhize (2004) argued that indigenous knowledge systems have been marginalised and that Western theoretical frameworks have been enforced on populations that are non-Western. The difference in norms, values, traditions and cultures make it difficult for Africans to relate to a reality from a Western worldview and motivates the African client to seek traditional counselling (Crawford & Lipsedge, 2004). Reality in a Western worldview is segmented and compartmentalised whereas in an African worldview reality it is holistic. According to Mkhize (2003) reality is structured hierarchically with God being the highest order, and then followed by spiritual beings. He elaborated that humans are placed at the intermediate level and lastly at the bottom of the hierarchy lie the inanimate objects. All the elements according to the African perspective are interrelated, interdependent and intertwined. A relationship exists between the individual, community and the inanimate objects and plants. Reality does not separate the mind from the body, segregate between male or female, instead human beings are viewed as a holistic system rather than isolated parts (Santiago-Saavedra, 2004). The Western views of reality are limited to the five senses such as tasting, seeing, smelling, touching and hearing whereas in traditional African cultures, reality includes both material and spiritual (Holdstock, 2000).

These views are considered important for the current study because Western counselling theory recognises an individualistic approach to a counselling relationship between counsellor and client. The counsellor has belief that a person possesses an innate ability towards behaviour change and may not understand the existence of a higher power. Hence social workers may diminish the belief that spiritual beings may have a positive influence on the recovery process for African clients.

2.2.5. VALUE ORIENTATION

Although the Afrocentric values differ from the Eurocentric values, they are still dominate in mainstream Western forms of counselling to African clients. A majority of traditional paradigms adhere to values such as reductionism, materialism, competition, and empiricism (Marsella & Pedersen, 2004). Although there are alternative perspectives such as cross-cultural, multiculturalism, social constructionist and feminist approaches, these are not the dominant trends used in the training of counselling therapists in South Africa. Western models of counselling are largely rooted in individualistic values that view the individual as an autonomous entity. This view has little meaning for the abundant minority cultures in the world, as stated by Marsella and Pedersen (2004). They contend further that, another key value in mainstream Western counselling is the assumption that culture is a vague and arbitrary superimposition on a known reality. This view fails to acknowledge that the mind of a person and culture are mutually inseparable. This important tenet forms the basis of one of the key motivations to conduct this study.

Molette and Mole (2013) described Afrocentric time value as not being a linear process on the continuum from past to future, however they indicated that there is a "We" that exists in time value. Events must begin and conclude "In" time rather than "On" time. The Western dimension in contrast bears importance to being "On" time. The African concept of time was regarded as primitive by Eurocentric standards that labelled people possessing these values as lazy, indolent and disinclined to work. On the opposite end Eurocentric values were regarded to be advanced, objective and universal according to Molette and Mole (2013). The researcher was inclined to agree with these views that Eurocentric values differ from that of Afrocentric values and in instances where African clients are counselled by Western counsellors, it may cause confusion as an African client may see situations differently.

2.2.6. CONNECTEDNESS TO THE COMMUNITY

According to Schiele (2010), human beings are creatures better understood to be interrelated. The individual forms a significant part of the community and the researcher fully agrees with this sentiment. The individual cannot be understood separately from the community or others; hence the collective nature of identity is important in Afrocentricism. This interrelatedness is well expressed by Gordon (2009) in reiterating the importance that, the mind, body and spirit are in harmony for any psychological and social healing to be effective. Hence when social workers engage with individuals, families or communities from African descent, it would be appropriate to focus on concepts such as interconnectedness, harmony and balance.

2.2.7. CONNECTEDNESS TO THE ANCESTORS

The idea of being connected to a larger whole is extended to connectedness to the ancestors or spirits according to Mbiti (1970) in Schiele (2010). The relationship between the living and the dead is very important from an African perspective. Ancestors referred to as the departed, have been integrated into the realm of the living through rituals conducted by the living (Mkhize, 2004). Ancestors impart the code of ethics on those living; they also continue to live a virtuous life in their spiritual world (Mkhize, 2004). Although physically removed from living, they continue to be a significant part of their lives. The living and dead individuals, are interrelated in a web of relations (Holdstock, 2000). A disruption of the relationship between the living and their dead relatives and family can lead to disorientation in the lives of those still living (Holdstock, 2000). Ancestors are a very important aspect in the lives of the African individuals and community in terms of their health which is further dependent on having a harmonious relationship with everything including ancestors. Failure to observe a person's obligations to the family in accordance with one's position and status might cause the ancestors to withdraw their protection, leaving the family vulnerable to illness and ill-luck (Mkhize, 2004). This notion is significant to the study because when African clients in the workplace are forced to seek the help of Western social workers, they may do so, for reasons of their fear for their loss of jobs. Hence the

researcher agrees that the success of therapy can be jeopardized if social workers are not aware of ancestor status amongst African clients.

2.2.8. RELIGION AND SPIRITUALITY

Religion and spirituality according to Nicholas *et al.,* (2011) is the key component to understanding how people live and share their sorrows and give understanding in times of grief. The authors elaborate that South African social workers need to be aware of the basic principles of Christianity, African religions, Judaism, Hinduism and Islam in order to render more sensitive and appropriate interventions. Mkhize (2004) explained that for Africans, God is the source of energy which is extended to everything even the plants, soil, animals and human beings. Such centralizing of religion and spirituality to counselling is new to social workers in the African continent and hence this study addresses how best such action may be taken.

2.2.9. AFROCENTRISM AND COUNSELLING

The researcher is in agreement with Grills (2002) that Western counselling may be inadequate to Africans because of the differences in epistemology, worldview, ontology, and axiology. Mkhize (2004) argued that Western approaches to counselling are based on certain presuppositions about the person and the world. He elaborated that historically, mainstream Western counselling had not only been presented as universal, but it has also been assumed to be free of roots in particular philosophical and value systems. Therapists working with multicultural African populations need to be aware of the benefits and downfalls of incorporating an Afrocentric worldview into counselling, but importantly what aspects to include, an aspect that is addressed through the conduct of the present study.

Foster (2003) further indicated that Afrocentricity was a necessary component of the African identity. He described Afrocentricity as a struggle against extreme displacement, where many Africans believed that they shared the same history as

Whites. He contends that Afrocentricity is not the opposite of Eurocentricity, nor does it seek to replace Eurocentricity, however its inclusion is an essential component of multiculturalism. Afrocentricity as indicated was a totally different way of looking at reality that was based on harmony and coexistence. It is believed that people must understand and appreciate each other's differences in order to have respect for all people.

Foster (2003) maintained that there were four reasons why Afrocentricity appealed to many African individuals. Firstly, many Africans saw it as a demonstration of their race loyalty and solidarity with their brothers and sisters around the world. Secondly, many used it to call attention to "differences" and to buffer themselves against racism. Thirdly, many were interested in sharing and living the values of the African ideology. And fourthly, many found that Afrocentrism provided an emotional as well as psychological appeal in connecting to their roots (Foster, 2003).

Researchers, such as Pierre and Mahalik (2005) also indicated interest in evaluating whether adherence to Afrocentric values had any correlation to a healthy self-concept. Hence, a research study on the effects of African self-consciousness and racial identity was conducted to assess psychological well-being in young adult African men. Although the results were mixed, it found some support for African self-consciousness and racial identity as having a positive effect on psychological well-being (Pierre & Mahalik, 2002). The results showed a significant positive relationship to psychological well-being of individuals. Some specific things that were found were that self-reinforcement against racism were associated with less psychological distress and greater self-esteem, similar to studies by Johnson (2000). In the same study, Pierre and Mahalik (2005) also found evidence opposing the hypothesis that Afrocentric values promote greater psychological well-being. They found that African men who identified with their ethnic group reported less self-esteem. The finding suggested that it cannot be conclusive that for all African individuals, all aspects of Afrocentricity will be beneficial to their psychological well-being.

The review of literature showed evidence, that there were conflicting opinions from research results regarding the validity of Afrocentricity. However, many

researchers such as Bennett (2006) have studied the effects of racial identity development and indicated significant positive results with African American individuals. Afrocentricity is an important part of racial identity for many Africans. If Afrocentric values hold an important place in a client's life, then counsellor need to have an understanding of how to use the values in counselling.

Foster (2003) further believed that Afrocentric values should be incorporated into counselling through "Womanist" ideology. It was highlighted that traditional Western approaches, Feminist approaches and Multicultural approaches, when considered separately, all fell short of meeting the needs of African women. Hence, the ideal way to do therapy with African women was to combine these approaches in order to be more sensitive to their unique needs. They believed that African women's historical experience of self-determination, communalism and social activism are useful tools in counselling for emotional healing and growth. These sentiments are significant for the current study in that, the way counselling is done with African women differs from African men. The suggestions of the researchers should be taken into consideration for a successful counselling experience for African women.

Wester, Vogel, Wei, and McLain (2006) researched gender role conflict in relation to racial identity and found that African men needed to blend cultural perspectives, namely Eurocentricity and Afrocentricity to work and live effectively in the United States. They found that some men were able to do it easily, while for others it was very difficult. Their research suggested that therapists should be able to help men find ways to fulfil their cultural roles that would be congruent with Afrocentric values, especially in environments such as work, home, at church, or in other community avenues.

Another view in Foster (2003), found that the Afrocentric worldview could serve as a mediator of stress for African women. Foster suggested that "knowledge of self, which gives African American women a different, but culturally relevant, way of viewing themselves in relationship to the world, can be empowering. Empowerment of self serves as a mediator of stress. Other factors such as spirituality and harmony in values also resulted in lower-stress lifestyles, according

to Foster (2003). Spirituality has already been discussed earlier, but in this context it indicates a calming religious dimension.

Assessing the client's stage in their own ethic identity would be the first step in the process as Jackson and Sears (1992) propose in Foster (2003). They suggest that didactic approaches can be utilized to educate the African American client about the Afrocentric worldview and that counsellors could challenge formerly held assumptions about career options, goals, family functioning and interpersonal relationships. If the client experiences stress due to his/her current belief system, then the counsellor may assist the client in looking at other ways to view situations. Jackson and Sears (1992) believed that many African Americans have suppressed their true values in order to assimilate into mainstream society and that educating those about Afrocentricity could be extremely beneficial to their sense of self-worth. This may or may not be the case in South Africa, because African individuals make their own choices about assimilation dependent on the influence of modernization.

Foster (2003) also indicate the specific role of school counsellors in promoting Afrocentricity among African students. They proposed that school counsellors who are knowledgeable about African culture could advocate and model some of its components, such as the importance and role of group orientation in African and African American cultures. Much of the miscommunication and misunderstanding between teachers and students could be avoided while encouraging African students to value themselves and their culture.

Afrocentricity as a theoretical orientation is also helpful in substance abuse treatment with African adolescent males. Moore, Madison-Colmore and Moore (2003) recommended that with this population it is more beneficial to work from a strengths-based perspective rather than a deficit-based perspective. The Afrocentric perspective emphasizes empowering the individual by focusing on strengths. An Afrocentric view of addiction would be that addiction impacts not only the individual but also the African American community. Therefore, counsellors should view the client from a community perspective and make use of valuable community resources such as African American churches, agencies, and support systems. Moore *et al.*, (2003) suggested in a counselling situation, that the

counsellor could design a "Cultural-Spiritual Genogram" with the client. The counsellor can then assess the client's cultural beliefs, attitudes toward family, spiritual beliefs, and how the client views him/herself. This is done before addressing problematic issues as a way to build a relationship with the client and to empower the client to look at their cultural values. So the importance of the suggestions above is that counsellors need to address a client's problem from a culture sensitive perspective. Hence, group counselling may be more effective than individual counselling for some African clients because of the emphasis on collectivism in the Afrocentric worldview. While there are many suggestions on how to use Afrocentricity in counselling and why it is important for African racial identity, we have seen that there are also those who are opposed to this ideology. Counsellors have an obligation to do good for the client; therefore, it is up to the counsellor's own discretion to determine whether to use Afrocentric values in counselling. The benefits include giving the client a heightened sense of self-worth (Moore *et al.*, 2003), lower levels of stress and a sense of belonging to a group (Pierre & Mahalik, 2005). The downfalls include perpetuating further stereotyping if clients do not adhere to the values and focusing too much on differences with mainstream society and neglecting similarities.

When striving to be a culturally competent counsellor, counsellors need to understand that each client is an individual. Some African clients may strongly identify with Afrocentric beliefs and may want a counsellor who is knowledgeable and affirming of their views. On the other hand some African clients may view themselves as fitting in more with mainstream Western culture, or "Eurocentric" beliefs. The researcher therefore believes that it is essential for Social workers to always be affirming of clients regardless of their cultural beliefs and not force a worldview on them if it does not resonate well with them.

2.2.10. THEORY OF MULTICULTURALISM

As discussed earlier mainstream counselling may not have paid much attention to culture or to cultural differences in research where the main findings had to do with group differences. When mainstream counselling took notice of cultural differentiation in human psychology there was a demonstration that cultural

differences undercut the assumptions on which basic counselling theory was based (Greenfield, 2000). The challenge to Social work was that it had been studying not the functioning of a universal self, but the functioning of a culture-specific self, which is known as the independent self. The theoretical implication was that a theory of the "self" must encompass both the independent and the interdependent self (Greenfield, 2000).

The argument in this study suggest that ethnic majority groups are least likely to make use of counselling services, since it is based on Western values and excludes the other cultures. A multicultural approach challenges the assumption that one style of counselling is easily transferable to all clients irrespective of their cultural background.

Most counselling practitioners, according to Teater (2012) acknowledge that each client is unique and that individual differences must be accepted and respected, however practice based theories in social work assume that a particular interviewing approach is transferable across multicultural clients. The researcher, in selecting this theoretical frame for inquiry, has been guided by Teater (2012), who suggests that social workers need to establish their theories only after they have a thorough understanding of the common well-established theories and methods used in social work practice. Teater (2012) cautioned that when social workers make assumptions about cultures they must take cognizance of the fact that two people from the same culture might interpret situations and experiences differently. There are numerous theories guiding the way social work deals with diversity matters, however this study elaborates the theory of multiculturalism and its impact on counselling social work.

2.2.11. MEANING OF MULTICULTURALISM

Multiculturalism, according to Trbojevik (2008), can be defined as the means of unobstructed communication and connecting of people from different cultures. They further defined multiculturalism as politics to regulate public relationships among different cultures in a certain society, including the way language and symbols are used. Multiculturalism according to Sundar in Gray and Webb (2009)

provides an element of cultural difference and ethnicity. A broad definition of the term 'multiculturalism' embraces a wide range of social variables or differences such as gender, sexual preference, disability, social class, age, religion, and ethnicity. In this broad definition, each person has many different cultures or identities with each identity becoming relevant at different times and places. Sundar elaborates and acknowledges diversity in society and that each culture brings in many tangible (economic) or intangible (social) benefits that result from all cultural, religious, and racial groups living together. The cultural competent framework requires that social workers possess self-awareness, knowledge, and skills to work effectively across differences in clients. The strengths are that multiculturalism responds to the needs of a diverse population.

The main elements of multiculturism as follows:

- Starts with an awareness of differences among and within clients.

- Stresses the importance of family and cultural factors affecting the way clients view the world.

- Challenges the practitioners, theoreticians and researchers to rethink the meaning of counselling, and pay attention to family and cultural concerns.

Sundar, in Gray and Webb (2009) also recognises that there are limitations associated with multiculturism such as ethnicity and culture being presented as static and fixed.

According to Laungani (2005), multiculturalism does not have a distinct definition. There are at least three major prevailing approaches to defining multiculturalism in Social work education. In the first approach, the term has been equated to cultural pluralism and cultural diversity, and is inclusive of all cultures groups. In the second approach, the term refers only to the cultures of persons belonging to ethnic majority groups. In the third approach, the term includes both people of minority and other populations at risk of discrimination and oppression. In each of these approaches, the concepts of ethnic group and cultural group are often used interchangeably. Based on a review of these definitions, the researcher advocates for an inclusive perspective based on the concept of cultural pluralism. The advantage of this inclusive definition of multiculturalism is that it emphasizes

cultural and ethnic differences and similarities among population groups rather than being based on race and/or minority group status. This approach has the additional advantage of including groups usually excluded from a multicultural perspective e.g. because of their distinguished social class, gender, sexual orientation, physical or mental disability, or age (Laungani, 2005).

A multicultural perspective thus recognizes that most people's identities are formed through identifications with multiple social categories, although these identifications vary by intensity, attachment, and social involvement. It is a term that does not have a precise definition. Multiculturalism is thus viewed as an umbrella term, which incorporates a variety of meanings, attitudes, beliefs, and values. The major elements of multiculturalism are summarized below (Laungani, 2005):

- Human beings are products of their own culture.

- Multiculturalism has no political stance.

- Each culture has its own uniquely acquired ways of construing its own world(s), which give meaning to their lives.

- Within each culture there exist a plurality of values and traditions.

- The non-static nature of human behaviour enables persons to move out of their own culturally embedded boundaries.

- Each culture is in some ways flawed because no culture has all the answers.

- Each culture has something of value to offer to another culture and equally importantly something of value to learn from another culture.

- A mixture of cultures is more likely to lead to an enrichment of one's intellectual, emotional, artistic, spiritual, humanitarian and moral visions.

These elements are relevant to the study because this study indicates that a multicultural counselling modality would be more suited to the diverse cultural needs of African clients in South Africa.

2.2.12. MULTICULTURALISM VERSUS ETHNOCENTRISM

The major difference between the two perspectives is that multiculturalism is inclusive whilst ethnocentrism is exclusive. Multiculturalism, is enriched with multiple understandings and does not suppress or exclude anyone from participating. Ethnocentrism, on the other hand, has a different dynamic. In ethnocentrism, especially when practiced in its extreme forms, outsiders are not only excluded, but often denigrated or controlled. Ethnocentrism finds itself at the root of historical phenomena such as colonialism and imperialism. There is a distinction between "us and them". Ethnocentrism is very evident in mainstream counselling practice in South Africa, given that it operates from a colonial history. It is for these reasons that multiculturalism may be seen as the antithesis of ethnocentrism, since the former is open to all, while the latter is socially and psychologically democratic (Laungani, 2005).The concept of ethnocentrism proclaims that it judges another culture solely by the values and standards of one's own culture, the ethnocentric individual will judge other groups relative to his/her own particular ethnic group or culture, especially in relation to language, behaviour, customs, and religion. These ethnic distinctions and subdivisions serve to define an individual's ethnic cultural identity. Ethnocentrism whilst being overt or subtle has developed negativity in counselling modalities. Multiculturalism on the other hand demands higher human values, but it is difficult to manage. Acceptability is a challenge that a multicultural society faces, like South Africa. In many countries internationally multicultural counselling has been welcomed, however South Africa has yet to implement drastic changes. One of the reasons could be that multiculturalism generates fear against loss of national identity which may take the form of political struggle, or violence. The concept of multiculturalism has not been able to implement itself in South Africa as yet (Sherzai, 2013). The negatives in cultures are accepted with the claims of cultural relativism. If the same inclination towards cultural relativism is maintained it would be very difficult for the world to unite with common values, laws or systems, which are very necessary to avoid clashes among the cultures and civilizations (Sherzai, 2013).

2.2.13. MULTICULTURALISM AND NATIVISM

Nativism, according to Michaels (2002) was related to the idea that those born in the country were true inhabitants unlike their recent immigrants. Nativism emerged in the early twentieth century in USA, when its followers associated a particular ethnic group, usually the English or of European descent as true Americans (Michaels, 2002). Unlike America, South Africa faces a different scenario, where the Africans being born in the country are not considered as true inhabitants, in lieu of its discrimatory practices in the past. Unfortunately in the counselling arena this still continues with the imposition of Western counselling practices. The researcher believed that ethnicity, or more broadly speaking "race," is more important in determining who is a true South African.

Contemporary intellectuals like Michaels (2002) accept the idea that there is no biological, basis for race. He makes arguments for a cultural identity that is not grounded in what a person does, but what a person is, as if that identity were handed down when he was born. Michaels (2002) contends that it was simply another way of invoking racial identity.

The researcher agreed with the views above, because the proponents of multiculturalism celebrate "difference," promoting the idea that cultural diversity is inherently good, like biological diversity. Members of various cultures have an obligation to maintain their diversity by preserving their culture. The old thinking according to Michaels (2002) centred on the belief that, if a person does not speak the language of the old country, or play the music, or observe the rituals, or adopt the attitudes, that individual would "lose" their cultural identity.

The problem with this argument, Michaels says, was that for a cultural identity to be something you can lose, it has to be something more than a list of customs. If cultural identity is merely a description of habits, then it's not something that can be lost. If being an Indian, like the researcher, was to simply follow Indian customs, and suppose my grandchildren did not follow those customs, then the question arises, are my grandchildren no longer Indian? Could they lose their identity?

The researcher agreed with Michaels (2002) where identity is not what people do, but what they inherently are. Michaels argues that identity is indistinguishable from a racial identity, especially in South Africa. Michaels (2002) linked multiculturalism to Nativism in that way. The inclusion of Nativism can be justified in this study since South Africa's racial policies have denied African culture to be the mainstream culture.

2.2.14. THE DEVELOPMENT OF MULTICULTURALISM

The main goal of multiculturalism was to challenge the domination of the White, European, Christian and male constituents. Multiculturalism is rooted to the practice of Western democracy. Its specific political goal was to provoke political and cultural hegemony of Eurocentrism (Mahaligam & McCarthy, 2000). The researcher believes that this forms the essence of this study.

Multiculturalism was developed and is connected to colonial countries that were practising discrimination on the basis of segregation of the native people, similar to a country like South Africa. These countries were challenged to revise the historic, man induced injustices. Multiculturalism was also connected to a non-English, non-White population according to Trbojevik (2008). The conclusions made regarding multiculturalism by Trbojevik (2008) were that:

- Multiculturalism was a model that was offered internationally and could be easily adapted in South Africa.
- The weak points that were noted in multiculturalism were the reference to "us" and "they".
- Multiculturalism is not possible without the need to go beyond the ethnic, the race, the cultural, and above the religious.

These elements are essential in view of counselling changes that South Africa has to fast implement.

2.2.15. MULTICULTURALISM AND COUNSELLING

Multicultural, social science is the study of all aspects of human behaviour as it occurs in an environment where people of different backgrounds encounter each other. In the understanding of multicultural study, such terms as race, racism, ethnicity and culture including the issues and controversies related to those terms are used interchangeably. The main premise of multicultural theory is that all behaviour occurs in a cultural context, according to Trbojevik (2008). Multiculturism, as a theory has contributed vastly to the different areas of knowledge in social work. The idea of a multicultural society has become official policy in many Western cultures and countries (Bennett, 2006), however South Africa being delayed with the apartheid struggle has yet to see impactful change in the area of practice counselling for African clients. Critics such as Tshabalala (2008), in his studies on multicultural social work, explored cultural forms and traditions such as the communal nature, strong patriarchal system, the value of "Ubuntu", traditional initiation schools, and social support systems issues amongst Nguni people in South Africa. He suggests that social work education and practice should re-evaluate its theoretical tools to match the multicultural conditions of South Africa. The researcher thinks that social workers are not sufficiently trained according to multicultural principals and hence have difficulty in finding a synergy between their education and what is needed in practice social work.

According to Pedersen (2002) there was a clear indication that multiculturalism had introduced a permanent paradigm shift and was not merely a passing fad in the field of counselling. He elaborated that psychotherapy was moving from a monoculture to a multicultural bias. Pederson (2001) described multiculturalism as being the "Fourth Force". As a culture-centred perspective it gave added meaning to the three prevailing psychological theories namely, psychodynamism, behaviourism, and humanism. Hence a culture-centred perspective was central to the psychodynamic definitions of the unconscious. The conventional theories according to Pederson (2002) are strengthened and not weakened, by making culture central to their expression. The monoculture perspective of counselling practice has historically served the purposes of a dominant culture in specific ways according to Pedersen (2002).

Unless counselling can overcome its own ethnocentric bias, its usefulness for dealing with culturally defined social issues would be minimal. Multiculturalism has been gaining the status of a general theory of counselling according to Pedersen (2002). He elaborates, that American counselling ignores perspectives and findings developed in other countries, even when its contributions are published in English. It is important for counselling to consider the usefulness of multicultural theory in becoming useful to the African client and to be able to understand minority clients.

2.2.16. LIMITATIONS OF MULTICULTURALISM IN COUNSELLING

According to Moodley (2007), multiculturalism has not been fully theorized and therefore has created much confusion in counselling. It has been criticized for ignoring questions of power relations, and for emphasizing the cultural differences of ethnic majority groups instead of focusing on their similar predicaments of racism, sexism, misogyny, homophobia and economic oppression. Furthermore, it has not provided clinically useful information with which therapists can conduct assessments and diagnosis, understand clients' subjective distress and cure seeking expectations. Moodley (2007) argues that multiculturalism cannot be achieved if it restricts itself to a few marginalized ethno-cultural client groups, patronizes indigenous forms of healing, and maintains a fixed radicalized 'black– white' paradigm of practice.

He suggested that multiculturalism move from an ethno-culturally centred philosophy to one that is pluralistic and reflexive of the needs of all clients in order to become useful. He elaborated that multiculturalism would need to be realigned in the practice of counselling to embrace diversity and difference across and beyond the current categories that it finds itself. He suggests a critical multicultural space, where dominant hegemonic cultural meanings should be re-inscribed and where racism, sexism, misogyny, homophobia and other forms of disempowerment could be critically interrogated to empower marginalized people (Moodley, 2007).

Critics argued that knowledge of other cultures does not guarantee that one will end up appreciating, as opposed to disregarding them. For example, when a person knew nothing about another culture, and thus felt neither love nor hate for that culture, he may feel frustrated, intimidated, or "challenged" by certain beliefs in that culture, when he does find out about it, and develops an aversion toward it that, even he himself may not be able to fully comprehend. This is why in the researcher's opinion multicultural education alone may not suffice as a condition for the continued existence of a multicultural society, but must be supplemented by a whole series of legal and social policies and practices that protect it. This study examines part of this problem situation by exploring African participants' views on Western counselling and offers recommendations as solutions.

2.2.17. MULTICULTURALISM IN EDUCATION

According to DePalma (2007), multicultural education needs to be defined effectively. Research has shown that most minority groups failed to share their experiences in classroom situations because they found the classroom to be non receptive of their cultural background. DePalma (2007) also elaborated that teachers often avoided sharing their thoughts on issues of racism, gender, social justice and equity. In South Africa this is very common as teachers have fear that they could be regarded as being racist and punitive measures could mean a loss of their jobs. Although Universities in South Africa have increased enrolment of the African students, DePalma (2007) does not believe that this reflects cultural diversity in multicultural education. Multicultural education must acknowledge a multiplicity of voices and DePalma (2007) argues that to understand education in diverse communities, it is important to acknowledge the authentic voices of the minority people.

This aspect is given prominence in the study because although there are numerous theories guiding the way social work deals with diversity matters such as feminism, post-modernism and the structural perspectives, these theories are either, anti-oppressive or anti-racist approaches according to Teater (2011) who suggests that social workers working within this framework must explore the client's version of reality through a dialogue in a language that is understood by

the client. Social workers explore this reality whilst struggling to have the client to view his/her own reality from that of the social workers perspective. Multiculturalism however provides an element of cultural difference and understanding of ethnicity according to Sunder (2008) in Gray and Webb (2009).

Clark (2000) in Adams, Dominelli and Payne (2002), suggested that in the pursuit of individual rights, it was important for a practitioner to adopt a critical approach to social work. Critical practice embodies a theoretical informed vision. Critical practice has a view that all theories have value if they embody rights and justice for the client.

Although there is a link between theory and practice and many international critics have highlighted the inadequacies in traditional Western theories, South Africa as a nation has not levelled its response adequately. Strong critique has been levelled at social work practice in the post apartheid South Africa, by Mishra (1999; Ledwith (2001); Sewpaul and H`olscher (2004) in Smith (2008) in relation to how diversity matters are handled in social work. Later, Sewpaul and H`olscher (2008) also contended that there has been an astute radical shift of traditional White advantaged methodology to transferring responsibility to the individual, family and communities.

Opposing a multicultural perspective were theorists such as Moll (2002) and Ravitch (1999) in Conyers (2004), who were of the view that there are many diverse cultures in Africa, and that it is impossible to fully incorporate indigenous knowledge into the teachings of social work.

2.2.18. CONCLUSION

In summary, the debate about multiculturalism in social work education and practice is to be encouraged in South Africa. The argument is made, that social work education and practice must include cultural perspectives and background to become more relevant to the needs of the people and contribute fully to:

a) The preparation of social workers for culturally competent practice

b) The incorporation of empowerment strategies that utilize a multicultural perspective at interpersonal, organizational, and community levels of social work intervention

c) The creation of multicultural human service organizations and service delivery models. Becoming more multicultural in social work education and practice requires the use of insights and knowledge now available in the literature of multiculturalism and the reformulation of multiculturalism as a framework that guides further generation of knowledge about diverse populations within South African.

The following chapter present the research methodology that has been used in this study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. INTRODUCTION

The purpose of this chapter is to discuss the research design and the empirical techniques applied in this study. Although this was introduced in chapter one, in this chapter it is discussed in more depth considering the objectives of the study. The chapter outlines how the data was obtained, the sampling method used, as well as the data collection and analysis techniques. The chapter concludes with the ethical considerations of the study. The plan for collecting and utilising data answered pertinent questions as follows:

i.   How was workplace counselling perceived by the African employees?

ii.   What were some of the common cultural beliefs that influenced access to workplace counselling?

iii. What perceived recommendations or changes would encourage the employee to increase access to workplace counselling?

The sampling method employed was purposive sampling and the data collection technique was the focus group discussion. The data analysis was completed thematically, using emerging themes from the data as will be discussed in detail herewith. The study was also guided by the ethical considerations discussed in this chapter.

3.2. NATURE OF STUDY

This study was essentially qualitative in nature as the researcher was interested in gleaning rich detail on the topic as indicated by Babbie and Mouton (2006). Qualitative research has implications for the procedures employed to approach problems and for arriving at answers. It also provides control over those factors that could influence the outcome of the study. The definition of qualitative research and its purpose links very well with this study which entailed a description and understanding of cultural and social phenomena in terms of the meaning people bring to them. The research questions were studied by employing the use of

flexible methods which enabled personal contact with the sample as it was necessary to grasp their experiences and perspectives in the field of multicultural counselling in the workplace. The qualitative methods generated rich descriptive data that required interpretation through the identification and coding of themes and categories. Further, this study satisfied the following elements of qualitative research as discussed by Boeije (2010):

- It looked for meaning
- It is a flexible research method that enables contact with the data source
- It provided qualitative findings

All three elements had relevance for the present study. Boeije (2010) further elaborated other essential characteristics that guided this study in determining the research design best suited, indicated as follows:

- **Exploration:** since multicultural studies are an emerging field of interest, in a post apartheid South Africa, a qualitative method was chosen because it has maximum explorative power enabling this field of study to be examined extensively.
- **Description:** qualitative research also allows for thick description. The researcher afforded participants the opportunity to describe their experiences, meaning, and interpretation of the study in their own words in the English and isiZulu language. To ensure that the actual meaning of the participant's perceptions were captured. The researcher utilized interviewing techniques such as summarizing, paraphrasing and probing in order to encourage detail description of events and experiences.
- **Sensitivity:** qualitative researchers constantly examine other people's experiences and emotions with due consideration afforded to issues of discomfort or pain that may surface during the data collection process.

Hence, this study employed exploratory and descriptive designs within a qualitative paradigm. Qualitative research also considers participants' social setting. Berg (2001) qualifies that qualitative research seeks answers to questions by examining various social settings as they apply to a research topic. Hence context of a research is hereby given due consideration. Another important

dimension of qualitative research was the role of the researcher. In qualitative research, the researcher shares in the understandings and perceptions of others and explores how people structure and give meaning to their daily lives. This was pertinent to the study, since without consideration to context and skills to connect with participants, it would prove difficult to get an insider perspective, to meet the objectives of this research. Similarly, Creswell (2006) described the qualitative researcher as the primary instrument for data collection and analysis, a sentiment that the researcher agrees with.

Thus, the qualitative method of inquiry was chosen, since the researcher sought to acquire a deeper understanding of the cultural human experiences of the African employees.

3.3. SAMPLING

It had been established that the study population maybe too vast, to be investigated in its entirety and could be too costly or impossible to be studied for various reasons. As this became evident, a smaller subset of the entire research population was selected. The selected subset of the study population is known as a sample. As briefly discussed in chapter one in this study, the sample was selected from the KZN province as opposed to the entire population of 335 employees nationally in the organisation under study. Sampling involves decisions about which people, settings, behaviours, and social processes are to be observed. In this study the units of analysis were the lived experiences and perceptions of a Western workplace counselling service provided to African employees. In agreement, Rubin and Babbie (2013) suggest that participants chosen must be those who are able to function as informants thereby providing rich descriptions of the experiences being investigated. Hence, the sample is usually deliberately selected, as was the case in this study. The participants were expected to have experience and capacity to provide a full and comprehensive description of the area under examination. In this study only employees of the African race group were chosen as they could relate to the topic since it affected them personally. The samples of African employees were the most qualified participants. Hence, in this study the researcher used a non-probability, purposive

sampling technique to select a sample. Non-probability sampling is a sampling method that depends firstly, on availability and willingness to participate, and secondly that the sample should be a typical representation of the population in terms of the characteristics being studied. The development of deep understanding during the interview process is time consuming hence Alasuutari, Bickman and Brannen (2009) suggest that in the case of purposive sampling, the sample is chosen on the basis of their informativeness. In purposive sampling the researcher appropriately selects the sample on the basis of knowledge of the population, its elements, and the nature of the research aims. Hence the sample selection was based on the judgement and purpose of the study, as indicated by Rubin and Babbie (2013). In this study, the sample was chosen on the basis of the researcher's knowledge of the participants, moreover the participants were the researcher's work colleagues, with a healthy pre-established working relationship and were willing to participate in the study. Also the criterion employed was that participants needed to belong to the African race group and be working permanently at the organisation. The organisation in KZN had a total of 33 employees as depicted in the graph below which clearly demonstrates ethnicity groups. The graph displays a total of thirty (30) African, two (2) Indian and one (1) White employee. Hence, the sample size was made up of thirty (30) participants. In a qualitative inquiry a small sample size is reasonably acceptable as the qualitative inquiry demands in depth interviews and is not concerned with quantity.

All of the groups started with an introductory, "ice breaker' activity. The purpose of the activity was to create rapport with the participants and to make them feel comfortable and relaxed. The researcher was also reminded that when the participants were involved in their everyday work, ice breaker activities are frequently used. The focus group discussions were guided by an interview schedule (Appendix C), which comprised of a case vignette and open ended questions. A case vignette was utilized as an effective means to initiate the discussion with participants who shared their viewpoints and experiences with ease according to Barter and Renold (2000). The interview schedule was administered in English but participants were informed that they could interchangeably speak with a mixed dialect of English and isiZulu words if they so desired since the researcher has a good grasp of isiZulu as well. All participants

were fluent in English, as it was the main language of communication in their workplace. Hence the researcher did not need to translate the interview schedule into isiZulu.

**Figure 3.1: Population of staff by ethnicity: 2013**
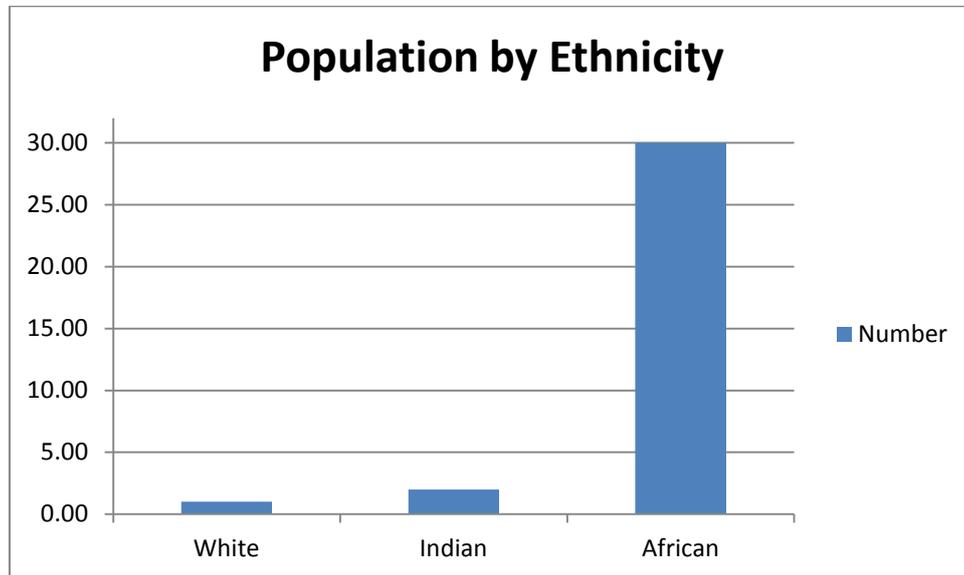
Figure 3.2: Sample distribution by gender: 2013
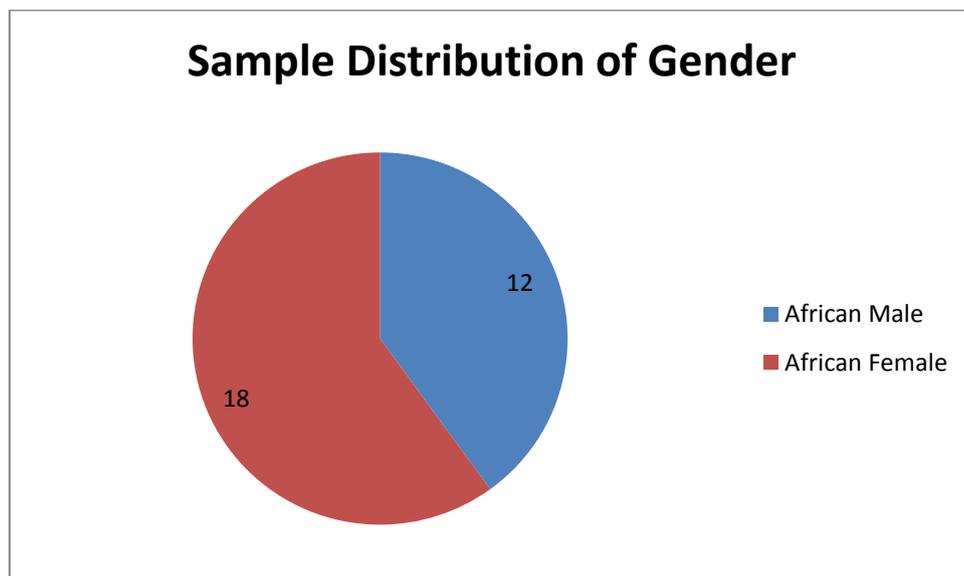
The pie chart above illustrates the gender distribution of males versus females in the sample population. It indicates a higher number of female participants at

eighteen (18), as compared to twelve (12) male participants. There was no specific requirement for gender representation, as this was an early exploration, and gender was not considered key to uncovering findings pertinent to the topic. Further, the homogenous sample of thirty African employees consisted of five managers, twenty five programme trainers and administration staff. This dimension of category of worker was not deemed necessary to consider in the final sample selection because the criteria for selection was mainly that participants needed to belong to the African group.

3.4. RESEARCH INSTRUMENT

The research instrument utilized in this study was focus group discussions. These focus group discussions permitted the researcher to observe the process of interaction among participants, which is considered to be vital in qualitative investigations. Focus groups provide a means for assessing intentionally created conversations about research topics as stated by Berg (2001).In a similar vein Denscombe (2004) describes focus groups as a useful way to explore attitudes on non-sensitive, non- controversial topics that can lead to new insights. Focus groups thus excite contributions from participants that may be otherwise somewhat reticent and less through in their interchanges. In qualitative research the participant's point of view has to be captured accurately, likewise in focus groups. According to Berg (2001) the meanings and answers that arise are socially constructed and need to be related to the context. The researcher chose this method of data collection as it created a platform where participants were enthusiastic and comfortable to express their thoughts. This methodology enabled the researcher to collect sufficient data in an efficient manner. It proved to be the best data collection instrument for this study. In validating the use of three different focus groups to collect data, the researcher was guided by Hesse-Biber and Leavy's (2006) statement that each focus group produces different data, even when conducted by the same researcher which proved to be true in this study as well.

3.5. PILOT STUDY

According to De Vos (2002) pilot tests are designed to determine whether the intervention will work. The first focus group which became the pilot study was conducted in Emathuleni, with seven (7) participants. The second focus group was conducted in central Durban with five (5) participants. Mandeni had a sample of six (6) participants and Nongoma with five (5) participants. A total of twenty three (23) out of the thirty (30) participants finally engaged in the focus group discussions. Seven (7) participants were unable to attend the discussions due to other work commitments at the time or did not respond. The purpose of the pilot study conducted in Emathuleni was to assess whether the themes explored in the focus group discussion were indeed relevant and feasible for exploration. The pilot study allowed for the necessary improvements to be implemented in the subsequent focus groups. The researcher hence made a few changes to the semi- structured interview schedule, which consisted of the questions around the broad topics that were used to guide the researcher. The researcher also had an opportunity to check with the participants whether the questions were the most appropriate and in sequence. The pilot study was beneficial in that it created an opportunity whereby the researcher could gauge the length of time required for the interviews, since the researcher was guided by the employer's work time limitations. Similarly, De Vos (2005) indicates that the pilot group interview ensures that procedures are suitable, valid, reliable, effective and free from problems and errors that could arise in the study and thus may be obviated. All of these issues were addressed through conducting the pilot focus group. In addition, it helped the researcher to develop an understanding of the concepts, perspectives and worldviews held by the people being studied (Maxwell, 2005).

3.6. DATA COLLECTION PROCESS

This study was conducted in a natural setting, being the everyday work place of the employees. The researcher allowed participants to speak openly without any reservations. Since the researcher had an existing working relationship with participants it allowed for improved cooperation and a relatively smooth flow of the focus group interview sessions. The researcher had to establish trust and

demonstrate a genuine interest in what the participants were saying. They elaborated that the concept of "insider" perspective is especially significant when there are differences in language, race, culture, and beliefs between the researcher and the participants. All these factors may cause barriers to data collection if the researcher is not aware of these cultural differences and is unable to minimize the barriers successfully (Babbie& Mouton, 2006).The researcher began the focus groups by explaining the purpose of the inquiry and the issues surrounding the ethical components that guided the research. The informed consent document was discussed and subsequently signed by all participants (Appendix B).

Since tape-recording of interviews were a more reliable method of capturing data, permission to audio tape the group discussions was needed. The participants consented to the use of audio equipment during discussions after the researcher explained that the benefits of using audio- tapes centred on reliability during data analysis. Authors such as Denscombe (2004) cautioned that audio tapes should not be intrusive, however after the initial discomfort, the participants felt at ease with the audiotape. Similar reaction to the audio tape was noted during all of the other focus groups. The advantage of audio taping was that the researcher was familiar with the participants, so voice recognition and style of speaking was easily recognisable when transcribing. Audio-taping the discussions was beneficial as the researcher did not have to engage in note taking but rather, could pay more attention to the questioning and the responses provided.

The researcher then explained all the ethical issues surrounding the group participation. Since the researcher has extensive knowledge and skills in social work, probing of initial responses was done without being intrusive or insensitive. With the use of interview techniques, complete understanding of the participant's responses was gathered. The strength of focus groups is the ability to explore topics and generate hypotheses through the explicit use of group interaction (Toseland & Rivas, 2005). The focus groups allowed the researcher to gather in-depth viewpoints and experiences in a shorter period of time as compared to the individual interview method. In a focus group participants responded to each other and the group dynamic as a whole. The fundamental characteristic of focus groups is that group dynamics create a story, which was very relevant in this

study. During the focus group discussions the researcher made mental notes of comments so that the points were elaborated, clarified or probed for further questioning. These observations were later recorded and analysed along with the rest of the data in the research report.

3.7. DATA ANALYSIS

All the participants were fluent in the English language as it is the organisation's strategy to implement programmes and to communicate in the official English language, given that it operates in a multicultural work space. Invitation letters were sent to all of the African employees in the organization in KZN province. The invitation letter (Appendix A) detailed the purpose of the study and clearly emphasised that employees should participate voluntarily. The respondents, who had expressed their willingness to participate in the focus group discussions, signed the appropriate consent form during the focus group discussions.

Jorgensen (1989) in Boeijie (2010) argued that qualitative analysis included the breaking up, separating, or disassembling of research material into pieces, parts, elements or units .The researcher thereafter sorts and sifts through them to search for patterns, sequences or processes, as was done in this study. The aim of this exercise according to Boeijie (2010) was to reassemble or reconstruct the data gathered in a meaningful and comprehensible way. He elaborated that the two basic activities of segmenting and resembling were the most important. In the reassembling stage the researcher looks for patterns, searches for relationships between the parts and finds explanations for what was observed. Hence a thematic data analysis technique was best suited for this qualitative inquiry.

The first step in data analysis was transcribing the focus group interviews from the audiotapes. The researcher listened to the audiotapes immediately after the focus group interviews were concluded in order to help with better immersion in the data. A written transcript was then prepared. Qualitative research produces large volumes of data in a non-standardized format and this poses problems on how to interpret them. The researcher was guided by Denscombe's (2004) recommendation that the transcripts should be read and re-read in order for the

data to become familiar to the researcher. The key segments of the text were then highlighted which formed part of the data reduction process according to Berg (2001). The researcher was cautious not to impose her own interpretation of the participant's responses, instead aimed to understand and acquire the true meaning of what the participants were attempting to communicate. The transcripts were then given to one member in each of the three focus groups to verify the true meanings of what was expressed and narrated, thus ensuring the respondents' validity of data collected. This step was supported by Royse (2011) in discussing that member checking entailed going back into the field after data is collected to verify with one or more participants regarding an interpretation or finding. He elaborated that member checks were critical techniques for establishing credibility. The researcher also conducted member checks by telephoning each member in cases where there were ambiguities that she noted for clarification.

According to Royce (2011) the next important step in the data analysis was to identify the themes that emerged, after the careful examination of the data. Patterns were then sought in order to make sense of the most significant themes. The researcher then created a list of broad categories from the themes or patterns that reoccurred in the data. This is referred to as naturally occurring categories. According to Berg (2001) "naturally occurring" categories arise from the interview transcripts and not what the researcher hopes to locate in the data. It is therefore more precise and reliable. The list was further refined into sub- categories. The list was coded and the researcher placed a check mark when participants' responses matched the particular category. Although quantifying the data was not essential, repeat responses to a particular category did suggest the magnitude and importance of such responses. Wherever colloquial expressions were used as done by most participants, clarity was gained from the respective participants.

Units of relevant meaning were then clustered together thereby giving rise to themes or patterns from these clusters. A summary of the different focus group discussions indicating the themes and patterns that arose was communicated via email to one member from each group to ensure that the data gathered was a true reflection of the participant's experiences, thoughts, and feelings. Thereafter, the themes were modified and contextualised for each of the three focus group

discussions. The researcher subsequently developed a composite summary of the focus group discussions.

3.8. ETHICAL CONSIDERATIONS

Ethics according to May (2006) is concerned with the attempt to formulate codes and principles of moral behaviour. May (2006) elaborates by stating that ethical issues are about rightness and justifiability, especially since it is concerned with human relations and the subsequent consequences for others. The researcher operated within the stipulated ethical guidelines as dictated for social researchers. Moreover, the researcher ensured that the study was guided by ethical principles as follows:

i. Informed consent

According to Bulmer (2008) in Boeije (2010), informed consent means that participants have a right to know that they are being researched, and that they actively give their consent. In this study all participants were required to sign a written informed consent document. The document indicated the purpose of the study, its objective and the method that would be used to collect data. The document also stipulated that participation was on a voluntary basis and that any participant could withdraw at any time. Their consent to audio taping the focus group discussion was also included.

ii. Privacy

Individuals decide to whom they want to give information about themselves (Boeije, 2010). The researcher informed participants that the data would however be shared with the university supervisor and the wider university community without disclosure of identifying details. The participants had no objections, as they were also informed that the data would ultimately contribute to the production of a Master's thesis.

iii. Anonymity and confidentiality

Anonymity in this research had implications of not disclosing any identifying details of participants in the research report. Being guided by Millar and Brewer (2003) the researcher took care to use codes and pseudo names when developing the summary report in the data analysis stage, which then assured confidentiality. In each focus group the researcher declared that the participants will remain anonymous and no identifying details will be shared with their work supervisors.

iv. Harm to respondents

This research study did not demonstrably have the potential to cause harm to the participants. In addition, sometimes sensitive information was shared that required more attention from the researcher. Participants were also informed that they may withdraw from the study at any point without penalty and that there was no reward for participating.

3.9. VALIDITY

Validity according to Woods (2003) has three main components, mainly:

i. Unobtrusive sustained methods: the researcher was cautious not to provoke or intimidate participants during interviews.

ii. Respondent validation: one participant per group was selected to validate the understanding and meanings of what transpired in the interview by means of reviewing the transcripts. The researcher also found it essential to clarify meanings with individual participants via telephone.

iii. Triangulation: The researcher being guided by Woods (2003) with regards to participant triangulation ensured inclusion of different ethnic groups such as Zulus, Xhosas and Sothos, with adequate gender representation. However instrument triangulation was not possible for this study.

Guba and Lincoln (1989) as cited in Morse, Barrett, Mayan, Olson and Spiers (2002) stated that reliability and validity in qualitative enquiry is replaced by the concept of "trustworthiness". Trustworthiness contains four aspects mainly,

credibility, transferability, dependability or auditability and confirmability (Lietz & Zayas, 2010). In this study the researcher will show how the four concepts are adhered to in order to demonstrate rigour of a qualitative inquiry.

3.9.1. Credibility

In order to ensure that participants answered all questions sufficiently and with clarity, the researcher used flexibility around time allocated for the interviews, made possible with prior permission granted by the employer (Appendix D). The participants engaged freely and elaborated on their experiences. This resulted in gathering sufficient data to answer the research questions adequately. The case vignette set the tone for participants to describe their experiences without reservation. The pilot study confirmed the relevancy of the questions listed in the interview schedule and generated appropriate answers to the research questions.

The tape recorded data provided detailed information that was essential for accurate transcribing and rechecking purposes. Three participants were used to reconfirm the meanings of the translated transcripts in order to minimize errors and misunderstanding.

3.9.2. Transferability

By providing deep and detailed accounts of the interviews the conclusions were drawn and could be utilised in other, similar studies, thus contributing to the knowledge base as indicated under the heading, "strengths" in this chapter.

3.9.3. Dependability

Since this study contributed to my Masters Degree, all research procedures and changes thereof, was documented in detail, so that the supervisor or someone outside the project could have followed the happenings of the research study at any given time.

3.9.4. Confirmability

All raw data such as (written notes and tape recorder), data reduction and analysis transcripts, data reconstruction notes, process notes and the proposal will be

stored for a period of five to seven years, hence creating an audit trail. After this period all recordings shall be deleted and hard copies destroyed by the use of a shredder.

3.10. LIMITATIONS AND STRENGTHS OF THE STUDY

3.10.1. Limitations

It was apparent that this research provided an in-depth account of ethnic help seeking behaviours and offers as a valuable resource for social work services and policy, research and education. However, its limitations also needed to be addressed in order to facilitate future research projects that can address these limitations. These are:

- One of the limitations of this study was that the sample was drawn from only one province with a majority of participants from the Zulu ethnic group, who are generally predominant in KZN; hence it was not fully representative of the other African groups in South Africa. Also the ethnic group may be characterised by their own idiosyncrasies that have nothing to do with the South African counselling situation in general. The general pattern of migration of workers in South Africa is that African clients usually migrate to Gauteng away from the direct influence of family traditions and beliefs. Bearing this in mind together with the influence of modernization, the findings of this study cannot be generalized to all African clients.

- Another limitation in this study was that although the researcher accommodated for the inclusion of an adequate representative female sample, a restriction could have been imposed in communication because the females and males were interviewed jointly.

- Further, non-probability (purposive) rather than probability (random) sampling was used. Therefore, the results cannot be generalised to the population of interest, namely African workers present in South Africa. The above-mentioned limitations notwithstanding, the study provides some useful preliminary results which form a good basis for future studies in the field.

- Moreover, this study was aimed at providing rich accounts of perspectives of traditional healing practices against the backdrop of Western practice and a multicultural work environment. Healing as practiced by traditional healers was not aimed at formulating themes that could be generalized to all other cultural healing modalities or South African healers in their entirety.

- It has been contended that studies documenting experience-based accounts from people as direct sources, lead to a deep and rich understanding of an issue in terms of their context and reality, however they may provide subjective data and information that is based on their actual experiences of practices and beliefs.

- These accounts are limited to the African client's specific experience within their healing modalities. Therefore, they may not be viewed as universal themes common among all African clients in South Africa.

The limitations of the current study are presented in order to encourage researchers to address these in future research studies pertaining to traditional and Western healing modalities in South Africa, thereby enriching the literature on South African healing methods. The researcher also highlighted the strengths of the current study, as discussed below.

3.10.2. Strengths

- The primary strength of this research study was the inclusion of several African participants, who had worked and were exposed to a modern lifestyle and yet were maintaining their cultural beliefs and culture. The participants were most qualified and competent to compare and express their views on traditional and Western counselling modalities.

- The other strength of the sample was the inclusion of gender diversity amongst participants, with an even mix of females to males. As noted gender roles within the African family structure are an important influencing factor in accessing Western counselling.

- The researcher's familiarity and prior relationship with the participants encouraged them to relate their experiences and opinions without reservation.

Hence the researcher was able to gather sufficient data in response to the critical questions in this study. A pre-existing working relationship helped rather than hindered data collection.

- Another important factor in the current research was the researcher's own knowledge of African culture resulting from her rural work environment in KZN. An Indian upbringing, knowledge of her own culture and traditional healing allowed the researcher to meaningfully reflect on the experiences of the participants. Hence it was evident that the rich accounts from participants and the researcher's familiarity with the African culture were highly beneficial to this research.

These factors gave the most value to the study as they reflected the diversity of experiences and opinions in their responses. One of the respondents being a (Sangoma) traditional healer provided great insights into traditional healing practices. Overall, participants were able to include experiences of other African groups such as Xhosas, Sothos, etc that were prevalent in the other provinces of South Africa. They presented a rich picture of tradition African healing system that was not limited to a single ethnic African group or geographical location within South Africa.

3.11. CONCLUSION

In this chapter, the qualitative nature of the research design was validated and the demographic spread of the participants in terms of race and gender was presented using graphs. Non-probability, purposive sampling was utilized to select participants. The sample comprised of 100% African employees. The data instrument employed was focus group discussions and the data collected was analysed by using thematic analysis. The chapter concluded with a brief discussion on the ethical considerations and strengths and limitations of the study. In the next chapter results of the study are discussed.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1. INTRODUCTION

This chapter presents research findings, using both the theoretical framework to guide the systematic development of themes and the themes themselves. Literature pertaining to the research findings was discussed alongside the results, in order that there is some understanding of how the present study data compares with existing literature on the topic.

This study emphasised that participants needed to all belong to the African ethnic group in order to realistically gauge their perceptions about workplace counselling deemed to be offered from a Western frame of reference as discussed in the afore-mentioned chapters. For ease of presentation, this counselling is referred to as "Western counselling" in the chapter.

Thirty (30) African employees from an organisation known to the researcher were selected initially. The pilot study comprised of seven (7) participants (focus group) who were excluded from the actual findings presented herewith. The pilot focus group indicated the effectiveness of utilizing the case vignette to stimulate discussion amongst participants, as indicated by Barter and Renold (2000). Questions in the interview schedule guided their responses towards accessing Western forms of counselling.

Gender of participants was another important variable that influenced the data findings in this study; the researcher included ten (10) males and thirteen (13) females in the sample. The researcher was unable to select an equal number of male versus female participants as this was predetermined by the number of African employees at the organisation.

There were three focus group discussions with employees, these being area based as outlined in the research methodology chapter. The findings that emerged from the three focus group discussions were grouped to identify the prominent themes which formed part of the data analysis process. There is no distinction made regarding the groups in the reporting of results, as all employees were from the same organisation. As discussed in chapter two, the steps of

thematic content data analysis were followed as discussed by Royse (2011). The chapter begins with findings presented as themes that emerged from the focus group discussions conducted at Mandeni, Zululand and eThekwini. The researcher concludes with possible suggestions for culturally sensitive counselling for African clients as per the recommendations from participants. The following broad themes emerged from the data:

- Participants' negative perceptions to accessing Western counselling
- Influence of family system and gender construction
- Preference for traditional African counselling
- Influence of modernisation and acculturation
- Recommendations for future counselling practice in South Africa

There was a clear overlap across these themes as will be evident from the discussion of results that follows.

4.2. THEME 1: PARTICIPANTS' NEGATIVE PERCEPTIONS TO ACCESSING WESTERN COUNSELLING

4.2.1. Mistrust in the counselling process

The majority of respondents indicated that they were not inclined to use Western counselling services; however some of the participants identified with the character, "Mandla" in the case vignette, and stated, that only in instances when they were forced or threatened with possible job loss, would they approach the Western counsellor. They reported that they would however not be totally committed to it. Some salient responses to support this notion were as follows:

".....we will not go to Western counsellor because they don't understand us.... they work for white people and the white way to do things is different....."

".......only if we are forced by our boss or like the abuse case or the grant, then we will go....but again we will go to the traditional healer to pray on this matter..."

According to Duncan and Johnson (2007) counsellor preference and help seeking behaviour are influenced by various variables such as, group ethnicity, gender,

socio-economic status and level of cultural mistrust. Similarly, the findings in this study provided conclusive evidence supporting those of Duncan and Johnson (2007). There emerged many reasons as to why respondents had negative perceptions of Western counselling, of which mistrust and stigma were highlighted by the participants. These reasons are also reported by Sue and Sue (2003), who stated that counselling is still seen as a colonial endeavour. This is borne out in high levels of mistrust and suspicion of the counselling profession as indicated by the following response of participants:

"*.....the Western counsellor thinks that our counselling is bad and stupid...and judges us....not all do witchcraft...* "

The researcher believes that mistrust among African clients may stem from their experiences of segregation, racism, and discrimination as experienced in the apartheid times in South Africa. African clients had experienced racist insults in their contacts with the psychotherapy system. The researcher's view was confirmed by the following statement:

"*......in the apartheid time and still now the white doctors don't give us attention...they first see white people....we had to wait long in the waiting rooms .... they don't tell you what is wrong and the next thing the person dies*"

Similarly, past studies conducted by Whaley (2001), also indicates that high rates of discrimination results in mistrust of the Western counselling process. The lack of trust is likely to operate among other minority groups internationally as well, for example where minority populations are illegal immigrants, they will not seek Western based help because they would fear deportation instituted by the counsellor (Townes *et al.*, 2009). In other cases where minority populations had experienced imprisonment or watched the government murder family members and engage in other atrocities, there emanated strong mistrust of any governmental authority.

This also holds true for the respondents and their families in this study who have witnessed their families become victims of murder at the hands of the apartheid government in South Africa. This vivid memory is one of the key variables that

influence access to Western forms of counselling in South Africa. The respondents in this study indicated this with the following response:

".....Western counselling was even set up for helping the white people....so why must we trust that they can help us...even you (Researcher) was trained the white way so you will do counselling the white way....actually they not even worried about our welfare"

Accordingly, past research studies conducted by Waites (2009) and another one by Keating and Robertson (2004), found that cultural mistrust played an important role in help seeking behaviour of African clients. The findings of the present study also suggested the same concerns around cultural mistrust leading towards reluctance in accessing Western counselling.

4.2.2. Length of treatment and method

Respondents in this study confirmed that Western counselling was a long drawn out process where they had to make an appointment to see the counsellor. In some instances the first appointment could only take place after the problem was resolved. Respondents said that they usually travelled long distances to get to a service provider. Together with this, the use of public transport was expensive and inconvenient. Respondents also felt that the Western counsellor would expect them to repeat visits more than once and respondents did not see the value of repeat consultations. Hence the respondents and African clients would be discouraged from seeking Western help. The following statement indicated the views:

"........our taxi comes only once a day in the deep rural areas.....it's a long drive to the hospital...then sometimes you don't see the social worker....it's only what papers to bring...always it's come back again and nothing is done.... going to many times is not good"

Al-Krenawi and Graham (2000) indicated similar trends with Arab respondents. They indicated that when culturally sensitive treatment was offered to minority populations, it was most successful when it was short term and directive. Social

workers who maintained rigid time frames were perceived as being cold or unreasonable. In Arab societies according to Al-Krenawi and Graham (2000), similar to African societies, helping is more explanatory and instructional than in the Western world. Al-Krenawi and Graham (2000) elaborated that Arab clients expected social workers to be like teachers, to explain conditions and supply information concerning problems. Preference for the instructional and explanatory model for treating Arab clients is linked to the African society's instructional methods used in their schools, and in families with its hierarchical structure. Children learn to receive advice and assistance from their elders and repeat these patterns based on the advice, throughout their lives. In a similar way, African clients are able to receive instructions from the traditional healer and expect the same from the Western counsellor. In this study the participants highlighted that if they were to receive something tangible or are given instructions to perform some rituals, then this will heighten their belief and confidence in the help offered. The statement below reflects this understanding:

"......the traditional healer does things we can see, or we pray or slaughter, the Western counselling is not like a doctor, we even might get herbs......"

Similarly, Al-Krenawi and Graham (2000) also found that the Arab clients placed responsibility on practitioners to provide solutions to problems with little or no input from the client. The Arab clients viewed social workers as figures of authority and conformed to whatever was advised or prescribed. Even if they disagreed, it was done in private, because disagreement was linked to confrontation, which was seen as being rude.

Similarly, the respondents in the present study expected the social workers to explain the nature of their problems and to give them solutions. However in contrast, the Western person centred approach dictates that a person must discover solutions for themselves. African clients expect help to be direct and clear, with concrete targets. For them, social workers should provide guidance, advice, direction, explanations, and instructions to African clients. Thus it may be concluded from this study that the expectation to receive concrete solutions from social workers could be a reason, amongst others as to why African clients do not

access Western counselling that easily. In an effort to enable a more receptive counselling environment, this concern must be addressed.

4.2.2 COUNSELLOR PREFERENCE

4.2.2.1. Race of counsellor

Race, gender and language ability of the counsellor were important variables for the respondents in accessing counselling. Respondents indicated that they had knowledge that Western counsellors in South Africa were usually from the white race group or from a race other than their own. The negative effects of racism also had a spilling effect on the counselling profession as a career, where the profession failed to attract a sufficient number of African students in the past; hence there are fewer African counsellors in South Africa at present to meet demand (Kasiram, 2009). Respondents felt that race, cultural and language differences would lead to all sorts of problems, such as miscommunication caused by language barriers (Ridley, 2005). These reasons led respondents to believe that Western trained counsellors would therefore not be in a position to understand them fully, from their African worldview. Respondents indicated that even if counsellors were able to speak the isiZulu language, they needed to understand the culture fully to make sense of their language, as cultural meanings can differ from tribe to tribe. It was also highlighted that isiZulu or other African languages cannot be accurately translated into English. The researcher understood this explanation and related to her own Hindi ethnic language.

Respondents also elaborated that when Africans communicated, they first engaged in small talk, and then only explained their problems with illustration and/or stories. Hence they found that Western counsellors or doctors displayed impatience when listening to them and always interrupted them. The statement that follows indicated as such.

".....when we Africans talk, we must first make small talk, like talk about health or weather first and then we get to deep things...we also use proverbs and like stories to explain... the doctors don't like it ....they say....get to the point same as our boss..."

For Western trained counsellors, this may be regarded as long winded and they may want to stop the client prematurely in conversation. This lack of confidence in and mistrust of the counsellor's capabilities is fully supported by Coker (2004), who refers to cultural appreciation of communication and states that there is a lack of counsellors who possess the necessary awareness, knowledge and skills necessary to engage meaningfully with the cultural nuances of ethnic majority clients. The respondents in the present study also highlighted Pederson (2008) and Sue and Sue (2003) findings, as cited in chapter two about effective counselling relying on a multiculturally skilled counsellor.

4.2.2.2. Language diversity

Respondents believed that language was a barrier for effective multicultural counselling in South Africa. The response below indicates this:

".......we are more comfortable speaking in our own language.....and the Western counsellor who is White will not understand us.....so a Black person will be better..."

Respondents indicated that because there were not many African social workers, they were forced to go to white professionals. They found that they were forced to speak in English and felt that they were unable to express themselves fully. Hence they preferred to speak in their isiZulu language. They also had doubts as to whether the professional could understand them fully because their use of the English language sometimes did not convey what they wished to the counsellor. Hence they had preference for African counsellors.

The study conducted by Chitindingu (2012) with University counselling students, showed alternative views to that of this study, with regards to language preference. Chitindingu (2012) findings showed that most Black students were in favour of receiving university tutoring in English, whist the majority of White students were in favour of using the African language. The explanation was that each race wanted excellence in another language. The researcher believes that multicultural counselling is possible when both parties were willing to change and

learn the other language, resulting in creating a potential to overcome language barriers in counselling.

Asante (2007) offered a different explanation; he stated that there are some African people that deny their "Blackness" and have higher preference for European languages because there is a belief that anything European is superior and better. Asante's (2007) views express that the African language is an expression of African identity and culture, the same as expressed by the respondents in this study. Asante (2007) described Afrocentricity as not being the opposite of Eurocentricity; instead he contends that it is an essential component of multiculturalism. Holstock (2004) supports this notion by stating that, multi-language fits very well with the agenda of a multicultural approach that is accommodative of everyone, these points having reference to the findings of this study of participants preferring a counsellor who can communicate with them in their own language.

The researcher has also observed that the respondent's workplace was a multicultural environment, where they conducted their daily work duties in English rather amicably. To this end, the researcher's opinion is that, using the English language in a multicultural counselling environment would not be a hindrance to work productivity, albeit that respondent's preferred the use of their home language in counselling sessions. Perhaps, the point of clarity here is that when there are personal problems, participants wished to be spoken and to speak in their mother tongue. When it comes to work-based tasks, the job was not in jeopardy as a result of worker and employer using English.

4.2.2.3. The counsellor

Respondents believed that the counselling profession usually attracts female counsellors as stated by one participant:

"...it creates more problems if the counsellor is a female... I as an African man cannot break down in front of a man.....now I must spill my guts to a women....no way...it will not work this counselling..."

The perception that Western counsellors are usually females is mentioned by Zastrow (2009) who stated that, more than two thirds of social workers were female and that there were more female clients than male clients. The conclusion from this study indicates that African males in particular, would not access Western counselling in instances where the counsellor was female.

Racial consciousness also had an influence on the counsellor's racial preference. Duncan (2003) firstly indicated that ethnic females were more motivated than males to seek counselling and that an ethnic individual with higher racial consciousness would prefer Black counsellors or counsellors of their same race, whilst those with low racial consciousness would not mind a White counsellor. Townes et al (2009) in agreement, added that an African male's preference for an African counsellor of the same gender could be linked to his high racial identity. In the present study it was clear that racial identification of being proud of being an African, with value placed on being male, contributed to preference for an African male counsellor, particularly by male respondents.

4.3. THEME 2: INFLUENCE OF FAMILY SYSTEM

The findings in this study indicated that the African family takes the responsibility for finding appropriate solutions when individuals experienced problems of any kind. Respondents indicated that most African families have always provided counselling in some way or another to individuals. They elaborated that when a problem arises the individual has to approach the family first. After the initial consultation with the family elder, a collective decision would be taken as to the steps that need to be followed to resolve the problems that emerged. The family then decides whether the individual should go to a traditional healer or alternatively to a Western practitioner. Western practitioners were a last resort and usually consulted when the problem had escalated beyond the help of traditional healers on repeat consultations. The family usually accompanies the individual to counselling which as indicated in the literature chapter, is the direct opposite to that of a person centred methodology in Western counselling. Respondents explained that even in those situations the *"abathandazi"* meaning traditional healer is called upon to pray on behalf of the individual's problems. This indicates

the belief in dual counselling. Some of the responses below indicated the dependence on family rules, guidance and processes that have to be strictly adhered to.

"....in our culture when we have a problem we have to talk to an elder in the family.... there are certain things that have to be kept amongst the family and shouldn't be exposed to a stranger like a counsellor..."

Another participant said *"....when you have a problem, it is not yours alone, it is a family thing and the family will know how to find a solution....". ".....different families do different things some will slaughter a goat as some will make cuts on their face...." .....there are different practices in each family....."*

Similar to the findings in this study, Makinwa-Adebusoye (2001) indicated that the extended family was a cultural system made up of a close-unit family and clan relationships where everyone was connected by ancestral ties. Makinwa-Adebusoye (2001) stressed the importance of the extended family in the lives of African individuals which is also indicated in the afore-mentioned quote.

Similarly, respondents indicated that the family was the most important system in their lives and helped them to eliminate and prevent psychological, social and spiritual problems. The family helped to provide comfort when a person knew that he/she was not alone in his/her problems. They expressed that the extended family members were always around to encourage and to avail themselves during times of distress as well as in happy times, to rejoice and celebrate good fortune. Rejoicing also included sacrificial rituals, as one participant responded:

"....when you get a new job the family sees it as good luck from the ancestors and spirits, and we as a family have to say thanks, by slaughtering a goat......."

In this research the family played a pivotal role in influencing the participants towards decreasing their need for Western counselling. An alternate view by Makinwa-Adebusoye (2001) indicated that the shrinking of family size and power due to modernization was one of the reasons for increase in Western help seeking behaviours. The respondents indicated that in the future they could see their grandchildren using Western counselling more than they did because of the dominant influence of education over family values. The respondents lamented

that the Western culture, unlike the African culture denied them psychological support from the extended family because of the emphasis on an individualistic approach to life. They elaborated that individual interests were considered to be self indulgent and selfish, especially in rural communities, using the Afrocentric model.

4.3.1. Gender construction within the family

4.3.1.1. The African male

As alluded to earlier, the findings in this study indicated that the gender of an African individual was important in influencing the way he/she accessed Western counselling. Respondents indicated that family and cultural expectations regarding gender roles may complicate the helping process in the profession. The respondents indicated that gender differences in African societies remained very strong within family and social structures. The male assumed the dominant position, being the leader and head of the household. Men had high authority and were expected to provide economically for the family. All of the male respondents expressed that they would not be comfortable with Western counselling because it would make men appear weak and it would go against their manhood. The male respondents indicated that they were conditioned to thinking and behaving in that manner because of the way they were socialized from the time when they were children. The pattern of behaviour was also modelled to them by their uncles or other male elders. Respondents indicated that there were strict rules governing their behaviour within their family and in social circles. Respondents indicated that these rules of behaviour were also enforced during happy events as well, for example the drinking of traditional beer starts with the male elder and moves down according to age of the male individual. Some of the following responses indicated the high standing of males in the African community:

".....men will not want to show others that he has a problem ...he will want to come across as someone who is strong.......normally African men don't speak of their challenges..."

".....he doesn't want to be seen as a loser... and weak.........most African men do not cry easily and they will want to try and fix the problem quickly as they will first be ashamed......."

The findings in this study indicated, that all of the male participants were less inclined to access Western counselling than their female counterparts. Some reasons for this behaviour are linked to past literature studies, which expressed that a high value was placed on African men not to seek counselling (Mpofu, 2011). The majority of African males in this study had indicated that they had received their education in rural schools and were never exposed to Western tertiary institutions. Coupled with this, the respondents worked in rural communities, hence contact with other races were at a minimum, thus they were able to maintain their high cultural identity. The statement below indicated as such:

".........when we work or in school we are free to do all our cultural things because the other Africans understand what we do......like at school you can stay away if you have to do a traditional ceremony....."

Respondents indicated that when males experienced problems they would firstly try and sort them out themselves. The African man was also more inclined to share his problems with other men; however it would take a lot of courage to do so. African males may resort to alcohol usage as a means to become courageous and reveal their problems to male friends. Respondents indicated that when dealing with African male clients, the Western counsellor should be aware not to offend the male head that is regarded as the power of family hierarchy. Similar trends were noted by Al-Krenawi and Graham (2000), who stated that social workers should not attempt to change cultural power or hierarchies.

From this study it emerged that African males had great difficulty in accepting directions from females. Hence in a counselling situation, a female social worker has to be aware of this before embarking on professional assistance. Respondents also stated that they preferred a family style intervention where the culture was respected and the family hierarchal positioning was considered, in keeping with the earlier finding on respect for male supremacy. It was stated that it was common for the older uncles to accompany the client to the interview rooms; hence the lines of communication needed to be directed via the older male in the

family. Sometimes, the male client himself may not be the one that notices the problem, however it may be his father or uncle who sees the situation as disrespectful of the hierarchal power in the family.

4.3.1.2. The African female

Respondents in this study expressed that African women held a position of being a child bearer, with strong emotional and caring duties within the family. Similar to the views of Fyffe (2000), the findings indicated that African women assumed a subordinate position in the family and would not be able to assert their decision to consult with Western counsellors. Their position in the family system was enforced with adherence to strict family rules, as indicated by the female participants as follows:

"......as a female you not allowed to go for counselling....it's more hard for us....you not allowed to talk about your husband or your problems to anyone, even your own mother...but have to go to your mother-in-law with problems"

"....the only way you can get counselling is by the "umkhongi" which is the female elder......if you went straight to your own mother....... difficult to put things right.....you have to talk to "umkhongi" and the "umkhongi" will talk on your behalf to your father-in-law and mother-in-law to accept your mistake..........pay with a cow if you don't follow what the family says, or go away....."

In view of their subordinate position, the female in an African family system was reluctant to approach Western counsellors for psycho-social support. When females experienced problems they had to consult with their mothers-in-law and not their own family. The findings also indicated that the women were fearful about going against family rules and traditions. The respondents also expressed fear of being cast out from the family. There could be many reasons to explain this disempowerment but one reason came out strongly from the women. They explained that going against the family wishes could land them paying the costly price of a cow as punishment for disobeying the rules of the household. Most of the women admitted that their families were poor and they did not want to overburden their parents. In the study, similar to the males, African women were

also influenced by family and cultural traditions. Women in rural African communities according to Coker (2004) have however created natural support networks to cope with simple everyday problematic issues. Similarly, the participants stated that they relied on each other for support and would meet in common surroundings such as "Spaza Shops", taxis, buses, funerals, marriage ceremonies, and family gatherings where they could exchange solutions to problems. Their expertise arose from their past experience in similar situations. The researcher found that the influence and support of the family system thus prevented individuals, both males and females from reaching out to Western forms of counselling, even in instances where individuals saw potential positive benefits from accessing Western counselling as the cost of so doing, was high.

4.4. THEME 3: PREFERENCE FOR TRADITIONAL AFRICAN COUNSELLING

This theme consists of two sub-themes namely cultural influence and difference in healing methods.

4.4.1. Cultural influence

All the participants said that they were currently accessing the services of traditional healers and will continue to do so in the future. There found that there were many advantages in using traditional healing methods and that Western counselling did not appeal to them. They were open to dual interventions but stated that they would only use Western counsellors when the need arose, for example when someone was sexually abused they would need the counsellor because they understood that they would receive judicial support. Similarly they would also go to the counsellor in cases of foster care grants as it was linked to legislation and monetary assistance. They reiterated that they had belief in traditional healers and their family members were very happy with traditional healers as they understood the African culture. The unanimous choice of traditional African counselling as opposed to Western counselling was indicated as follows:

A male participant passionately expressed himself in isiZulu. He stated, *".....injobo enhle ithungelwa ebandla u kuse khona amadoda...".*Translated in English as*,*

*"...for you to be helped you need to raise the issues to a wise man out there.....
many good leaders and wise men in the community we can talk to and get healing
or prayer from........it's very rare...never heard of going to professional
counsellor...."*

*".......at the moment we are using Western counselling only when we are forced
and when we have to, when there is court stuff you have to go to the social
worker, we understand all that ......"*

Respondents in this study indicated that there were many reasons that influenced
their choice of seeking traditional healing. Three of these were:

i. Participants believed that traditional healers were qualified and legitimate
    within their communities since they had complete understanding of African
    culture

Respondents indicated that traditional healers were trained and qualified in their
particular genre of problems. This gave an impression that African clients believed
that Western professionals could not understand and relate to the problems they
experienced. Their confidence in the skills of traditional healers came from the fact
that they had knowledge that this training took many years together with
community members' vote of confidence in them. In contrast, many respondents
were unsure as to when and what kind of help a Western counsellor would give
them. They expressed this concern as follows:

*"........the healer is trained by his father....what he gives us works for us and did
work for everybody....with the Western counsellor ....talking is not what we
want...there is no proof it will work...."*

ii. Traditional healers were recommended by generations of family

The belief and faith in the power of traditional healing stemmed from the advice
and recommendations of family members' visits over the years. The belief also
had its origins from firsthand experience where the traditional healers had helped
the family in problematic situations. It was however mentioned that respondents
could change their healer for a better one, under advisement from other families
and friends. This statement thus suggests an alternative reason as compared to

the one below that African clients accessed traditional help because this was more easily available and located in their own communities. Respondents stated that the family would have experienced trust and success with the healing solutions provided by the traditional healer as compared to the Western counsellor. Hence they in turn would still have no doubt of the potential success of the traditional help. The traditional healers were able to connect with the ancestors through the guidance of departed souls and spirits and this was an added dimension to the value placed on traditional healing by respondents.

In addition, respondents indicated that they felt confident that traditional healers knew their anguish and pain because they too had suffered similar afflictions before becoming healers. The findings in this study showed that although traditional healers were not formally trained according to Western standards, or lacked accountability to any professional body, their service was the most popular choice. The findings indicated that traditional healers were regarded as experts in their field and that it took many years of training to become skilled. It emerged that a traditional healer usually passes his skills to his children, so that his legacy is bestowed across generations. The traditional healer learns skills from a very early age under the tutorship of his father or grandfather. The traditional healer's skills are highly respected and in order to get full benefit from the traditional healer, it was recommended that a person should have belief in the practise. Hence respondents felt that the healing would not work for people that were non- African and were essentially non believers. The following responses demonstrated the views of the participants:

"........our families trust the healer so if we go against the family ways of doing things it will not be right....the Western counsellor will not do the prayer what we have to do...."

iii. Traditional healers were the first and sometimes the only resource available in their community

Respondents also indicated that during the apartheid times and especially in the rural areas it was difficult to find Western professionals. Hence respondents had no option, but to use traditional methods which were regarded as valuable. This view is similar to that of Moodley and West (2005), who stated that traditional

healers were qualified and legitimate within their communities and were in many instances the only available resource.

Respondents still believed that it was inconvenient to travel long distances to meet Western professionals, however they did not mind travelling long distances to find a better traditional healer. This again emphasises the higher value placed on traditional versus Western based help.

4.4.2. Difference in healing methods

The findings in this study also indicated the importance of spirit healing for the participants. Respondents indicated that traditional African healing differed from that of Western healing practice in this regard. They believed in the influence of their ancestors in their lives. Most importantly the findings showed that respondents had an unquestioning belief in the power of the healer who had the power to act as an intermediary between the spirit world (the world of the ancestors) and their inner world.

The following statements echoed these sentiments:

".........reason Black people go to traditional healers.....connect with their spirits that guide the happenings in our lives. A Western counsellor would not be able to do such an important thing for us........."""....our form of counselling will be the traditional healer.....they will translate from the ancestors and say what you have done.... we have traditional healers which comprise, "Sangomas", "Izinyangas", or "Herbalist" and the one that prays is the "Abathandazi"...... or if he's Christian then he will go to the priest.... not the Western counsellor....."

"......the traditional healer is very clever in African culture.... he is trained by his family ...he knows what to do with the ancestors..."

Respondents indicated that the reason for their attraction to traditional healers was that they understood, and were familiar with traditional healing practices, unlike Western practice which was alien to them. Similarly, Moodley (2005) indicated in his research, that traditional healers possessed an attracting charisma, knowledge of ceremonies, rituals, and knowledge of medicines and

herbs that were essential ingredients in the healing process. Moodley (2007) elaborated that the skills and knowledge created willingness for African clients to accept the mystery and magic, and thus relinquished control to the healer and the spirits of the ancestors. Respondents admitted that because of their lack of knowledge around the positive benefits of Western counselling they felt intimidated and inferior in such situations. The reliance and trust in traditional help discussed here is supported in related findings of Sue and Sue (2003).

Respondents indicated that they felt very involved in the healing process when they participated in ceremonies and were given prescriptions of specific herbal medicines. Sometimes they are asked to conduct a fasting ritual before receiving help from the traditional healer. This for them was a reaffirmation that the body-mind-spirit does not exist in the same way as in Western counselling. Accordingly the African worldview as discussed in the theory frame of this study that a person's body-mind-spirit are all related to each other and not separate from each other. The respondents indicated that the healing powers of traditional healers were strengthened because of their ability to communicate with, and learn from, their ancestors and the spirits.

Respondents indicated that traditional healers gave answers to "who" was the cause of the problem. The stressor was thus regarded as an external event, outside the body. This was unlike Western intervention where the counsellor probed to find reasons that caused the problems from a person-centred bias, and exploring solutions to problems from the client's frame of reference. It was deemed more expedient to blame an outside influence than to apportion blame to the self, regarding the situation. The following statement demonstrates how suspicion is invited of the "other" and how blame for problems may arise outside of the self:

"......sometimes people are jealous of you, when you buy a new car.....the healer will tell you to stay away from that person...."

Another dimension of traditional healing that is absent in Western counselling is physical contact with the body. According to the respondents' views, which were similar to that of Santiago-Saavedra (2004), the therapeutic techniques of traditional healers involved direct contact with the body in terms of acquiring

information, treatments, as well as actual manifestations of the healing; they believe that the body is a container which channels the energy for healing and thus unearthed the causes of their problems.

Respondents indicated that the major difference in healing modalities was that the traditional healer worked within the framework of traditional cultural beliefs concerning health and illness, behaviour, beliefs, values, and the language of African clients, hence clients felt comfortable approaching a traditional healer in contrast to a Western counsellor whose methods of intervention were alien to them. Crawford and Lipsedge (2004) also supported this finding.

Respondents were of the opinion that traditional healers were able to interpret illness in a way that was familiar to them and there was a predictable course of treatment advised, unlike Western counsellors who never gave solutions. Even in instances where the healer used techniques that were unknown to them, the treatment was harmonious with the client's worldview, since traditional healers were familiar with the cultural meanings of health, illness and healing in their family and the community they belonged to. The following statements indicated this view:

"......*our elders were using traditional healers and it worked in the past....we don't want to change... the healer gives us the answers.....*"

"......*sometimes when we have things crawling on us or we see and hear things in our rooms in the middle of the night....Western counsellors would not understand the dreams and so on.....*"

According to a Western professional, dreams and seeing things may be viewed as hallucinations and hence treatment would be provided accordingly. The literature in chapter two clearly outlined some of the key the differences in both modalities of treatment and outlined which was regarded as unsuitable for the African client.

Respondents believed that incidents that occurred in their lives happened because of external misfortune. For example, when a rape, accident or death took place, the family would indicate that the incidents had their origins in the ancestral spirits. The findings also showed that participants were unable to distinguish between physical and psychological ailments or problems and reported that they

just visited the traditional healer all the time, for all problems. In most African cultures, illness was understood and described in the context of disturbed social relations and in extreme cases, related to mental instability. Respondents elaborated that, added to their burden of not being able to distinguish between emotional and physical ailments, they were faced with problems from family members and their children's inability to specifically describe emotional problems. Physical complaints formed a general label for any type of problem ailment experienced. Respondents explained that in the African culture, in instances where a person was remorseful or stressed, the individual would describe his/her affliction as a pain that was moving all over his body including his head. This is unlike in Western counselling where a case of a severe headache could be attributed to having a migraine or tension headache that may be linked to stress, hormones or dehydration. Respondents also indicated that they were unable to label their illness specifically in English (their second language) as compared to describing their ailments to the traditional healer in a language understood by both. To illustrate this point, on how ailments were described using mother tongue language, respondents explained that African people would describe headaches as follows:

".......having this pain all over in my head......inside and outside and its busting....like something was jumping in my head ......"

Such a description may evoke alarm in the Western counsellor who may even attribute the client as suffering from a mental condition, based on this description. Respondents expressed anger at the way Western practitioners and Western individuals viewed traditional healing practices and the belief in spirit healing. They indicated that Westerners did not have a complete understanding of spirit healing hence they had a negative impression of it. Respondents stated as follows:

"I want to say this...... what the Africans do is not muti or bewitching.... you get prayer and healing as well....it's good things and we get helped....."

The participants felt that they were being judged when they used traditional healing methods and that Westerners did not accept their type of counselling intervention, regarding it as inferior. Similarly, findings by Moodley (2005; 2007) showed that the concept of Voodoo, which entailed spiritual magic and animal

sacrifice, was viewed as bad and tantamount to witchcraft in Western standards of care. Respondents however indicated that spiritual healing was linked with Catholicism or Baptist faith; hence Westerners should be able to understand that it does not have an evil connection. Respondents agreed that the misconceptions and stigma that Western counsellors have towards traditional healers' motivated African clients to keep their visits to a traditional healer a secret from the counsellor.

Hence the researcher believes that in a Western counselling situation it is important to understand how deep a client's spiritual connection and beliefs are before attempting to offer and/or complement the services provided by the traditional healer.

In traditional Afrocentric healing, as guided by the theoretical framework in this study, illness does not only refer to the problems associated with the body and mind, but also the spirit, where the ancestors, gods, spirits, deities and the environment are all legitimate points of reference for understanding problem causation and treatment. Religious and mystical beliefs from an African worldview offers an African individual an explanation to his/her suffering and afflictions, hence the African worldview is seen to be more inclusive. Accordingly in the African paradigm there is never a clear division between consciousness and dreams. This is contrary to Western helping interventions where disturbing dreams and the supernatural may be associated with mental disorders. The manner in which the respondents presented their personal problems and help seeking behaviours, were in line with the African worldview where there is no distinction between body, mind and spirit.

Western treatment has its focus predominantly on the individual although there is increasing concern that the micro-macro divide needs to be bridged (Kasiram & Thaver, 2013) and greater attention devoted to a holistic approach. In contrast, traditional healing has always emphasised holistic counselling wherein spiritual, physical, emotional, and supernatural aspects are considered, along with attention to the individual, their family and the community.

4.5. THEME 4: INFLUENCE OF MODERNISATION AND ACCULTURATION

In exploring how Western influences had affected the participants help seeking behaviours, the researcher explored participants' lifestyle changes over generations. This theme includes some of the earlier findings, so overlap with findings related to themes already discussed, will feature in this discussion. However, it was deemed pertinent to state this as a theme, in view of it being all encompassing and to present a coherent picture of perceived changes that occurred over lifetimes.

Respondents reiterated that they were not influenced by Western values. Respondents described that they identified with being a true African. They lamented that Western values were influencing the younger African generations (discussed earlier), due to factors such as migration to the cities, especially when youth had moved to Gauteng in search of employment. The respondents indicated that they were only partially affected by Western values because of their work environment. Working in a multicultural environment, they were forced to speak in the English language, as discussed earlier. However their language preference remained isiZulu. They indicated that they were proud and also very confident in using their own language. They communicated in their language to all fellow African colleagues at work and out of work. This language preference was also highlighted as precluding them from seeking Western counselling as discussed earlier.

Respondents explained that they were partially influenced by Western values in areas such as dressing, music, food and religion. Given that Western values are unavoidable they were forced to assimilate some of these Western values. Respondents found that it was easier for them to maintain their cultural values when they were living with their families in the rural areas. Most of the participants had rented living space in the city and returned home during vacations. The following statement indicated their preference for following African tradition, but that Western influence in some areas was unavoidable:

"........we prefer to be African .....own thing like our food, and we wear our clothes to traditional wedding and prayer.....it's our cultural things ....we want to keep....."

Engaging with other employees from different cultures also influenced them. The following statements indicate the unavoidability of meeting persons/counsellors from other race groups, but that there was a preference for identifying with African tradition:

".......the white counsellor can do their things.....but as Africans we work and do what we have to but our culture will not be lost... we still go back home to do our stuff when we have a problem...."

".......we know everything is changing....we can go anywhere....we will still use traditional healer..."

Gumbiner (2002) cited in Rebelo (2005) stated that the ways to identify assimilation of Western values, was by firstly the use of ethnic language, and secondly by social patterns, for example socializing with their own ethnic group or with others (Rebelo, 2005). Hence, the observations in this study validated that all of the respondents had not fully assimilated Western values and had preserved their traditional values.

The degree of social change and its impact on acculturation was indicated in a study by Johnson (2000) conducted in Ghana amongst school teachers. He stated that the high level of social change affected the low rate of attributing supernatural causes to illness. The findings of this study however showed some effect of social change related to modernisation but no indications of lowering belief in the traditional.

Acculturation also has an influence on counsellor preference as seen in a study by Ponterotto, Rao, Zweig, Reiger, Schaefer, Michelakou, Armenia, and Goldstein (2001) where the relationship of acculturation and gender attitudes toward counselling in Italian and Greek-American college students were examined. The findings from the above study revealed that those who were less acculturated preferred a counsellor of the same ethnic background as compared to those who were more acculturated. The study thus supports the present study because it indicated low levels of acculturation and low Western help seeking behaviour amongst participants.

Acculturation may differ from one family member to another and from country to country. In the case of this study, African respondents were forced to assimilate a Western culture, due to external forces such as apartheid and domination of the English language. However, as stated earlier, despite the influence of modernization, respondents expressed their preference for traditional healing over Western counselling. The following statement reflects this:

".....we work every day in the modern world and we speak English.......but we will still go to the traditional healer..."

Acculturation is a central component in conceiving social work services in the West. In providing social work services to ethnic families, it would be essential for the counsellor to consider the level of acculturation and its differential effect on families. Before treatment plans are formulated, a detailed history should be considered as it has impact on the counselling intervention. In the west this could include length of time outside the country of origin and reasons for and conditions under which emigration occurred. The level of social and family support available and degree of religious affiliation are important factors. Thus, an assessment of the client's personal background and level of acculturation will alert the sensitive practitioner to potential cultural conflicts with regard to treatment, a point of note for recommended changes to increase help seeking behaviour. It is also imperative to identify culturally appropriate interventions in light of acculturation.

4.6. THEME 5: PARTICIPANT RECOMMENDATIONS FOR FUTURE COUNSELLING PRACTICE IN SOUTH AFRICA

In order to answer the critical questions in this study on the ways in which Africans could improve their help seeking behaviour in South Africa, it was imperative for the researcher to take into account the respondent's recommendations on an improved model of counselling.

In considering factors such as mistrust, stigma and fear of discrimination, all the respondents in this study indicated that they would not use Western counselling services exclusively. They also indicated that this would hold true for their family, friends and people in their communities.

Firstly, respondents advocated for a dual method of counselling, also discussed by Moodley (2007) where the traditional healer and Western counsellor worked together as a team. Respondents said that it would benefit each of the counselling practitioners, ethnic or Western, to learn from each other. The responses as follows indicated this:

".....it would be better if both are working together and the Western counsellor knows that the traditional healer is also praying and helping us as well....when the traditional healer is trained he will know it calls for a Western counsellor and will refer...."

"........the traditional healers are lacking in the skills....yes they do need training because each one is doing their own different things...."

Respondents were of the opinion that with the high rise of modernity that their children would use the Western counsellors more in future and feared the loss of their own culture. This provided a further reason for them to suggest the need for dual help and for both counsellors to share information and learn from each other.

Another recommendation of importance towards effective help seeking behaviour was that there exists a dire need for all ethnic minorities to be educated on Western approaches and practice. Respondents elaborated that because of their lack of knowledge about Western practice, that they experienced resistance towards seeking such help.

These recommendations are discussed further in the next chapter with additional input from the researcher, under the heading "recommendations".

4.7. CONCLUSION

In this chapter the researcher analysed findings from participants about the Western counselling process. Thematic analysis led to providing answers to the critical research questions of the study. It was abundantly clear from the themes discussed as findings in this chapter that there was coherence and indeed a degree of overlap across these themes.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

In this final chapter, the researcher presents a summary of the major themes analysed from the interviews, followed by the implications of the themes in the context of Western and traditional counselling in South Africa. Recommendations for future service provision are made towards the end of the chapter.

This study sought to explore the relationship between African worldviews and help seeking behaviours within a multicultural work environment. The ways of conceptualizing social problems amongst African clients were clearly found to influence help seeking behaviours. The qualitative study results revealed that African cultural beliefs and values played a significant role in their definition of social problems which in turn influenced their choice of an ethnic counselling modality. The findings provided answers to the specific objectives of the study, which were:

i.   To explore the perceptions and views held by African employees about workplace counselling

ii.   To determine what cultural beliefs and practises influenced accessing workplace counselling

iii. To explore suggestions and recommendations on increasing access to workplace counselling

5.2. SUMMARY OF FINDINGS

In line with the objectives listed above, the following themes were established in addressing the study objectives:

i.   The African worldview played a significant role in defining and labelling psycho-social problems. All problems that were reported, irrespective of their manifestation in a   physical or emotional form, dreams, hallucinations, misfortunes, and ill-luck or behavioural symptoms were all reflected, as being strongly connected to African cultural beliefs and values. The African worldview also indicated that there was no distinction between the mind,

body and spirit (holistic approach) in the interpretation and treatment of a client's problems.

ii.   Familial ties together with their hierarchal structure and gender expectation norms influenced the African client's choice of help seeking behaviour. The family, because of its continued collectivist, supportive and inclusive nurturing characteristics tended to be very appealing to African clients, hence the family as an institution received respect. African clients highly regarded the commands, instructions and directions from the elder members in the family.

iii. There was a clear distinction between how social problems were managed and treated from an African healing perspective as compared to a Western counselling perspective. The Western perspective is characterised by a person centred, individualistic approach, together with focus on empowerment and challenging the individual to explore his/her own solutions to problems. In contrast to the "talking therapy" of the west, traditional healing comprised the involvement of traditional healers who took responsibility to resolve clients' problems by offering solutions. Traditional healing was the preferred choice whenever African clients needed help. Traditional healers were trusted in treatment settings and the remedies ranged from prescriptions of medicinal herbs, potions, prayer and the invocation of ancestors and spirits. Involving the African clients in performing rituals confirmed their belief in the healing method. African clients were motivated to use traditional healing methods because the solutions to their problems were known and familiar to their family who had experienced success in the past, strengthening their belief in the powers of the traditional. Since whole families were usually involved in traditional healing treatments, recovery was supported and chastened in such a supportive environment.

iv. Clients who operated from an African worldview faced challenges in communicating their problems to Western professionals as they were unable to label problems in a manner that would be understood fully and clearly to the therapist. African clients' lack of confidence and non preference of the English language created confusion and mistrust towards Western counsellors, hence they expressed their need for counsellors to belong to their own ethnic group. They often found themselves feeling inferior in a

Western counselling environment. Together with this, male clients were uncomfortable with female counsellors, which were aggravated by the female counsellor belonging to a culture different from their own.

v.   In order to improve the Western counselling environment and create more meaningful counselling experiences, participants suggested that indigenous healing and Western practice needed to work alongside and not against each other to create positive changes in counselling. African clients had found themselves in situations where they were forced to use Western professionals even though they had already consulted a traditional healer. These dual consultations were kept secret from the Western professional for fear of being judged. Taking cognizance of the demands of modernization, participants recommended that both traditional healers and Western professionals attend training programmes in order to create awareness and knowledge of their seemingly opposing counselling styles.

5.3. CONCLUSION

From the themes above the following conclusions may be drawn and explained by the researcher using critical reflection, pertinent theory and literature:

5.3.1. The role of African cultural beliefs in defining social problems

One of the major conclusions from the findings was that participants reflected their African cultural beliefs in defining and labelling any sort of Psycho-social problem that they had experienced. They understood their problems to be related to psychological conflict or disturbed social relations with living family members and deceased ancestors and Gods. These problems produced disequilibrium and stress for the African individual.

If Western counsellors are unable to embrace African worldviews then clients would not be receptive towards them. To become more competent and multiculturally skilled, both Pederson (2002; 2008) and Sue and Sue (2003) recommend that the multicultural guidelines be adhered to, as indicated in chapter two.

5.3.2. Manifestation of African cultural beliefs in the counselling relationship

Conclusions derived from the findings also highlighted challenges with regard to the use of English language in the Western counselling relationship. This challenge surfaced in many themes indicating mistrust and frustration towards Western counsellors as a result of miscommunication between African clients and the counsellor. Miscommunications can surface at language level as well as content level. The problem is exacerbated by the fact that a talking vocabulary and therapy is alien in the African worldview that advocates the use of stories, symbols, singing, and use of folk tales to describe pain or conflict that an individual can be experiencing. Similarly, straight forward translation of words to English was impossible for African clients. Hence Western counsellors that do not understand clients from the African worldview would not be able to establish a rapport with the African client and the likelihood of the client returning for consultation is very slim.

5.3.3. Management of beliefs within the African worldview

Another conclusion drawn from this study was that although mainstream counselling was unavoidable in many instances, African traditional healing was preferred. The reasons attributed were that the treatment was recognisable and fitted well within their value system. The striking difference in the two help seeking modalities was that Western counsellors used talking therapy, whilst African therapy tools consisted of various modes including some tangible objects. Another conclusion was that a client rooted approach does not appeal to African clients as healing according to an African context is grounded to collective existence. Family involvement in the healing process took precedence and gender roles were clearly understood and abided to. Again, the domination of culture and context was apparent and forms the main thread in these results.

5.3.4. Participant recommendations

In line with the findings, participants predictably viewed the current counselling modality as being very Western and absent of understanding of an African worldview. The conclusion arrived at, was that Western counselling needed to change so as to adopt a more collaborative approach with the inclusion of traditional healers and family in the counselling experience. Such a suggestion is laudable and mature, given that there was a clear bias and preference for traditional counselling. It recognises that in a world that is fast paced and influenced by Western values, it is not possible to deny this influence and conduct living as an ostrich with its head buried in the sand.

5.4. RECOMMENDATIONS

The researcher was able to offer recommendations from this research in light of exploring alternative healing modalities in the interest of the African client and to generate relevance to a multicultural Western counselling methodology in South Africa. Recommendations are offered with regard to:

- Education and Training
- Social Service professions
- Policy
- Research

5.4.1. Implications for social service education and training

The research has clearly indicated that the education and training of counsellors in the African context was extremely important to prepare them to become multiculturally competent especially when working with clients who come from different cultural backgrounds. Counsellors have to be educated with the African concepts of culture. This will help them to become more aware of their own cultural self and cultural identity along with that of their clients.

One of the recognised challenges experienced by in-service counsellors established by the Government Department of Social Services (DSD) is the lack of

more opportunities for continuous professional development training in multicultural counselling (Scarce Skills and Policy Framework, 2003). Regular and ongoing workshops and seminars on the understanding and practice of multicultural counselling in South Africa might help to improve their practice with clients from a very diverse population. Further it is suggested that engaging with multicultural clients from the first year of study whilst in training would provide for more practical experience and opportunity to work multiculturally.

The training of social workers in a future South Africa has received much attention and is at the centre of many debates, since the country is struggling to retain social workers (Kasiram, 2009). The shortfall in the number of social workers in South Africa is clearly problematic. Some of the reasons for this shortfall are the poor image that the social work profession has in comparison to other professions in South Africa. Compounded by the problem of lower salaries in the profession which exacerbates the stigma of low importance, these factors create problems, firstly to attract new students into the profession and secondly to retain qualified social workers in the profession. The availability of social work positions are currently reserved for work available in the rural areas as reported by DSD in its "Scarce Skills Policy Framework", (2003) as the need demands. This indicates high levels of despondency towards and rejection of the profession from students of other races, evidence as shown by Statistics South Africa (Stats SA, 2003), that 50 percent of social workers were from the African group and still increasing.

Universities in South African adopt the stance of selective recruitment strategies reserved for African students who are largely female. Thus the researcher foresees problems for the African male client, because he would not be receptive towards a female counsellor as this research clearly indicates. The need is for forward thinking and planning to ensure that no one is side-lined in the process of recruitment and service provision.

More counselling of African clients in communities should follow some uniformity in line with basic multicultural counselling techniques. However, counselling should not lose its Afrocentric bias which allows people with similar cultural experiences to counsel each other within cultural contexts, hence recruitment of social work students should not be limited to African students only, but rather be

more inclusive of male students, irrespective of race denomination. Social work students can also gain knowledge from each other whilst in training. Hence student work placements for multicultural training should be done in the rural African communities, creating more opportunities to enable multicultural competence.

Universities need to take cognisance of the fact that there exists a need for curriculum development at every level of training that can begin to meet the overwhelming need for multicultural counselling services. Moreover, creative ways of using multicultural counselling skills could enable social workers to reach a wider band of people. Based on the findings of this study of the dominant use of Western methods of counselling, it would seem that university training is in question. In order to increase the relevancy of social work training in South Africa, it is recommended that social work students receive the appropriate training from universities at both the theory and practice levels.

It is believed by some theorists that specialisation is necessary because without specific training social workers will be trained in too broad a fashion, thus diluting rather than enhancing their skills. On the other hand, it could be argued that diverse training programmes waste resources in managing a system that inherently overlaps. Nonetheless, the need for specifically trained individuals in dealing with multicultural populations appears necessary.

Curriculum revisions should begin with the first year of training and introduce more intensive courses focusing on the debates, issues and crises facing majority of the African clients, thereby meeting the need for special attention to multicultural counselling service provision.

Since this study recommends a multicultural approach in collaboration with indigenous forms of healing, the training of traditional healers is also an area that the university curriculum has to consider. So, as with the changes necessary to Western based approaches, traditional practitioners too need to introduce change to improve their own relevancy and effectiveness. There is a need for traditional healers to be trained in Western methodology in order to minimize misinterpretation and diagnoses of psycho-social problems. Specifically traditional healers as well as Western counsellors need to be provided with training resource

materials informing them of the different theories and philosophies of the other field of counselling.

The way in which training can be conducted is by conducting awareness workshops and seminars together with social workers and students using a common platform. This would create an opportunity to learn from each other and thus be able to respect each other's counselling skills. This will ensure uniformity in the way counselling is conducted by the traditional healers and thus increase the number of African clients accessing mainstream counselling.

5.4.2. Implications for social service policy

Given that South Africa is experiencing a shortage of social workers, as mentioned above, the South African Council for Social Service Professional (SACSSP) is urged to advocate for more effective service provisioning and to attract more social workers to be trained in multicultural services. What might be beneficial is strong lobbying on behalf of professional members to enforce multicultural counselling and the collaboration of indigenous counselling and Western modalities as this research suggests.

All of this requires more activity in the areas of future planning and application of social work knowledge and skill. In order to gain importance as a human service provider, the continued advocacy for prioritising multicultural social services is necessary. This may be achieved by influencing the government and creating awareness about the detrimental effects of political policies that negatively affect services and through actively promoting multicultural counselling.

5.4.3. Recommendations to build a collaborative system between indigenous and Western counselling modalities

In order to understand the implications of this study for the Western counselling professionals in the multicultural realm, it was important to note that this study did not provide the means to incorporate African traditional forms of healing into Western counselling. Instead, it was meant as a resource for Western practitioners

to utilize, when they are faced with clients from an ethnic background who believed in, and utilized traditional healing methods. Hence it is meant to familiarize Western counsellors with the field of African traditional healing modality and its theories in light of developing to become multiculturally competent.

Therefore, this research was meant to provide a resource to counselling professionals, providing them with more insight into the field of African traditional help seeking behaviours and forms of healing. The specific implications of this research for Western counselling and the various ways in which this research could be beneficial in this field, is that counselling professionals should adopt a multicultural approach to therapy, by acknowledging and appreciating alternative forms of healing.

In accordance with these guidelines, understanding the importance of traditional cultural beliefs in the healing expectations of African minority populations requires an awareness of the various healing practices as used by them. Western professionals should overcome their biases and ignorance and embrace alternative views of healing, which could then allow their clients to achieve a level of trust and comfort from their counsellors, especially those clients who do not disclose their worldviews and expectations for fear of being ridiculed.

In addition to knowledge about African help seeking behaviour, Western counsellors should also attempt to connect with African traditional healers and gain further knowledge about traditional healing methods. This would be of assistance when African clients express belief in traditional healing methods and may seek Western counsellors as additional resources.

Therefore the recommendation posited from this research calls for a collaboration of Western and traditional skills for the benefit of counselling the African client. The researcher believes that the traditional healer could be an important referral link to mainstream counselling.

For Western counsellors, building a relationship with traditional healers is a concept that has been favoured by Moodley (2005). It is very important for mainstream counsellors to develop their knowledge and insights into cultural populations. This would add value to the delivery of a multiculturally sensitive

counselling service and therefore enhance the cultural credibility of counsellors. In addition to being able to validate an African worldview, this research can also aid the counsellor in suggesting the assistance of a traditional healer to the client. It can be concluded that the traditional healing practices can inform the field of Western counselling and add value to their services offered to African clients.

The advantages of combined modalities outweigh the disadvantages in that it reduces the burden on the Western counsellor and diminishes mistrust and suspicion because having been referred by a traditional healer would create great reassurance and belief in the Western counsellor. An important gap that was identified in this study was that African clients identified and labelled their cause of distress from an African worldview which may be confusing for the Western counsellor. In building the skills of traditional healers and community members, a good referral base can be established, where African clients are able to seek the help of mainstream counselling services without reservation. Similarly the Western counsellor can refer and speak openly about the traditional cultural practices in the counselling sessions.

The findings in this study indicated there was need for collaboration and inclusivity of family and community members; hence it would be recommended that the social worker consults with family and traditional healers in formulating treatment plans for African clients. Ultimately, this would lead to the creation of an acceptable and valuable counselling experience for the African client.

In view of change, both healing practitioners need to accept the shortcomings of both modalities and work towards overcoming obstacles for an improved mode of counselling therapy for the African client. The value of collaboration with traditional healers is indicated by a study in Ghana, where Roberts (2001) indicated that there were only 18 psychiatrists, as compared to 45 000 traditional healers to service a population of 18 million people. In South Africa the problem is also apparent as indicated by Truter (2007), with 200 000 traditional healers and only 25 000 modern health doctors. Consequently health management in South Africa is currently being implemented in collaboration with traditional healers and the recommendation in this research is that social work services should follow suit, learning from the example set by the health services sector.

5.4.4. Implications for researchers in the field of multicultural counselling

This research exemplified the presence and use of traditional healing methods amongst African clients, consequently the findings of this research could fuel similar research studies for other minority groups in South Africa.

In addition more research on combined modalities is recommended. Therefore, research into the field of traditional healing, which is limited in South Africa must be used to educate and inform Western counsellors of the alternative worldview and theories that prevail in South Africa. Similarly the data in this research can be used to inform the training and education of multicultural counsellors in South Africa.

This research study excluded the views of traditional healer's perceptions of mainstream counselling, hence further research amongst traditional healers need to be conducted. The views of the participants in this research can inform the direction of the research with traditional healers on collaboration with mainstream counsellors.

As indicated in the literature review, chapter three of this study, the current research theories in the field of Western counselling had many biases and stereotypes against minority communities. Therefore, further expansion of research needs to occur in the field of traditional forms of healing that could indicate the positive and diverse perspectives of healing.

Another area of research as indicated under limitations in chapter two, was that when females and male participants were interviewed concurrently, a true reflection of female experiences may not have been captured adequately, this critical note can be addressed in future research as well, which may reveal findings that are different in this research.

This research also gives direction and recommendations for future research on building a collaborative system as presented here as ways to bridge the gap between traditional healing practice and that of Western counselling practice. So multiple data collection methods using multiple samples could help with data triangulation and authenticate results in future research studies.

Since this study was conducted in the KZN province, further research could be conducted countrywide, using larger samples in order to improve on the generalizability of the results.

5.5. CONCLUDING REMARKS

It is evident that the study can initiate changes not only at the level of service provision, but also at the level of policy change and education and training. To effectively implement change, again collaboration is necessary: collaboration between social workers, professional bodies, educational institutions, government and researchers to ensure responsible and relevant services to South Africa's diverse populations.

Let us not be caught fighting and not collaborating. In the words of a participant who captures the dangers of non collaboration: *".......when the elephants fight the grass suffers......"*

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APPENDIX A

Invitation letter

Dear Staff,

I am currently conducting a research study for the completion of my Masters Degree in Social work. The aim of my study is to explore how Africans access workplace counselling. I request your participation in a focus group discussion which will be audio visually recorded with your permission. Permission to conduct the study at your work site has been granted by the Provincial Manager. Participation in this research study is voluntary and you may withdraw from it at any time, without any consequences. Participants are assured that all information is confidential and anonymity is guaranteed throughout the research process.

If further information or clarity is required then feel free to contact me:

Ms J. Dookran

Mobile: 083 455 8218

Email: 212562547@ukzn.ac.za

APPENDIX B

Letter of informed consent:

I..hereby confirm that I understand the contents of this document and that the nature of the research study was explained to me. I have no objections and give consent to participate in this research study and to audio tape record the discussions.

I understand that I am at liberty to withdraw from the research process at any given time.

Signature..

Date............/......../............

APPENDIX C

Interview Schedule: Focus Group Discussion

Case Vignette:

Mandla is a spray painter at a large car manufacturing plant. He was born in rural Zululand and moved to the city to seek employment. Two years ago his brother died of AIDS and he has been battling to cope at work. His record card showed an increase in absenteeism and a decline in output. He started sniffing the solvents he used to clean the machinery and began stealing bottles of solvents from the stock room. After a disciplinary hearing it was suggested that he makes an appointment to see the workplace counsellor.

1. What do you think Mandla will do?

2. Why do you think he will react in that manner?

3. How will he involve his family in his decisions?

4. When you or your family experience personal problems how do you handle it?

5. What kind support systems do they use?

6. When do you ever see a professional counsellor? (If at all)

7. What are your views/ideas/perception of workplace counselling and counsellors?

8. What are some of the reasons behind African people not accessing counselling?

9. How do you think cultural beliefs, prevent African groups from accessing counselling? Explain.

10. How are these applicable to your workplace?

11. What changes if any, would you like to see in counselling so that more people will use the counselling services?

12. What recommendations if any, would you like to see in counselling so that more people will use the counselling services?

APPENDIX D

Date: 15th February 2013

To whom it may concern:

Re: Permission to conduct research

Permission is hereby granted for Mrs Jaymathie Dookran to conduct research focus groups with the employees of the NGO in KwaZulu-Natal.

Yours Faithfully

xxBxxx.Broxnxxorxx

The Provincial Executive Manager (KZN)

APPENDIX E

UNIVERSITY OF
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04 December 2014

Ms Jaymathie Dookran (212562547)
School of Applied Human Sciences – Social Work
Howard College Campus

Dear Ms Dookran,

Protocol reference number: HSS/1585/014M
Project title: Exploring how African Employees Access Workplace Counselling in South Africa

Retrospective – Expedited Approval

With regards to your application for ethical clearance received on 19 November 2014. The documents submitted have been accepted by the Humanities & Social Sciences Research Ethics Committee and **FULL APPROVAL** for the protocol has been granted.

Any further violation of the UKZN Code of Ethical Conduct will result in a disciplinary process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Professor M Kasiram
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Ms Ausie Luthuli

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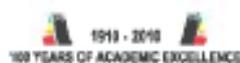
Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville