Development of the Profession of Counseling in Kenya, Uganda, and Tanzania: A Grounded Theory Study

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DEVELOPMENT OF THE PROFESSION OF COUNSELING IN KENYA, UGANDA, AND TANZANIA: A GROUNDED THEORY STUDY

by

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A Dissertation Submitted to the Faculty of Old Dominion University in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY
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Approved by:

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ABSTRACT

DEVELOPMENT OF THE PROFESSION OF COUNSELING IN KENYA, UGANDA, AND TANZANIA: A GROUNDED THEORY STUDY

Mueni Joy Maweu Mwendwa
Old Dominion University, 2014
Dissertation Chair: Dr. Theodore P. Remley, Jr.

The positive mental health of a country’s population has a direct correlation to that country’s economic and social advancement. As a result, the development of the counseling profession is critical. Even though fewer than half of African member states have an existing mental health policy in place, initiatives to establish mental health policies and develop the counseling profession are underway across the African continent. In general, there is a significant deficit of counseling literature, and specifically, research on the development of the counseling profession in Africa. This grounded theory study sought to explore the experiences of counseling leaders related to the development of the counseling profession in Kenya, Uganda, and Tanzania. Through theoretical and snowballing sampling techniques, 11 counseling leaders were sought and interviewed. Five themes emerged during the study forming a five-level model. The five conditions in the model of the development of the counseling profession in these countries include traditional/indigenous factors, societal/systemic factors, professional factors, personal factors, and results of professional counseling.
For my husband and friend, Stephen Mwendwa Kitoo
and our son, Muuo Mwendwa

For my parents, Rev. Prof. Jones Mawe Keleli and Dr. Jeddy Katule Kaleli

For the informal and professional counselors in East Africa and beyond
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CHAPTER ONE
INTRODUCTION

Overview of the Research Problem

The world is more interconnected than it has ever been. Chung (2005) noted that “there has been a recent call to the helping profession to be responsive to the demands of globalization and changes in a multiethnic, multiracial and multinational society” (p. 263). This call for response to the demands of globalization is critical since the positive mental health of any country’s population has direct correlation to that country’s economic and social advancement (Hohenshill, Amundson, & Niles, 2013). Mental health has been a topic for years in the World Health Organization (www.who.org) and United Nations Educational, Scientific, and Cultural Organization (www.unesco.org). Notwithstanding, the World Health Organization’s Mental Health Atlas – 2011 revealed that out of 45 surveyed African member states, only 19 reported having a mental health policy in place (World Health Organization, 2011). Initiatives to put mental health policies in place and to develop the counseling profession are, however, underway in many African countries.

In general, there is a deficit of counseling literature written from an African perspective. Further, there is a scarcity of research on the development of the counseling profession on the continent. Upon review of the limited literature on the development of the counseling profession in Africa, what I have discovered has been in concurrence with my personal experiences: there is indeed a gap in the literature on a model of how the profession of counseling is developing in Africa. Recommendations from the limited
studies done in counseling and mental health have called for more mental health studies in Africa (Kapungwe, 2011; Okech & Kimemia, 2012; Senyonyi & Ochieng, 2013). Kapungwe (2011) challenged researchers to engage in mental health related studies in Africa "in order to avoid ill-informed assumptions, and to prevent uncritical transportation of findings from Western contexts to Africa, given cultural and structural regional differences" (p. 291). In the context of this foundation, this research study sought to explore the process of how the counseling profession has developed and is continuing to develop in Kenya, Uganda, and Tanzania (three countries located in East Africa).

Personal Motivation

As the researcher in this study, I had a personal motivation to study matters regarding Africa because of my roots and aspirations. I was born to Kenyan parents while they pursued their educational endeavors in the United States. At the age of two, my family moved back to Kenya where I was raised until the age of 16 years when I moved back to the United States to pursue my college education. Throughout my time as a college student, I took summer trips to Kenya and other East African countries. These annual trips kept me connected to my roots while bolstering my desire to work with the African people. Moreover, my parents greatly influenced my desire to work with people from my native continent. After my parents completed their studies here in America, they returned to serve in the education and church sectors of East Africa.

As I got older, I actively participated in diverse humanitarian and educational outreaches during my summer trips to Africa. For over a decade and a half, some of the summer work I was involved in included working as a school counselor and teaching
social ethics in a high school, participating in panels on HIV/AIDS mitigation at youth
development rallies in schools and churches, promoting the educational advancements of
the African girl child through personal testimony presentations to various stakeholders,
and assisting in the facilitation of adolescent-centered forums discussing teen trends and
social problems. These involvements continued to deepen my love for Africa and
enhanced my motivation to be part of what is transpiring in Africa.

The 2012-2013 academic year brought about a unique opportunity that allowed
for further growth and development in my personal and professional life. I had a chance
to work as the Senior Training Manager at the Guidance and Counseling and Youth
Development Centre for Africa (GCYDCA) in Malawi, Africa. This opportunity was
particularly special since by working within the field of counseling with one of the key
counseling bodies on the African continent I got an extended outlook of the profession.
Serving at GCYDCA gave me a valuable viewpoint regarding the current state of
counseling in Africa. This informed perspective is discussed later in my methodology
section as it significantly influenced my role as the researcher of this topic.

Another personal motivation was also based on the insufficient answers from
discussions concerning how counseling is developing in Africa. Through my graduate
and doctoral studies in the United States, I engaged in academic and personal
conversations that raised questions regarding how the profession of counseling developed
and is developing in Africa; these questions did not to yield conclusive answers.
Moreover, my discussions with acquaintances while working in Africa did not provide a
clear model of how counseling has developed and is continuing to develop in different
parts of the African continent. My personal and professional experiences have been the impetus for this research study.

**Brief Summary of Relevant Literature**

The internationalization of the counseling profession has gone beyond its home in the West to various parts of the world in recent years (Hohenshill, Amundson, & Niles, 2013). Thus, the counseling profession continues to emerge across the globe in different styles, organizational structures, and speeds (Hohenshill, Amundson, & Niles, 2013; Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012). This process of the internationalization of the counseling profession ideally should continue to occur in a country's local culture to allow for the individual and unique growth of the profession (Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012).

International organizations with mental health initiatives have encouraged the development of the counseling profession. Some of these international organizations include the World Health Organization (WHO), the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the Guidance Counselling and Youth Development Centre for Africa (GCYDCA), and the National Board of Certified Counselors-International (NBCC-I). The World Health Organization drafted and put in place the *Africa Regional Strategy for Mental Health 2000-2010* in the late 1990s. More recently, in February 2013, WHO member states developed a comprehensive mental health action plan for 2013-2020. This plan aligned with WHO's core principle that there is no health without mental health (World Health Organization, 2013).
Globally, suicide remains the second leading cause of death for people between
the ages of 15 and 19 years. In the 2011 World Economic Forum held in Geneva, it was
reported that, combined with cardiovascular diseases, mental health ranked as the first
contributor to the global economic burden of non-communicable diseases (Bloom, et al.,
2011). Further, this report projected that by 2030, the global cost of poor mental health
will rise from United States Dollars (USD) $2.5 trillion to USD $6 trillion. In discussing
WHO’s study on the Disability-Adjusted Life Years statistics, Saxena and Skeen (2012)
reported that in low-income countries (which includes most Sub-Saharan countries),
depression is the leading cause of burden-of-disease, which is defined as the combination
of premature deaths and years lived with disability in women aged 15-44 and it ranks
third overall as the cause of disability by the year 2030 after HIV/AIDS and perinatal
causes (p. 397).

As previously stated, there is limited research on the history of counseling and
mental health in Africa. This limitation does not mean that counseling and mental health
care were not found in the African traditional society or in African traditional medicine
(Okech & Kimemia, 2013; Omonzejele, 2004; Senyonyi & Ochieng, 2013). In the
African traditional society, counseling and mental health care techniques were orally
passed along from one generation to another (Omonzejele, 2004). African communities
have long had established structures through relatives, clan elders, and traditional healers
that addressed societal and interpersonal problems (Okech & Kimemia, 2013).

Fewer than 50% of the Sub-Saharan countries in Africa have a mental health
policy in place (World Health Organization, 2011). Current literature on the
development of counseling in Africa has mainly been conceptual and focused on two
topics: (i) various countries' historical backgrounds of mental health and counseling; and (ii) the current status of the profession and future trends. African countries that have this counseling literature include Uganda (Senyonyi & Ochieng, 2013), Kenya (Okech & Kimemia, 2012; Okech & Kimemia, 2013), South Africa (Pillay & Smith, 2013), Nigeria (CASSON, 2012; Okocha, 2013), Zimbabwe (Mpofu, et al., 2013; Richards, Zivave, Govere, Mphande, & Dupwa, 2012), and Botswana (Stockton, Nitza, & Bhusumane, 2010; Stockton, Nitza, Ntinda, & Ncube, 2013). While these conceptual pieces have been a needed introduction to how counseling is developing in Africa, there are no qualitative studies exploring the process of how counseling has developed and is continuing to develop.

In many African countries, formalized counseling has been related to the HIV/AIDS epidemic. HIV counseling has consequently become a common factor that has enhanced the growth and development of the counseling profession in countries including Kenya, Botswana, and Uganda (Okech & Kimemia, 2013; Senyonyi & Ochieng, 2013; Stockton, Nitza, Ntinda, & Ncube, 2013).

This study explored how counseling has developed and is continuing to develop in Kenya, Uganda, and Tanzania (see Figure 1 below). These three countries make up the original partner countries of the East African Community (EAC), the newest members being Rwanda and Burundi who joined in 2007. Though each is a sovereign republic with a different history, the EAC’s mission is to deepen the countries’ economic, political, social, and cultural integration with the overall improvement of the quality of life for the people of East Africa. Thus far, the EAC countries have established a Customs Union and a Common Market. These entities will make it possible for citizens
to travel across EAC borders with national identification cards as opposed to using a passport, and also to carry out business more openly with less restrictions. Future goals for the EAC include a monetary union, and ultimately the Political Federation of the East African States (EAC, 2014).

Figure 1: Map of Kenya, Uganda, and Tanzania

Conceptual Framework

The profession of counseling is developing at different paces and in different ways around the world (Hohenshill, Amundson, & Niles, 2013). The process of the professionalization of counseling internationally is further occurring in unique and distinct ways in each country (Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012). Since the purpose of this study was to explore the model of how counseling has developed and is continuing to develop in Kenya, Uganda, and Tanzania, and given the
limitation of literature on this topic, concepts regarding how counseling has developed in the West were reviewed as a starting point.

The professionalization of counseling continues to take different steps to becoming a profession in the West. Remley and Herlihy (2014) have discussed how the history of professional counseling in the United States is linked to counseling psychology. Additionally, as a mature profession, the counseling profession in the United States has met specific criteria that are required for a profession. Nugent (1981) discussed the criteria as including the following characteristics: a defined role and define scope of practice, an ability to offer services unique to that profession, specific skills and knowledge that are included in that profession, a code of ethics, legal rights to offer that profession's services, and the ability to monitor the practice of that profession. Given that the selected research design for this study was grounded theory, it was necessary to allow the theory of how counseling has developed and is developing in Kenya, Uganda, and Tanzania to emerge from the various data collection sources and procedures (Corbin & Strauss, 2008).

Rationale for the Study

There is a gap in the literature concerning how the counseling profession is developing in Africa. As noted above, current literature on the development of counseling in Africa has mainly entailed conceptual writing. The professional literature has focused on the historical background of mental health and counseling in various countries, the current status of the counseling profession, and future trends. Though limited, this literature served as a basic foundation for this qualitative study. This study therefore, sought to explore how counseling has developed and is continuing to develop
in Kenya, Uganda, and Tanzania. The selected research design was grounded theory, a research approach that ascribes to the emergence of themes through constant data comparison. From the theory formed from this study, future studies can further develop the theory or apply it – which can add to the understanding of the phenomenon of how counseling has developed and is continuing to develop in Kenya, Uganda, and Tanzania.

**Research Foci**

The main research focus of this research study was, “What are the experiences of counseling leaders in developing the profession of counseling in African countries?” Following this main research focus, this study explored these sub-research foci:

i. What is the **process** of the development of the counseling profession in each country?

ii. What were the **major events** in the development of the counseling profession in each country?

iii. What are the **obstacles** to the development of the counseling profession in each country?

iv. Who were the important **participants** in the development of the counseling profession in each country? What was the **participants’ influence** in the development of the counseling profession in each country?

v. What are the **outcomes** of the development of the counseling profession in each country?
Definition of Terms

The following section provides definitions of key terms that are used in this study.

African Indigenous Counseling

In this study, African indigenous counseling refers to precolonial and postcolonial references of psychological healing systems of African traditional communities. These include but are not limited to African rituals, theories, and techniques invented in African communities to address the needs and problems of the African society.

Guidance

“Guidance can be defined as a process, developmental in nature, by which an individual is assisted to understand, accept and use his/her abilities, aptitudes and interests and attitudinal patterns in relation to his/her aspirations” (Gordon & Bhusumane, 2000, p. 13).

Counseling & Counselling

“Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association, 2010, para. 2).

The difference in spelling between counseling and counselling is linked mainly to locale. This first spelling of “counseling” is mostly utilized in the United States of America while the latter “counselling” is used in the United Kingdom and its related territories or past colonies.
In this study, the spelling “counseling” was utilized except in the instance of a proper name where the word “counselling” is part of a name or a title.

Counseling Leaders

In this study, counseling leaders refer to persons who hold leadership positions in counseling-related fields including but not limited to organizations, associations, universities, indigenous communities, political arenas, and church and religious entities.

Internationalization of the Profession of Counseling

A consensus on the definition of this title has not been reached. However, the following themes have been included in the existing discussions towards arriving at a consensus:

(a) internationalization refers to the nurturance of a global perspective in counseling scholarship, through teaching, research and service, (b) internationalization refers to the facilitation of collaboration among counseling professionals globally, in practice, research, and training, (c) internationalization refers to the indigenization of the counseling profession in local settings and discovering the culture-specific elements that are central to practice in one’s own region (Gerstein & Ægisdóttir, 2007, p. 112).

Globalization of Counseling

“Globalization [of counseling] means that counselors have expanding opportunities to use their expert knowledge and to benefit clients with increasingly available knowledge-based services by becoming aware of services and careers and assisting clients in how to access this knowledge” (Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012, p. 29).
Sub-Saharan Africa

In this study, the term sub-Saharan Africa refers to all countries in Africa excluding countries in northern Africa (Egypt, Algeria, Libya, Tunisia, Morocco, and Western Sahara) with the Sudan included in sub-Saharan Africa.

Positive Mental Health

The World Health Organization (2013) defines mental health as a state of well-being whereby individuals are aware of their potential and ability to cope with the stresses of life and be a productive member who contributes to their society. The positive aspect of mental health under WHO’s definition of health states that, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (para. 2.).”

HIV/AIDS Epidemic

Human Immunodeficiency Virus (HIV) is the virus that causes the Acquired Immunodeficiency Syndrome (AIDS), a disease that attacks the human immune system making the infected person susceptible to a wide range of infections and diseases that persons with immunity would withstand. Globally, approximately 35.3 million people were living with HIV in 2012 with sub-Saharan Africa constituting 69% of those infected (UNAIDS, 2013; World Health Organization, 2013). This disease is regarded an epidemic because tens of millions of people have died of AIDS-related causes since the beginning of the epidemic.
The West

In this study, the West refers to the regions of United States of America, Canada, and Europe.

Overview of Methodology

Grounded Theory

The aim of this study was to explore the process of how counseling has developed and is developing in Kenya, Uganda, and Tanzania. Grounded theory was the selected research design; it is a systematic collection and analysis of data where a researcher's final goal is to yield a theoretical model from the views of participants who have experienced a particular process (Creswell, 2007). There are certain characteristics that elevated grounded theory as the choice of research design for this study. Grounded theory utilizes a constant comparative process where researchers go back and forth between the data collection and analysis process as they seek to generate a theory about the phenomenon under study (Hays & Singh, 2012). In this case, through various data collection methods and sources, I obtained data and analyzed it with the purpose of seeking to generate a theory on the process of how counseling has developed or is developing in Kenya, Uganda, and Tanzania.

The systematic nature of grounded theory allows for the development of questions that form the categories that surround the phenomenon (Patton, 2002). In this study I utilized semi-structured interviews to pose questions to the leaders of the counseling profession who have experience with the core phenomenon of how counseling is developing in Kenya, Uganda, and Tanzania. In grounded theory, research guides theory
development. Moreover, the researcher in grounded theory is not after testing a theory but instead developing one (Creswell, 2007; Hays & Singh, 2012). In this project, I reviewed the counseling development process from the West as a starting point for the purpose of comparing themes as they emerged during the data analysis process (Corbin & Strauss, 2008).

Role of the Researcher

In qualitative research, the researcher is the key instrument (Creswell, 2007; Patton, 2002). The role of researcher means that their “professional and personal selves are likely to intertwine in developing the research relationship,” (Hays & Singh, 2012, p. 197). Since in qualitative studies researchers cannot separate who they are from what they are doing in the research process (Corbin & Strauss, 2008), they have to understand their impact on their interpretation of data. In this study, I therefore engaged in researcher reflexivity, memoing, member checking, and data triangulation to ensure accurate representation of participants.

Researcher reflexivity is a standard used to refer to the honesty of researchers, trustworthiness, and credibility (Hays & Singh, 2012). In this study, reflexivity was used to enhance my self-awareness for the purpose of identifying and bracketing my assumptions and biases throughout the study. I utilized in memos, or records, for describing and analyzing my findings in this research study (Hays & Singh, 2012). In this project I utilized electronic and paper memoing throughout the data collection and analysis process.

Member checking is a process where the researcher requests participants to review transcribed information after an interview session and after data analysis for
accuracy and expansion on previously documented information (Hays & Singh, 2012). In this research study, I conducted member checking by emailing all the participants a personalized email with the draft model together with direct quotes used in the findings section for their review and feedback.

Data triangulation involves strengthening a study by combining various methods such as interviews and observations or various sampling techniques (Patton, 2002). One of the main aims in data triangulation is to test for consistency. In this study, an auditor was used to review the data collection and analysis processes. My interaction with the auditor strengthened the study since more than one set of eyes was present. Combining theoretical and snowballing sampling techniques further strengthened the study through data triangulation.

**Sampling Procedures**

Theoretical sampling involves selecting participants who have a relation to the theoretical construct of this study and whose perspectives could aid me with the formation of a theory (Creswell, 2007). The identified participants in this study had knowledge and experience on the phenomenon of the counseling profession having served as leaders in the profession of counseling in their countries. In addition, the snowballing sampling procedure was utilized with initial participants recommending other participants.

**Data Analysis**

Data analysis is an integral part of grounded theory. For this research study, data analysis comprised of “reducing the volume of raw information, sifting trivia from significance, identifying significant patterns, and constructing a framework for
communicating the essence of what the data revealed” (Creswell, 2007, p. 432). More specifically, data analysis involved three steps of coding namely, open, axial, and selective coding. In open coding, I coded the data for major categories of information. In axial coding, which is a refining process of open coding, I identified the core phenomenon and then returned to the data and coded for other categories that surrounded the core phenomenon. In the last stage of selective coding, I developed a theory in form of a model describing patterns, processes, and consequences stemming from the axial codes.

**Trustworthiness**

Qualitative research ascribes to certain procedures that speak to a study’s trustworthiness unlike in quantitative research where a study’s validity and reliability are discussed. The four criteria of trustworthiness in this study included credibility, transferability, dependability, and conformability. Credibility speaks to whether a study’s conclusions make sense (Hays & Singh, 2012). In this study, credibility was achieved through member checking, use of a data auditor for review of the data collection and analysis processes, and my commitment to conduct the study through the lens of grounded theory. Transferability, which mirrors external validity in quantitative research (Lincoln & Guba, 1985) was in this study achieved through seeking rich and thick description of experiences from individual interviews. Dependability addresses the consistency of results across a research study and other similar studies (Hays & Singh, 2012). In this study, it was attained through triangulation of multiple data sources and through the auditor’s review process. Finally, confirmability, which refers to how genuinely the participants’ perspectives are reflected throughout the study (Lincoln &
Guba, 1985) was in this study attained through member checking and the auditor's review.

**Summary**

This first chapter discussed an overview of the research problem and provided a brief summary of the literature review on the topic of the development of counseling in Africa. Further, the chapter addressed the study’s conceptual framework, rationale, and research questions. Definitions of critical terminology utilized in this study were also relayed. An overview of the methodology used in this study was provided which included the role of the researcher, sampling procedures, data analysis procedures, and matters of trustworthiness..
CHAPTER TWO
LITERATURE REVIEW

Introduction

Country leaders understand that positive mental health of its citizens is related to the country’s economic and social value. Further, professional counseling is acknowledged as one of the tools that boosts mental health (Hohenshill, Amundson, & Niles, 2013). The World Health Organization (WHO) (2011) reported that less than half of Sub-Saharan countries have mental health policies in place. Progress is being made in expanding mental health services and in turn developing the counseling profession in several African countries. The review of the professional literature on the development of the counseling profession in Africa included information in the following areas: the broader discipline of mental health, the globalization of counseling, the development of the counseling profession in America, international and African organizations that support counseling and mental health, counseling in Africa, professional counseling in Kenya, Uganda, and Tanzania, and the West’s interest in global counseling.

The Broader Discipline of Mental Health

The larger category that houses counseling is mental health. Other professions under this umbrella of mental health include, but not limited to, psychology, psychiatry, social work, and human services. In reviewing the literature on counseling in Kenya, Uganda, and Tanzania, different aspects of mental health were included in this research project since counseling is not a fully formed profession.
Globalization of Counseling

Around the globe, the counseling profession continues to emerge in varied organizational structures and different styles (Hohenshill, Amundson, & Niles, 2013; Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012). The uniqueness of how the profession is developing in each country is related to its individual countrywide political and socio-economic structures. There has been a call to professional counselors in the West and around the globe to respect the process of how counseling is emerging around the world. The impact of the West on the counseling profession, however, must be acknowledged (Hohenshill, Amundson, & Niles, 2013).

Respecting the distinctiveness of how the profession of counseling is developing, or has developed in a particular country is related to professional counselors’ positive attitudes on internationalization and indigenization of counseling. Seung-Ming, Clawson, Norsworthy, Tena, Szilagyi, and Roger (2009) identified three attitudes of professional counselors that speak to the internationalization and indigenization of counseling. First, counseling professionals require a global mind-set that acknowledges the diversity of needs in culturally different places. Second, counseling professionals must avoid cultural superiority and respect how counseling is practiced and has developed and is continuing to develop in different parts of the world. Third, counseling professionals require a balanced view of valuing one’s cultural counseling practices while also acknowledging potential contributions of counseling locally or internationally.

While the counseling profession finds root in the West (Hohenshill, Amundson, & Niles, 2013), the internationalization of the counseling profession must continue to occur within a country’s local culture. In order to foster growth of the counseling profession
within a particular country, the development of the profession must take on that country's individual and unique position. For global counselors to appropriately encourage indigenization in regions where counseling is developing around the world, they must honor differences that exist in those countries. Global counselors ought to value their own discoveries of research and practice within the new cultural contexts, write indigenous scholarly material that will influence existing similar scholarly venues, appreciate the unique counseling identities that are developing around the world, and synthesize indigenous literature with global research and practice (Seung-Ming, et al., 2009).

Discussions to challenge attitudes of Western ethnocentricity in academic and professional circles and value internationalization and indigenization have not always been easy. Counselors are charged with the responsibility to “dialogue, to exchange views and actual positions, to learn the challenges facing our world, and in the process, to create a new professional and global consciousness that can advance our field, resolve problems, and restore dignity,” (Marsella & Pedersen, 2004). There is a notable shift in the counseling profession about openness to internationalizing the counseling profession. This change was evidenced in a later section of this chapter that discusses organizations that have made intentional strides to promote globalization of counseling in the local and international front.

A great number of international students, and consequently many counseling leaders from different countries, are prepared in the West. Savickas (2007) asserted that even though there is a strong encouragement from some to recognize indigenous counseling techniques, many leaders of counseling have a Euro-American traditional
training. Additionally, those who have not been trained in Western institutions have been strongly influenced by the literature from the West. Overall in American institutions, international students make up 2.7% of the undergraduate student body, 11.4% of all graduate students and 33% of all doctoral students (College Board, 2004). In a survey of international students studying counseling in America, Kok-Mun (2006) noted that of the Council for Accreditation of Counseling and Related Education Programs (CACREP) doctoral programs surveyed, 53.3% of the programs had international students as part of their student body. Thus, it is clear that the West is not only the home of the counseling profession; it is also influencing the emergence of the field around the world through its academic training programs.

The Counseling Profession in the United States of America

In this study, I briefly reviewed how the profession of counseling has developed in the West as a background to understanding how the profession of counseling has developed and is continuing to develop in Kenya, Uganda, and Tanzania. For a concrete understanding of what a mature profession looks like, I first looked at the history of the development of the counseling profession in the United States. Remley and Herlihy (2014) have discussed how the history of professional counseling in the United States is linked to counseling psychology. Counseling psychologists broke away from other psychologists and identified themselves as more interested in the normal and healthy development of human beings as opposed to human beings' pathology and illness.

The development of the counseling profession is also linked to specific events in the United States – namely, World War I and Frank Parson's career counseling work.
Additionally, as a mature profession, the counseling profession in the United States has met specific criteria. Nugent (1981) discusses the criteria for a mature counseling profession as including the following characteristics: a defined role and defined scope of practice, an ability to offer services unique to that profession, specific skills and knowledge that are trained in that profession, a code of ethics, legal rights to offer that profession’s services, and the ability to monitor the practice of that profession.

While the counseling profession in the United States has met the criteria discussed above, Remley and Herlihy (2014) assert that the profession of counseling in the United States is a relatively new profession in comparison to other mental health professional groups. In 1952, the counseling profession was incorporated with the name of the American Personnel and Guidance Association (APGA) (Sheeley, 2002). Since that time, it has undergone two name changes. The first name change was in 1983 when the APGA was renamed as the American Association for Counseling and Development (AACD) and later in 1992, its current name – the American Counseling Association (ACA) – was adopted. Over the years, ACA has grown from a small organization to a large network of 19 divisions, 56 branches and has about 55,000 members (American Counseling Association, 2014). Overall, the professionalization of counseling continues to take different steps toward becoming a recognized profession.

**International and African Organizations Supporting Counseling Initiatives**

The topics of counseling and mental health have been articulated in many international and African organizations. The following section will highlight three of the most prominent organizations focused on mental health in Africa. The three countries under study, Kenya, Uganda, and Tanzania, are members of the World Health
Organization (WHO); the United Nations Educational, Scientific, and Cultural Organization (UNESCO); and the Guidance Counselling and Youth Development Centre for Africa (GCYDCA).

**World Health Organization**

The World Health Organization (WHO) was created in 1945 by world diplomats in the United Nations who saw the need for a global health organization. The headquarters of WHO is in Geneva, Switzerland. WHO has six world regional offices that are located in Africa, the Americas, South-East Asia, Europe, Eastern Mediterranean, and Western Pacific. WHO serves the coordinating role on health matters within the United Nations systems. WHO's main responsibilities include, “providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends” (WHO, 2013, para. 1).

Within WHO, the Mental Health and Substance Abuse Department serves as the sponsor for intuitiveness and research for worldwide mental health. In Africa, the *Regional Strategy for Mental Health 2000-2010* served for 10 years as the strategic plan for mental health and its related fields. The objectives of the strategic plan were “(1) to promote mental health and prevent mental, neurological, and psychosocial disorders and drug abuse-related problems, (2) to reduce disability associated with neurological, mental and psychosocial disorders through community-based rehabilitation, (3) to reduce the use of psychoactive substances (alcohol, tobacco, and other drugs), (4) to change people’s negative perceptions of mental and neurological disorders, and (5) to formulate or review existing legislation of in support of mental health and the prevention and control of...
substance abuse” (WHO regional office for Africa, 2012, para. 4). While the WHO Regional Office for Africa has not provided a revised plan or an update on its progress of this expired strategic plan, WHO’s main office in Geneva is currently developing a comprehensive mental health action plan for all member states.

In February 2013, there was a call to member states for the development of a comprehensive mental health action plan for 2013-2020. The draft comprehensive mental health action plan 2013–2020 reiterated the core principle that there is “no health without mental health” (World Health Organization, 2013). The now completed mental health plan 2013-2020 maintains the same objectives to WHO’s core, which include (1) to strengthen effective leadership and governance for mental health, (2) to provide comprehensive, integrated and responsive mental health and social care services in community-based settings, (3) to implement strategies for promotion and prevention in mental health and, (4) to strengthen information systems, evidence and research for mental health (World Health Organization, 2013).

**UNESCO**

The United Nations Educational, Scientific, and Cultural Organization (UNESCO) was established in 1945 after the Second World War when a United Nations conference met with the purpose of establishing world peace through the pillars of morality and intellectualism. UNESCO is viewed as the intellectual arm of the United Nations. Its headquarters are in Paris, France. UNESCO has 203 total members. UNESCO exists “to bring this creative intelligence to life; for it is in the minds of men and women that the defenses of peace and the conditions for sustainable development must be built” (UNESCO, 2013).
UNESCO’s mission is accomplished through building solid networks in member nations through four measures. The first goal is to mobilize for global education to ensure children receive this human right of mental health, which is crucial to their development (UNESCO, 2013). Second, they build intercultural understanding through fostering cultural diversity and heritage protection. UNESCO also pursues scientific cooperation to foster stronger national boundaries in weather or shared water bodies’ agreements. This organization also protects freedom of expression which is a critical ingredient in promoting human development, democracy, and dignity (UNESCO, 2013).

Under the United Nations (UN), the first and current legal binding act that addressed individuals’ mental health is located within the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD was put in place in 2008. It addresses the “full range of civil, cultural, economic, political and social rights historically denied people with mental disorders, including the right to equal recognition before the law, to liberty and security of person, to be free from torture or cruel, inhuman or degrading treatment or punishment, to live independently and be included in the community as well as the right to education, health, employment and social protection and participation in political and public life” (World Health Organization, 2013, p. 43).

Guidance Counselling and Youth Development Centre for Africa

The Guidance Counselling and Youth Development Centre for Africa (GCYDCA) is an inter-governmental non-profit organization established by the African Ministers of Education in 1994 and is located in Lilongwe, Malawi (GCYDCA, 2012). Fifty-four French-speaking, English-speaking, and Portuguese-speaking African countries make up the GCYDCA. GCYDCA stands as an institution granted full
diplomatic status by the Government of Malawi. It has the legal capacities comparable to UN agencies and other international organizations (GCYDCA, 2012). The main mission of the GCYDCA is to promote, support and protect the young people of Africa who are the source and future of the continent. Further, its vision is “that African girls and boys of school-going age attain a quality life free from preventable social problems such as poverty, disease, sexual abuse or violence through guidance, counselling and youth development services” (GCYDCA, 2012).

GCYDCA’s organizational structure is overseen by a board of directors who are the ministers of education from its 54 member countries. The technical working committee who reports to the board of directors is made up of the national coordinators of guidance and counseling in the member countries. The board approves executive programs, and action points are examined and reviewed by the technical committee. Execution of programs and approved action points are disseminated through the guidance and counseling member countries coordinating offices (GCYDCA, 2012).

Currently, GCYDCA implements the following programs in various member countries: Girls in Science, Anti-Child Trafficking, Classroom Connection, Mental Health Facilitation, Peer Health Education, Youth Empowerment, Entrepreneurship Education, Girls and Women Empowerment, Waste Management Training in Schools, and Crisis Counselling. An active component of GCYDCA is their academic endeavor where they offer diploma and bachelor’s degree in guidance and counselling (GCYDCA, 2012).
Counseling in Africa

Though there is limited documentation on the history of counseling and mental health care in Africa, this does not mean that the African traditional society or the African traditional medicine healers did not practice counseling and mental health care (Okech & Kimemia, 2013; Omonzejele, 2004; Senyonyi & Ochieng, 2013). In an effort to understand counseling in Africa, I looked into indigenous counseling and mental health in Africa and its relationship to current counseling trends and development of the counseling profession on the continent.

Africa Indigenous Counseling

While counseling is not a new concept in Africa (Okech & Kimemia, 2013), “the formalization and integration of guidance [and counseling] services …only began in the late fifties” (Gordon & Bhusumane, 2000, p. 12). Robertson, Mandlhate, Seif, & Birama (2004) further, denoted that in Africa formal systems of care are less developed than the informal systems. In the African traditional society, counseling and mental health care techniques were orally passed along from one generation to another (Omonzejele, 2004). For many cultures in Africa, legacies and matters of importance have been passed on through the nuclear family, the extended family, and the community (Robertson, Mandlhate, Seif, & Birama, 2004; Senyonyi & Ochieng, 2013). Traditional guidance of a community’s members was provided especially in “fundamental life events such as pregnancy, birth, adolescence, marriage, and death” (Senyonyi & Ochieng, 2013, p. 58). It was therefore understood that different family members played different roles in ensuring the well-being of the entire community.
In a UNESCO module on counseling developed in Zambia, Gordon & Syamujaye (2000) identified important elements that held sub-Saharan African societies together. These elements included the extended family system – the clan and/or the tribe, chieftaincy, taboos, different forms of initiation, and strong links to elders and ancestors. These elements show that the African community is largely collectivistic in nature.

In the African traditional society, counseling and mental health were actively practiced and addressed within the community. Interpersonal and social problems were resolved within clearly established social structures of the community, which included relatives, clan elders, and traditional healers (Okech & Kimemia, 2013; Gordon & Bhusumane, 2000). Problems related to the family and its members were often resolved within the family first before seeking help of the traditional healers (Stockton, Nitza, & Bhusumane, 2010). In describing the underlying philosophy and ethics of practicing indigenous counseling, Mpofu, et al. (2013) discussed the Zimbabwean indigenous concept of social connectedness as bearing the belief of the “inherent human worth, personal and collective integrity, genuineness in interpersonal relationships, the unconditional acceptance of others, a forgiving attitude, and social responsibility” (p. 66).

When it came to individuals with mental illness, Alem, Jacobsson, and Hanlon (2008), have noted that within African traditional societies, these members of the community lived among the support of the family and were taken care of therein. Additional care for members of the community with mental illnesses involved seeking the help of traditional healers. Omonzejele (2004) discussed this process as one that reflected the communal nature of the society and involved the strong position of family members as opposed to respect for an individual’s personal autonomy.
Implications of Indigenous Counseling on the Current State of Counseling in Africa

Traditional healing and traditional healers continue to be an active part of the African current community. In 2002, the World Health Organization reported that 80% of the population in Africa still approached and used traditional healers for general health including mental health (World Health Organization, 2002). Stockton, Nitza, Ntinda, and Ncube (2013) described an example of this in Botswana noting that many individuals “continue to visit traditional doctors and seek assistance from the Western system only if the traditional system does not resolve the problem satisfactorily” (p. 22). Ongoing development to foster culturally appropriate counseling in Botswana has therefore called for attention and recognition of the support and knowledge found both in the formalized and traditional health care systems. Senyonyi, Ochieng, and Sells (2012) further stated that future counselor training in Uganda should incorporate both tradition and modern aspects because of the multicultural and diverse population of Ugandans.

Traditional counseling is rooted in a culture that is not easily dismissed. In discussing counseling in Nigeria, Okocha (2013) explained that, in the Yoruba ethnic group, seeking counseling through the help of traditional healers is part of one’s holistic lifestyle and a source of finding meaning in life. Cultural attitudes and practices are further seen in Kenya’s response to the counseling profession. Even though the profession of counseling has been growing exponentially in Kenya in the last two decades, people were not initially open to its formal process since counseling originally transpired within one’s family or immediate community instead of with a stranger (Okech & Kimemia, 2013).
Mbiti (1992), the father of African philosophy and theology, has described the African’s governing role of the community in the life of his or her individuals in the famous summary statement, “I am because we are, and since we are, therefore I am” (p. 106). This communal aspect of the African culture challenges the Western ideology of counseling that highlights an individual’s autonomy in seeking counseling and the importance of individual goals in the counseling relationship. Gerstein and Ægisdóttir (2007) highlighted this disparity of counseling goals stating that the individualism assumption that would encourage “independence, self-awareness, and self-reflection, are not always the most appropriate goals of counseling or social action [rather collectivism may call for], practical, concrete solutions to communal challenges that may be of greater interest than internal change” (p. 137).

Professional Counseling in Kenya, Uganda, and Tanzania

The profession of counseling in Kenya, Uganda, and Tanzania has developed and continues to develop in different ways in each country. Professional counseling is mostly linked to HIV AIDS counseling in these three countries. Statistics have revealed that “Sub-Saharan Africa is the most affected region [in the world], with nearly 1 in every 20 adults living with HIV. Sixty-nine per cent of all people living with HIV are living in this region” (World Health Organization, 2012, para. 1). In the 1990s, Kenya saw a rise in formalized counseling through the focus on pre and post HIV testing counseling in Voluntary Counseling and Testing centers (Okech & Kimemia, 2013). In Uganda, counseling has been the key method to combat HIV/AIDS. Professionalization of counseling has been necessitated over the last three decades to address the complexities
surrounding the needs of HIV/AIDS clients and their families (Uganda Counseling Association, 2008; Senyonyi & Ochieng, 2013).

Besides HIV/AIDS, Okech and Kimemia (2012) identify other factors in Kenya that have influenced the growth of the counseling profession. These include political and community-based violence and the need for the government’s ministry of education to provide social-emotional support to students across the country. Senyonyi, Ochieng, and Sells (2012) state that counseling in Uganda has focused on helping the children who are orphaned through the HIV/AIDS epidemic and the war. These vulnerable children make up 13% of the country’s population. Other different community and social issues professional counseling in Uganda addresses include “refugee and prostitute resettlement, youth challenges, substance and sexual abuse, crisis pregnancy, trauma, war-related problems, and family dysfunctions” (p. 502).

In each government, professional counseling is housed under different ministries. For example, while in Kenya counseling is discussed within the Ministry of Home Affairs, Heritage, and Sports and the National Youth Policy (Okech & Kimemia, 2013); in Uganda it is under the Ministry of Education and Sports (Senyonyi, Ochieng, & Sells, 2012). In Tanzania, counseling is recognized as part of the Ministry of Education and Vocational Training and the Ministry of Health and Social Welfare (Ministry of Education and Vocational Training, 2009).

The establishment of counseling associations is another mark of a maturing profession. In Kenya, the notable counseling associations are Kenya Association of Professional Counsellors (KAPC) and the Kenya Counselling Association (KCA) (Okech
& Kimemia, 2012). In Uganda, the Uganda Counseling Association (UCA) is the body that houses professional counselors (Uganda Counseling Association, 2008). Current literature did not indicate a counseling association in Tanzania.

Research indicates an ongoing growth of academic programs in counseling in all three countries. Senyonyi, Ochieng, and Sells (2012) indicated that Uganda has 20 institutions of higher learning offering counselor training ranging from postgraduate diplomas to master's degrees in guidance and counseling and clinical psychology. Okech and Kimemia (2012) noted that in Kenya both public and private universities offer graduate training of counselors. They further highlighted that the United States International University was first to offer graduate counseling-related program in Kenya over 20 years ago. Research on Tanzania indicated diploma and bachelor's degrees in guidance and counseling related programs.

The West's Interest in International Counseling

The international movement within the counseling realms of the West has been codified in different ways. Some American organizations have made intentional strides to connect and assist with the development of the counseling profession in other countries and to learn from other countries' counseling efforts. Some of these organizations include the National Board of Certified Counselors-International (NBCC-I) which was further discussed below as a model example, the American Counseling Association (ACA), Chi Sigma Iota Counseling Academic and Professional Honor Society International (CSI), and the Council for Accreditation of Counseling and Related Education Programs (CACREP).
National Board of Certified Counselors – International

The National Board of Certified Counselors-International (NBCC-I) was established in 2003 as a division of the National Board for Certified Counselors (NBCC). The mission of NBCC-I is to strengthen the profession of counseling worldwide. NBCC-I headquarters are located in Greensboro, North Carolina, USA. Currently, NBCC has a regional office in Europe and nine international offices in these countries: Argentina, Bhutan, Bulgaria, Germany, Greece, Malawi, Malaysia, Mexico, and Romania. NBCC-I accomplishes its mission through promoting the following: quality assurance in counseling practice, the value of culturally sensitive counseling, public awareness of quality, professionalism in counseling, and leadership in credentialing (NBCC International, 2012).

The leaders at NBCC have been instrumental in spearheading globalization of counseling. Their efforts have been well received around the world because of their strategic vision in which they approach other countries with that country’s interest as the driving force. Dr. Thomas Clawson, the President and CEO of NBCC, has been a leader in the field of counseling. His innovation regarding globalization of counseling has been a central topic for many years. In fact, NBCC leaders have met with counseling leaders of other countries since the 1990s to discuss and promote different countries’ counseling initiatives (Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012).

Clawson’s presentation in 1999 on expanding counselors globally recognized that “counseling as a body of knowledge is a flexible, evolving discipline that can be shared, transformed, and refined for application in cultures and countries around the world” (Seung-Ming, et al., 2009, p. 117). These thoughts were later to take concrete form as
NBCC-I formed a strategic plan focusing on how best to approach other countries. Many counseling leaders around the world have and continue to seek out NBCC-I for help in promoting counseling and developing counselor credentialing mechanisms in their countries (Schweiger, Ergene, Szilagy, Clawson, & Hunt, 2012).

NBCC-I’s model to network and collaborate with counseling leaders around the world is driven by an underlying motto that describes exporting experiences of counseling leaders among different countries as opposed to exporting counseling practices only from the West. This stance of advocacy and empowerment has been welcomed in many countries in Africa, Europe and Latin America (Schweiger, Ergene, Szilagy, Clawson, & Hunt, 2012). NBCC-I’s model is comprised of three strategies.

First, NBCC-I responds to a country’s invitation via that country’s counseling or mental health leaders. In response, NBCC-I aids in that country’s highlighted needs and not NBCC-I’s agenda. Country invitations to NBCC-I are numerous and they formulated a planned framework for responding to these calls. NBCC-I’s second strategy is to go where invited. Related to the previous strategic point that ensures NBCC-I’s focus is on that country’s needs, NBCC-I’s part when they visit a country is to aid with funding, time, and energy resources to countries that have invited them. For example, aid from NBCC-I has gone to support counseling conferences and international meetings. The third NBCC-I strategy involves going to stay. This strategy involves sustainability of a permanent relationship between a country and NBCC, and further fosters a continued partnership with the country to assist with long term needs (Schweiger, Ergene, Szilagy, Clawson, & Hunt, 2012).
This full-committal model of NBCC-I to partner with other countries has led to their leadership's keenness in assessing and appropriately responding to invitations received. Through years of collaboration with many countries, NBCC-I has solidified this model and learned more of its execution from its experiences. It is noteworthy that "NBCC-I can demonstrate having never left a country with which an official relationship has begun" (Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012, p. 9). Thus NBCC-I are a model for long-term collaboration with other countries for the purpose of that country's development of the counseling profession.

Summary

This literature review chapter reviewed the globalization of counseling. Within this topic, international and African organizations supporting counseling initiatives were surveyed. Further, counseling in Africa, including indigenous counseling and HIV counseling was addressed. The interest of the West in international counseling was also discussed. This literature review provides the scholarly foundation upon which this study of the development of the counseling profession in Kenya, Uganda, and Tanzania was completed.
CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter seeks to provide a qualitative methodological foundation for exploring the development of counseling in Kenya, Uganda, and Tanzania. First, I, the researcher, discuss the description of, and the rationale for, utilizing qualitative methodology. More specifically, I provide the rationale for selecting grounded theory as the research design for this study. Further, I address the study’s research foci, the role of the researcher, the research plan, and the details of the participants selected for this study. I also discuss the data collection procedures, data analysis, the data reduction processes and the verification procedures to be used to enhance trustworthiness of the data.

Rationale for Qualitative Methodology

The core differences between quantitative and qualitative research methods stem from the philosophical assumptions of the researcher and the goals of the research study (Creswell, 2007). A significant disparity between quantitative and qualitative research is that, while generalizability of data to a larger sample is critical in a quantitative study, a researcher in a qualitative study aims for deeper understanding and fuller portrayal of a phenomenon (Hays & Singh, 2012). Additionally, while the testing of variables in quantitative research is emphasized, the qualitative researcher instead seeks to get at the inner experience of participants, to determine how meanings are formed through and in culture (Corbin & Strauss, 2008).

For this study, the participants were leaders of the counseling profession from Kenya, Uganda, and Tanzania. In addition, individuals who resided elsewhere but had an
active interest on the current development of the counseling profession in these three countries were included. By nature of their work and experiences, the participants of this study had knowledge on how the counseling profession has developed and is developing in Kenya, Uganda, and Tanzania. To this end, qualitative inquiry seemed the best means of gleaning insights on the phenomenon of the development of counseling in Kenya, Uganda, and Tanzania.

Another rationale for the use of qualitative methodology in this study was that this research design lends itself to the characteristics of the natural setting and natural inquiry. Denzin and Lincoln (2005) denoted that one involved in qualitative research will “study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them,” (p. 3). Creswell (2007) similarly stated that a qualitative researcher collects data in the natural setting of participants to enhance sensitivity to the participants and their locations of study. Patton (2002) also underscored the naturalistic inquiry of hearing directly from the participants in their real-world situations to avoid the manipulation and control of situations for a research project. Since my intent was to understand the participants’ perspectives on the process of the development of counseling in their own country, hearing directly from the leaders in the field of counseling about their natural setting of work, that is, their counseling-related experiences in their locations, deemed qualitative research a sensitive and appropriate research method design for this project.

This research project was further suited to the use of qualitative design since the topic of study and the participants involved are African who traditionally pass on knowledge orally. Omonzejele (2004) discussed how the African traditional society used
and passed on mental health care techniques through oral methods such as storytelling and proverbs. In the recent past, research in Botswana, Kenya, and Nigeria has indicated the continual use of the same oral means of seeking and giving care in the community (Okech & Kimemia, 2013; Okocha, 2013; Stockton, Nitzia, Ntinda, & Ncube, 2013). Therefore, the interviewing of participants who are currently part of different African communities that continue to use oral traditions lend to the use of qualitative methodology.

**Grounded Theory**

Within the qualitative research methodological framework, this study was conducted through the lens of grounded theory. Grounded theory stems from the work of Glaser and Strauss (1967). Other researchers who have expounded on grounded theory since its inception includes Charmaz (2005); Clarke (2005); Guba & Lincoln (1982); Strauss & Corbin (1998; 2008). Creswell (2007) defined grounded theory as a systematic collection and analysis of data where a researcher’s final goal is to yield a theoretical model from the views of participants who have experienced a particular process. Along with the systematic nature of grounded theory, additional characteristics made this research design model my choice for this study.

A distinguishing feature of grounded theory is, first, the constant comparative process that the researcher engages in as he or she seeks to generate a theory about the phenomenon under study (Hays & Singh, 2012). The researcher goes out to the field and collects data and then analyses that data and then goes back to the field and repeats the same process until the point of saturation is reached and participants do not provide new information to the existing data already collected and analyzed. Overall, grounded theory
emphasizes the connection of inductive and deductive steps throughout the research process (Patton, 2002). In a bid to study the phenomenon of the development of counseling in Kenya, Uganda, and Tanzania, I went back and forth and interviewed the counseling leaders in the different countries and organizations, analyzed the data, and compared this information to existing material until the point of saturation was reached.

Linked to this same grounded theory trait is the notion that the researcher allows for the data from participants’ perspectives to guide theory development (Creswell, 2007; Hays & Singh, 2012). The goal of a researcher is not to test a theory but rather to develop one. As such, it involves the researcher seeking to develop a theory that explains the process, action, or interaction of a phenomenon (Creswell, 2007). Since the goal of this study was to develop a theory of how counseling has developed/developing in Kenya, Uganda, and Tanzania, grounded theory was most suited as the vehicle of research to this end.

As briefly stated above, grounded theory befitted this study because of its systematic nature. Patton (2002) explained that this systematic quality is evidenced through the development of questions that form the categories that surround the core phenomenon. These same categories also appear in the data analysis processes of coding. The theoretical framework that discusses the causes, conditions, and consequences of the processes of the phenomenon is then formed through the steps of integration among the categories (Creswell, 2007; Hays & Singh, 2012). Related to this study, the questions concerning the core phenomenon – the development of counseling in Kenya, Uganda, and Tanzania, formed the categories of the data that were examined. Consequently, in
data analysis, the data yielded the causes, conditions, and consequences of the process of how counseling is developed/developing in Kenya, Uganda, and Tanzania.

**Researchable Problem**

Creswell (2007) discussed a research problem as the need for a study to be conducted. This means that a researcher must answer the question of why this particular study is needed. Creswell (2007) further stated that in a grounded theory study, a researcher seeks to develop "a theory that explains a process because existing theories are inadequate, nonexistent for the population, or need to be modified" (p. 103). Later, Creswell (2009) added that true grounded theory requires that the research, and not a previous literature review, lead theory development.

Researchable problems are identified through hearing about a problem from others, through a literature review, and from personal experiences (Corbin & Strauss, 2008). In this project, I arrived at this study’s researchable problem through personal experience and literature review on counseling in Africa, and specifically, counseling in Kenya, Uganda, and Tanzania.

Beyond what was discussed earlier regarding my personal experiences and motivations in this study, my personal experiences spoke to this study’s researchable problem. I have an African background. My African parents raised me in Kenya. My interest in Africa and its overall development is a core desire in my life. Other experiences have come in the recent past while studying in America. I have had academic and personal conversations on the nature and the development of counseling in Africa and specifically Kenya, Uganda, and Tanzania. These conversations have shown me that information currently is missing concerning how counseling has developed in the
continent. Further questioning of acquaintances who reside in different parts of Africa has demonstrated to me that a concrete process of how counseling profession has developed in Africa has not been agreed upon. Engagement in the literature review concurred with these personal experiences and hence my research problem to look further into how counseling has developed/developing in Kenya, Uganda, and Tanzania.

**Research Foci**

This study sought to address the following research foci.

1. **Main Research Focus:**

   What are the experiences of counseling leaders in developing the profession of counseling in African countries?

2. **Sub-Research Foci:**

   i. What is the **process** of the development of the counseling profession in your home country?

   ii. What were the **major events** that have occurred in the development of the counseling profession in your home country?

   iii. What are the **obstacles** to the development of the counseling profession in your home country?

   iv. Who were the important **participants** in the development of the counseling profession in your home country? What was the **participants’ influence** in the development of the counseling profession in your home country?

   v. What are the **outcomes** of the development of the counseling profession in your home country?
Role of Researcher

In qualitative research, the researcher is the key instrument (Creswell, 2007; Patton, 2002). The researcher bears the responsibility for interacting with participants in collecting data and staying close to the data during the analysis and the write up processes. Conducting research therefore, touches on the researcher’s roles of being a professional and a human being (Patton, 2002). Hays and Singh (2012) expounded on the researcher’s role, stating that their “professional and personal selves are likely to intertwine in developing the research relationship” (p. 197). Further, Corbin and Strauss (2008) asserted that qualitative researchers cannot separate who they are from what they are doing in the research process. These aspects of the researcher being the key instrument in the research brings both negative and positive ethical implications to a study (Hays & Singh, 2012). From one perspective, there is a potential compromise on the researcher’s neutrality and subjectivity while on the other hand, connections with participants can strengthen research relationships.

Hays and Singh (2012) asserted that grounded theory in its make-up highlights the researcher’s role of addressing sensitivity in light of the potential compromise of the researcher’s subjectivity. This means that researchers ought to acknowledge their biases and subjectivity when they conduct studies. Strauss and Corbin (1998) highlighted sensitivity as the key that “enables creativity and the discovery of new theory from data” (p. 53). In later work, Corbin and Strauss (2008) added that researcher sensitivity involves “having insight, being tuned into, and being able to pick up on relevant issues, events, and happenings in data” (p. 32). While the researcher brings his or her personal
biases and experiences to the study, they have to stay tuned into the perspectives of the participants to extract significant meanings from the data presented.

Having discussed the role of the researcher, matters of personal bias and previous experiences is addressed next. In addition, strategies to enhance researcher sensitivity will also be discussed.

**Researcher Biases**

As a researcher, I recognized and acknowledged that I brought to this research study certain assumptions and biases. As previously mentioned, I have an international background, having lived in Kenya in my formative years. In addition, even though I am now completing my studies in the United States, I have notable experiences from my annual travels back to East Africa for the last decade including a year service completed at GCYDCA in Malawi. I thus acknowledged that part of my intent and motivation to complete this international related research project stemmed from my background and interests.

My background brought the following practical advantages to this study: my experience, understanding, and sensitivity to participants on aspects of language and culture. While the interviewed were conducted in English, I was able to understand when some participants expounded upon some concepts in Kiswahili. Besides, with English being my third language, I understood the experience of having to express some concepts in the English language. On the other hand, since all the participants had a different ethnic language or mother-tongue, I sought clarification from them on some ethnic words they used. This is because “words can take on a very different meaning in other cultures” (Patton, 2002, p. 392).
Another researcher bias was that even with my past international experience, this did not equate to possessing a clear comprehension of current African affairs; neither did it simplify the complexities of the multicultural aspects of my participants' personal cultures and the social contexts of the different countries. I was also aware that my African background could potentially hinder my objectivity; hence I realized the need to stay even more sensitive as a researcher in this study.

An additional bias I brought to this study was my previous knowledge of the history and development of counseling profession in the West – gained from my previous degrees in Psychology and in Professional Counseling, which I completed in the United States. Furthermore, having completed most of my research exercises in America heightened the need to remain sensitive to my participants and to the setting of this study. I therefore, sought deeper understanding on the experiences shared by the participants.

The fact that I have an African background and that I pursued higher education in the United States put me in the status of the privileged. In this regard, I was sensitive and keen to seek deeper understanding on experiences shared as I interacted with my participants. In addition, I treated and made known to my participants that they were the experts in this study. Further, I communicated my genuine interest on Africa and consequent motivations in carrying out this study. I linked my motivations to these three facts: that I was raised in East Africa, that I had made a commitment to travel to East Africa annually when possible to stay connected and be part of its development, and that I wished to follow in my parents footsteps in giving back what I have been given. All in all, I considered conducting this study as an honor. Consequently, I resolved to remain
humble knowing that even though I had lived in both the African and American
continents, I needed to respect the validity and complexity of Africa issues.

In light of these biases, I discuss in the next section the means through which I
ensured sensitivity of the data and how I enhanced trustworthiness.

**Researcher Sensitivity**

Grounded theory highlights the researcher’s role of addressing sensitivity (Hays
& Singh, 2012). In other words, sensitivity is underscored over objectivity as it relates
to participants’ perspectives and the insights drawn from the data. The researcher using
grounded theory acknowledges personal biases, assumptions, and experiences since these
may be “woven into all aspects of the research process,” (Strauss & Corbin, 1998, p. 32).
This section will set forth my strategies to enhance sensitivity.

**Reflexivity and Memoing**

Researcher reflexivity is pertinent in qualitative research since the researcher is
the main instrument of research. Patton (2002) described researcher reflexivity as part of
the researcher’s self-questioning and self-understanding; it is the continuous examination
where researchers have conversations about what they are experiencing while they are
living in the moment of research. A researcher’s reflexivity answers the questions of
“what I know and how I know it” (p. 65). Hays and Singh (2012) added that researcher
reflexivity is a standard used to describe a qualitative researcher’s honesty,
trustworthiness, and credibility. In this study, the researcher’s reflexivity process was
achieved through memoing during the data collection and analysis processes. The
memoing process is discussed below.
Creswell (2007) asserted that memoing is a process whereby the researcher engages in continuous writing during the data analysis portion of the research. Hays and Singh (2012) described memos as records that a researcher utilizes in describing and analyzing findings in a research study. They can either be electronic or in paper format. Patton (2002) stated that memoing and reflexive writing can occur in first-person-active-voice; memos do not require grammatical correctness but awareness, authenticity, and being present. Memos are compiled in a journal and remain part of an audit trail where “notes about how data were collected and analyzed was helpful reminders as to why [the researcher] talked to various stakeholders and key informants [and] coded themes in a particular way,” (Hays & Singh, 2012, p. 205). Patton (2002) concurred that codes can be extracted from memos and used in the data analysis process.

In this project, I wrote my memos in a hard copy journal and on my computer. I memoed throughout the data collection and analysis processes. Specifically, I memoed immediately following each interview or soon after transcribing the interview, and consistently in the data analysis process. My memos included my initial reactions to the interview and what struck me about what the participants shared. I also memoed a lot while conversing with my data analyst.

Memoing was important because I interacted with participants from different countries, cultures, and experiences. I found this critical since I was able to recognize similarities and distinctions between what different participants shared – which was important in remaining sensitive to the unique experiences shared by participants. In addition, memoing enhanced my self-awareness, which helped me to identify and bracket off my assumptions and biases throughout the study. This self-dialogue allowed me to
revise the interview protocol for the second part of the interviews based on the material from the first set of interviews. Further, through memoing I made connections between what the different participants relayed in the interviews.

**Member Checking**

Member checking is a process where the researcher requests study participants to review the transcribed information after an interview session and after data analysis for accuracy and expansion on previously documented information (Hays & Singh, 2012). One means of member checking can be electronic where the researcher emails participants and requests additional comments regarding "any problems they see with the interview or limitations to the interview process," (p. 261). In this research study, initial member checking occurred with interviews that had noteworthy technical difficulty or blurred communication. In this case, I emailed the participant data from the interview and they verified or revised the information I gathered. Selective coding started after the compilation of the first code book.

After completion the data analysis process, I completed another member checking process to all the participants. In this member check, I emailed each participant the details of their participant profile, the model, and the direct quotes used to support the different themes and sub-themes in the model. Out of the 11 participants, five participants responded. Two of the four responded only with specific revisions to their direct quotes. Two other participants offered feedback on the model and revisions to the direct quotes. One participant was unable to respond because the individual was at the time hospitalized. I expressed gratitude to all the study’s participants for their effort and
time in sharing their experiences with me. In addition to thanking the hospitalized participant, I wished a speedy recovery.

Data Triangulation

Data triangulation involves strengthening a study by combining different methods such as interviews and observations or different sampling techniques (Patton, 2002). One of the main aims in data triangulation is to “test for consistency” (p. 248). In this study, multiple data analysts were utilized. After I transcribed the interviews and coded the data for themes, an auditor reviewed the data analysis processes and the themes identified. My interaction with the auditor strengthened the study since more than one set of eyes and perspectives was present in the study.

I utilized theoretical and snowballing sampling techniques in identifying interview participants. Utilizing these methods strengthened the study in that data obtained via one method either supported data obtained from the second method or data from one method yielded an inconsistency with the other. Patton (2002) asserted that, “inconsistencies ought not to be viewed as weakening the credibility of results but rather as offering opportunities between inquiry approach and the phenomenon under study” (p. 248). This strengthening of the study is critical to achieving deeper understanding and fuller portrayal of a phenomenon (Hays & Singh, 2012).

The use of different data collection sources also speaks to data triangulation. In this study, the use of individual interviews and documentary review data sources was another means of strengthening the study. The integration of data between the two sources aided in giving a different or similar picture and consistencies or inconsistencies concerning the phenomenon of study (Hays & Singh, 2012).
Research Plan

The proposed research plan addresses the following aspects: the study’s sampling procedures, the specific participant selection procedures, how I gained entry and connected with the participants, and the measures I took to ensure participants’ confidentiality and safety. The participant’s profile section will be discussed later in the findings section.

Sampling Procedures

Theoretical sampling is one of the major characteristics of grounded theory. This sampling method selects participants based on emerging concepts on the central phenomenon (Creswell, 2007). In this study, a theoretical sampling method was employed in the selection of participants. Participants had knowledge of the theoretical construct concerning the central phenomenon [the development of the counseling profession in Kenya, Uganda, and Tanzania] and provided data that aided me in the formation of a theory. The initial participants for this research were approached via emails and phone calls. I had professionally interacted with some of these participants previously and I knew that they were counseling leaders in their home countries; I knew that they had a theoretical knowledge on the topic of how the profession of counseling has developed and is developing in their home country. I further used theoretical sampling through actively researching various internet sites or published online counseling materials related to the counseling profession in each country with the purpose of identifying potential participants.

The second sampling procedure I used in this study was snowball sampling. This was because the field of profession counseling is headed by a small group of people in
Africa. Following the initial interviews through theoretical sampling, the snowballing sampling procedure was utilized with most interviewees agreeing to connect me to other potential participants. Most of the participants had contact information of their colleagues and were willing and supportive in connecting me to them. In all, I contacted 42 potential participants via email or phone. Of the 11 participants in this study, three were contacted using theoretical sampling and the remaining eight were contacted through the snowballing sampling method.

**Specific Participant Selection Procedures**

Creswell (2007) denoted that participants selected in grounded theory studies will have experience surrounding the central phenomenon. Participants for this study either had leadership roles in the counseling profession in their home countries or served with international counseling organizations that had knowledge of the counseling profession in Kenya, Uganda, and Tanzania. An additional criterion for identifying counseling leaders in this study was individuals who resided in and outside these countries but had currently, or in the past, engaged in counseling research, education, and service endeavors in Kenya, Uganda, and Tanzania. The 11 identified participants in this study, had knowledge and experience of the phenomenon of the counseling profession having served as leaders in the profession of counseling in their countries or in organizations.

**Gaining Entry**

In light of my past work and connection to GCYDCA, I had access to particular country leader information for the selected countries under study. In addition, I sought out counseling leaders who worked in Kenya, Uganda, and Tanzania via their organization’s or institution’s online contact information. I approached these country
counseling leaders via phone or email interactions. After a brief personal introduction, I shared the intent of this dissertation study project and determined whether the leaders were able and interested in participating. I emailed a follow up introductory letter (Appendix A) through email informing the selected counseling leaders of the purpose this study and requesting their cooperation. In this same email, I also shared the informed consent form (Appendix B) and research participant questionnaire (Appendix C) with the confirmed participants. The informed consent included information about the purpose of the research, the duration of the interview, confidentiality matters, and how the information was handled, stored, and later presented. Since leaders of the counseling profession in the particular countries may be easily recognized, I communicated to the participants this risk and the measures that I would put in place to minimize the risk. To minimize the risk, I assigned a generic code – instead of using participants’ real identifying information, such as their name – to all participants’ materials gathered. Later in the final report, I replaced the generic codes with Kiswahili pseudonyms (see table 1 in findings chapter). In addition, I informed the participants of their liberty to withdraw from the research project at any time and for any reason.

Being cognizant that counseling leaders are busy individuals, I planned to meet with them either through Skype or telephone, depending on their convenience. I sought date, time, and place when the interview would occur. I also confirmed with the participants the best and quickest means of contacting them regarding the interview. Correspondence was maintained with participants for member checking and sharing of the final manuscript if desired by participants.
Measures to Ensure Participant Confidentiality and Safety

Confidentiality is the protection of a participant’s identifying information by a researcher, and it must be maintained throughout a research process (Hays & Singh, 2012). In a research study, confidentiality is linked to the informed consent that is presented both verbally and in hand copy to a participant during the interview process. Hays and Singh (2012) stressed that a researcher must safeguard a participant’s privacy and any private information provided within the interview processes. As part of ensuring safety and confidentiality in this study, I sought approval to conduct this research via the Institution Review Board (IRB). The informed consent of this study (Appendix B) addressed this issue by informing the counseling leaders that I would protect their identities via a code that I would assign to each participant.

Institutional Review Board

The Institutional Review Board (IRB) at a university reviews research projects to ensure they are conducted in an ethical manner in which no harm is done to participants or subjects. IRBs also help to protect researchers and their institutions from liability that may come about from a research process (Hays & Singh, 2012). Patton (2002) asserted that a successful IRB review process involves the researcher’s interaction with their dissertation committee to confirm crucial components of the research and to ensure a rigorous and sensitive qualitative study. Prior to beginning this research project, I submitted an IRB application for Exempt Research according to procedures established by the Old Dominion University’s Office of Research and Compliance (see my IRB approval letter in Appendix E). In the course of submission, I was required to have an active certification from the Collaborative Institutional Training Initiative (CITI). This
Data Collection

In this research project, different data methods were used to strengthen the study through data-triangulation. These methods include individual semi-structured interviews and documentary review.

Individual Semi-Structured Interviews

In grounded theory, constant comparison is maintained throughout data collection with the aim of uncovering core categories in the data (Creswell, 2007; Hays & Singh, 2012). A total of 11 individual interviews were conducted. Individual interviews ranged from 46 minutes to 93 minutes; the average time of all 11 interviews was 61 minutes. Interviews were conducted using a pre-existing semi-structured interview protocol (Appendix D). The interview protocol was reviewed throughout the data collection process and was modified to address other questions that came from the interviews that needed further inquiry – this continued until the saturation point was reached.

After participants agreed to take part in my study, I emailed them an official introductory letter (Appendix A), the study’s informed consent (Appendix B), the questionnaire document or link (Appendix C), and the interview protocol (Appendix D) for their review. We then agreed upon an appropriate interview time. Prior to the interview, participants either emailed me back with an acknowledgement that they agreed
to the study's informed consent or I specifically sought this confirmation verbally with them at the beginning of the interview. Once I got their informed consent, I then called them via phone or via Skype. In total, I made 5 international phone calls (from America to the specific East African country), 3 Skype conversations, and 3 local (American) phone calls. Of these, 7 of the participants were in the Eastern African Time zone, one was in the Central European Summer Time zone, and 3 were in USA time zones different from mine.

Patton (2002) stated that interview guides allow for the "interviewer to be free to build conversation within a particular subject" (p. 343). This freedom is critical in forming rapport with the participants since the subject matter involves them sharing their own experiences and meaning about the development of counseling in their countries. In addition, since the participants of this study had busy schedules and limited time, the interview guide assisted in keeping the interview process on task and delimiting the topic to focus on the subject at hand.

I utilized multiple digital recording devices, which included an in-built computer-recording program and an external digital recorder. Having multiple recording devices was a precautionary measure that was important when a technical difficulties arose with either of the recording devices. One of the difficulties that occurred during an interview was the loss of power on one of the devices. In this case, the external digital recorder lost power but I had a chance to retrieve the record session from the computer recording system. Upon completion of an interview, I transcribed the interview using Dragon Speech Recognition Software or Express Scribe Transcription Software. Transcribing normally occurred soon after the interview. While this method tended to consume more
time, I concurred with Patton (2002) that immersion into one's data fosters awareness on the insights the participants have shared.

Interviewing occurred in two parts. The first set of participants were interviewed followed by a transcription of the interviews, data coding (which will be discussed in the next section) and then the compilation of the first code book. The second set of interviews occurred followed by again by transcription and data coding. Themes from the second set of interviews expanded and revised the first code book. The result was the compilation of the second country code books. Overall, there was a cyclical process of comparing the data retrieved from the interviews.

**Documentary Review**

Documentary evidence is a crucial part of data collection. Hays and Singh (2012) asserted that a researcher can “benefit from collecting written materials when they provide source information critical to understanding a phenomenon” (p. 284). A specific type of documentary evidence that was significant in this study was archival data, which was “ready-to-use data typically collected by government and other institutional research organizations” (p. 288).

Documentary evidence helped me understand the contexts from which the participants came from. My initial quest to locate documentary evidence about professional counseling in the three countries was not fruitful. Instead, I found more information about mental health and HIV AIDS. The participants of this study helped me to locate relevant documentary evidence, which included, a previous dissertation that addressed indigenous counseling, counseling association websites, and counseling
academic program websites. The data retrieved from these documents were analyzed and compared to other data collected from the individual interviews.

**Data Analysis**

The data analysis process is one of the core pillars in qualitative research. Hays and Singh (2012) underscored this as "a professional and ethical imperative that ... continually influences research design from the beginning of the study" (p. 294). As previously alluded to, grounded theory is a systematic collection and analysis of data (Creswell, 2007). Additionally, data analysis has to be interwoven with data collection for a research study to be deemed rigorous and trustworthy (Hays & Singh, 2012).

In this study, data analysis ran alongside the data collection process. As noted earlier, data analysis started soon as I conducted the first set of interviews. This data was constantly compared with data from the documentary review data, and the second set of individual interviews. Overall, and in conjunction with the characteristics of grounded theory, there was a continuous going back and forth in the data with the aim of moving from lower level categorizing to higher level theorizing.

Unlike quantitative research, qualitative research utilizes no formulas or standardized rules to analyze the extensive amount of data (Patton, 2002; Hays & Singh, 2012). Patton (2002) provided steps for dealing with this challenging facet of qualitative research. He noted that data analysis "involves reducing the volume of raw information, sifting trivia from significance, identifying significant patterns, and constructing a framework for communicating the essence of what the data revealed" (p. 432). Each of these data analysis aspects is discussed below.
Data Reduction

Data reduction is the process of organizing, segmenting, and analyzing data into summaries, codes, themes, and patterns (Hays & Singh, 2012). Corbin and Strauss (2008) explained that reducing data allows researchers to work with chunks of data that are more manageable so that they can draw significant insights from the interviews. In essence, the data reduction process is critical in research because one cannot study everything. This focusing on a specific phenomenon during data collection, and later in data analysis, involves breaking down data to identifying codes, themes and patterns as discussed below.

Coding Procedures

Open coding is the first step in the data analysis process. The researcher codes the data for major categories. Some of these categories would include participants' main words or phrases (Hays & Singh, 2012). In this study, I conducted open coding soon after transcribing the first set of interviews. In this coding process, I sought to identify concepts from what different participants stated. I coded line by line and identified these codes that were in different forms including specific phrases, statements, or words.

Axial coding is a refining process of open coding. In this step, the researcher identifies a single open coding category, which is deemed as the core phenomenon (Creswell, 2007). The researcher then returns to the data and codes for other categories that now surround this core phenomenon. Hays and Singh (2012) described this section as a second-tier process in which the researcher collapses open codes into broader categories. These categories include causal conditions, strategies, contextual and intervening conditions, and consequences. Relationships between larger codes are
examined in this step. In this study, I looked for broader categories surrounding the phenomenon of how the counseling profession has developed and is continuing to develop in Kenya, Uganda, and Tanzania. These categories resulted in the first completion of country code books.

Next, selective coding is used to refine the previous axial coding stage. Selective coding is said to be “the most complex coding process in grounded theory whereby patterns, processes and consequences are identified among the axial codes to generate a theory about a phenomenon” (Hays & Singh, 2012, p. 345). In this stage, Creswell (2007) explained that the researcher develops a theory describing it through a series of propositions, a pictorial description, or a narrative statement. This part of data analysis was the very interesting as I analyzed the patterns, processes, and consequences. Data analysis at this point involved adding and revising codes in the first code book from the second set of interviews and data from documentary review. During this process, I invited the data analysis auditor (as discussed below). The results of this selective coding led to the development of a model of the conditions for the development of the counseling profession in Kenya, Uganda, and Tanzania.

**Data Analysis Auditor**

In analyzing qualitative research data, a researcher may use an external auditor or research team to examine findings and their relatedness to the data collected and analyzed (Creswell, 2007; Hays & Singh, 2012). In this study, I selected a doctoral student as an auditor to review my data collection and analysis processes. This auditor has completed other qualitative research studies and has taught research methods; he has also engaged in indigenous research. This auditor is committed to social justice shown mostly through
his speaking up and advocating for the marginalized. Though the auditor had received all of his academic and research training in the West, he demonstrated sensitivity in identifying and observing differences in the data; he was sensitive to pick up on the contrasts of how the profession of counseling is developing or has developed in Kenya, Uganda, and Tanzania since they possess a non-African lens.

Our interaction occurred through several phone meetings and email exchanges after he reviewed the set of second country code books. The auditor challenged me to offer clarifications and explanations on my thought processes to show how I arrived at various themes. The dialogue between the auditor and me was valuable and further led to a refining of codes and confirmation of the final themes for the study. Once the auditor successfully completed review of my data and model, I started writing my findings chapter.

Verification Procedures

While quantitative research discusses a study’s validity and reliability, qualitative research attends to trustworthiness procedures. Patton (2002) asserted that in establishing trustworthiness, a researcher’s assumptions must be bracketed to avoid any influences to participants’ data. The bracketing of assumptions was a continuous process throughout the study. I discussed my assumptions and biases regarding this study in an earlier section.

The four criteria of trustworthiness that are discussed in this section include credibility, transferability, dependability, and confirmability. Specific strategies to enhance each criterion are also addressed.
Credibility

Credibility speaks to whether a study’s conclusions make sense (Hays & Singh, 2012). Lincoln and Guba (1985) described this as the believability of a research study. Patton (2002) proposed three elements for credibility: rigorous methods for a study’s data collection and analysis procedures; the credibility of a researcher, which refers to their training, experiences, and presentation of themselves; and, a researcher’s philosophical beliefs in the value of qualitative research where the researcher expresses genuine appreciation for naturalistic inquiry, holistic thinking and qualitative methods.

The use of qualitative research methodology in previous research projects spoke to my appreciation of this methodology, to the extent of identifying it as the choice methodology for this project. Member checking and the inclusion of an auditor served to enhance credibility of this study. These tools helped to make it possible to identify any discrepancies in the study. Triangulation of data among multiple data sources enabled the auditor and me to identify overlapping themes and make comparisons from interview transcripts, documentary evidence, reflexive notes, and memos.

Transferability

Transferability in qualitative research mirrors external validity, which refers to the generalizability of findings to a population in quantitative research (Lincoln & Guba, 1985). Since external validity is not relevant in qualitative research, the focus instead is for researchers to render thick descriptions of the research process “so that readers/consumers can make decisions about the degree to which any findings are applicable to individuals or settings in which they work” (Hays & Singh, 2012, p. 200).
In regard to strategies that enhance transferability, I conducted Skype or telephone interviews and followed up with member checking to ensure that participants had a platform to share a rich and thick description of their experiences. Further, triangulating multiple data sources including individual interviews, documentary evidence, and my memos – all offered a detailed description that was applicable in the profession of counseling and its development in many places around the world.

**Dependability**

Dependability is the consistency of results across a research study and other similar studies (Hays & Singh, 2012). Strategies to enhance dependability occur when there is consensus of research findings between the researcher and the auditor or the research team members and similar findings in related studies. In this study, the triangulation of data among multiple data sources and the auditor’s review of the data collection and data analysis processes were critical steps to verify the consistency of the results of this study.

**Confirmability**

Confirmability refers to how the study genuinely reflects the perspectives of the participants (Lincoln & Guba, 1985). This criterion of trustworthiness demands that the researcher will not interfere with the true voices of the participants; it also speaks to the commitment of the researcher to hear and directly report what the participants share (Hays & Singh, 2012). Member checking was a critical strategy in enhancing confirmability in this research project. It provided participants an avenue to review, revise, and add on to what they had shared beyond their initial contact with me. Further, the auditor’s keen eye verified the codes obtained from the different data sources.
Summary

In this methodology chapter, the rationale for ascribing to qualitative research and specifically grounded theory was explored. The researchable problem, the role of the researcher, and the research plan were explained. The proposed data collection and data sources for this study were addressed along with the data analysis and reduction procedures to be utilized. Verification procedures were discussed in detail.
CHAPTER FOUR

FINDINGS AND INTERPRETATIONS

Introduction

This study examined how the counseling profession has developed and how it is continuing to develop in Kenya, Uganda, and Tanzania. The purpose of this chapter is to discuss the findings that emerged from participants' responses to the research foci and documentary reviews. This chapter is divided into two sections. The first section discusses the participants' profiles. The second section discusses information provided by the participants and introduces the identified themes which are the conditions that have influenced the development of the profession of counseling in Kenya, Uganda, and Tanzania. The last part of the second section discusses the outcomes as derived from the conditions in these countries.

Participant Profiles

A total of 11 participants were interviewed. Out of the 11, four were Kenyan, four were Ugandan, and three were Tanzanian (see Table 1 below). Of the 11 participants, six were female and seven were male. All the participants had worked in the counseling field for at least five years. The participant who had worked the longest in the field had worked for about 35 years. All 11 participants had completed a bachelor's degree. Of the 11, 10 had master's degrees in counseling or closely related fields, with three of them completing their doctoral degrees in counseling or related fields and three others were in the process of completing their doctoral degrees in counseling or related fields. Of the six terminal degrees completed or in the process of completion, only one was completed in Africa – in South Africa. Of the remaining five, one was completed in
the Netherlands, and the other four in the United States of America. Almost all of the Kenyan and Ugandan participants completed their masters’ degrees in their home country; the Tanzanian participants completed their masters’ degrees in the United States and Europe.

All participants were either currently or in the past involved in various tasks related to the counseling profession. All 11 participants reported active participation in community counseling with some being sought out by the government, local community leaders, and family members to offer their expertise in the area of counseling. Of the 11 participants, nine participated in their country’s counseling associations, nine practiced counseling at the university level, seven indicated involvement in religious/faith-based counseling and NGO related counseling, and three reported participation in counseling in a Hospital/Health organization and in a High school/Elementary school setting.

Participants were assigned pseudonyms by me in order to humanize them and still protect their privacy.
Table 1

Group Participants Profiles

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Years in the Counseling Field</th>
<th>Formal/Academic Training</th>
<th>Professional Higher Ed</th>
<th>Country of Higher Ed</th>
<th>Experience in Counseling</th>
<th>Employment Status</th>
<th>Type of Organization</th>
<th>Community Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funha</td>
<td>F</td>
<td>15 - 20</td>
<td>Counseling Psychology (Masters)</td>
<td>Counselor Ed &amp; Supervision (PhD)</td>
<td>USA</td>
<td>Y*</td>
<td>Y*</td>
<td>Y*</td>
<td>Y</td>
</tr>
<tr>
<td>Pendo</td>
<td>M</td>
<td>5 - 10</td>
<td>Guidance and Counselling (Masters)</td>
<td>Teacher Education (PhD)</td>
<td>USA</td>
<td>Y</td>
<td>Y</td>
<td>Y*</td>
<td>Y</td>
</tr>
<tr>
<td>Tunaini</td>
<td>M</td>
<td>20 - 25</td>
<td>Educational Management (PhD)</td>
<td>-</td>
<td>South Africa</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sidha</td>
<td>F</td>
<td>15 - 20</td>
<td>Counselor Education (PhD)</td>
<td>-</td>
<td>USA</td>
<td>Y*</td>
<td>Y</td>
<td>Y</td>
<td>Y*</td>
</tr>
<tr>
<td>Shojaa</td>
<td>F</td>
<td>30 - 35</td>
<td>Sociology (PhD)</td>
<td>-</td>
<td>USA</td>
<td>Y*</td>
<td>Y</td>
<td>Y</td>
<td>Y*</td>
</tr>
<tr>
<td>Basaka</td>
<td>M</td>
<td>25 - 30</td>
<td>Education &amp; Pastoral Counseling (Masters)</td>
<td>-</td>
<td>USA</td>
<td>Y*</td>
<td>Y*</td>
<td>Y*</td>
<td>Y</td>
</tr>
<tr>
<td>Neema</td>
<td>F</td>
<td>5 - 10</td>
<td>Health Promotion (Master of Philosophy)</td>
<td>Health Behavior &amp; Health Promotion (PhD)</td>
<td>Netherlands</td>
<td>Y*</td>
<td>Y*</td>
<td>Y</td>
<td>Y</td>
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<tr>
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Response Abbreviations: Y, Yes; Y*, Founder or part of pioneering group in counseling related organization
Country Abbreviations: KE, Kenya; VG, Uganda; TZ, Tanzania

A Model of Conditions for the Development of the Counseling Profession in Kenya, Uganda, and Tanzania

Interviews, documentary reviewing, memoing, and auditor interaction led to my development of a model of conditions for the development of the counseling profession in Kenya, Uganda, and Tanzania. The resulting model discussed below displays the five main themes drawn from the data. The five themes are traditional/indigenous factors, systemic/societal factors, professional factors, personal factors, and the results of the development of the profession of counseling. Barriers identified within each theme are
discussed. This model is depicted in a linear process with the first and last levels containing an upward and downward arrow respectively to communicate the potential of continued interaction between these levels and among those in between (see figure 2 below). In other words, the first level builds to the next three levels, all of which have bidirectional arrows to communicate the interrelation among the levels. The final level was arrived at after considerations of the previous levels with the potential of continued interrelation among all previous levels. Further research will be needed to clarify these potential bidirectional influences. Each level in the model will be described through the sub-categories contained within it. Direct quotes from participants will be provided for each sub-category.
Traditional/Indigenous Factors

Traditional/Indigenous Factors was a critical element in discussing how the counseling profession has developed and continues to develop in Kenya, Uganda, and Tanzania. Traditional and indigenous factors are tied directly to the people's culture which in turn houses the foundation of the counseling profession. Traditional counseling continues within many communities in these three countries—a factor that could not be ignored. To further expound on this factor, three sub-categories will be discussed,
Family and community structures. All participants agreed that the family and the community are at the very core of the African society. They all discussed how informal counseling has always existed and further, how informal counseling occurred within this structure of the family and the community. Tumaini said, "Informal counseling is lifelong. In African communities, people lived together and would assist each other. In extended families, children were taught about how to take care of themselves and this was further extended as they got older." When asked when informal counseling started, Furaha stated, "Informal counseling has been there since time immemorial." Umoja gave a similar response:

Informal counseling: started way back (pause) the starting of the world. Listening to other people and trying to empower them started at the beginning of the world.

It would be difficult to come up with a chronological timeline for this. People have been interacting with others.

Many times, within the family and community structures, certain people were responsible for offering informal counseling. Gender and age were great determinants in the one who played the role of the informal counselor. Within the family structure, informal counseling was part of the family dynamics where grandparents, parents, uncles, and aunts would offer guidance and advice to other members of the family including children and other young adults. In the community, formal counseling was mostly offered by clansmen, chiefs, and the male and female head counselors known in the
community. Advice giving is still part and parcel of these African communities. It is not uncommon for a friend, neighbor, relative or even a stranger to offer advice whether solicited or not especially within the informal setting.

Informal counseling took many forms including the use of proverbs, riddles, wise sayings, fairy tales (with a lesson at the end), and direct advice from the elders of the society to their younger counterparts. Imani described informal counseling in these words: “This is that traditional approach to counseling, you know, in the African setting. It happens in all places, anytime, without records, without standards, without modern provisions.” Baraka highlighted the fact that informal counseling was mostly rendered by the elderly, saying, “Informal counseling was with the elderly persons in the clan. People would go to see them if they have problems.” The elderly were respected as counselors because of their age. However, Uhuru, who had the professional requirements to be a counselor, shared an experience where he was discriminated against because of his age while seeking for a job placement: “My application for promotion to be appointed as the guidance counselor was rejected. They thought, ‘if you are young, you are not wise enough to counsel the young; does it mean young teachers cannot advise the young?’”

Members of the society intuitively knew the norms and vices in the society, even though none were written. The societies had established ways of rewarding and punishing good and bad behavior respectively. When someone had problems, the members of the society had a way of supporting the weak so that none felt alone in their troubles. This role is taken on by informal counselors both in the community and the family alike. Zawadi further described how informal counselors were identified, saying,
Informal counselors are known – they don’t have formal titles but they are known.”

Some specific examples of informal counselors in a family setting were given by participants. Imani said, “Informal counseling is the traditional approach. It was done by sengas (aunties). It was sengas who provided guidance on family matters to a girl who was getting married.” Uhuru added,

> You know circumcision process was an informal counseling. In my situation, I had a witness who after standard 8 [8th grade] he accompanied me to hospital for circumcision and stayed with me for about three weeks. He talked to me about respecting my parents and being a man.

**Matters addressed in informal counseling.** Not only was informal counseling conducted by certain people of a specific gender and age, it also addressed specific issues. Some participants shared some special topics that community members believed were best addressed within an informal counseling setting. Informal counseling addressed some of the following matters. Tumaini noted, “Informal counseling would occasionally depend on issues. Like among the Turkana and the Pokot, it was elders who came together to discuss disputes about cattle. These elders have a history in their community to intervene in such matters.” Furaha said,

> In most cases, it was community clansmen who dealt with these issues like umm, in times of murder cases and trauma related issues – these were dealt with by clansmen. This is what I consider as informal counseling. Also, let’s say, it was when it was severe, like when there was an aggressive member of the community or the family, and other trauma related issues.
Imani added,

In a community setting, you would have a senior man and senior woman. The senior woman focused on issues of sexuality, reproduction. It was this same woman or the *senga* who provided guidance on family matters to a girl who was getting married.

In all these matters, Shujaa highlighted the complexity of informal counseling in a society: “There was order in the chaos; a formality within the informal...yes, there is a complexity to informal counseling.”

**The old verses the new.** Professional counseling is considered a new and a modern concept given that most African communities are used to informal and traditional counseling. Some participants shared about how the profession of counseling was steadily finding acceptance in these communities. Rehema said, “Because of informal counseling people may not think of professional counseling as an important thing. If I go to my aunty, it’s not counseling.” Imani attributed this reasoning to awareness. He said, “You could also add [participant talking about the society/community] the lack of awareness and recognition of counseling services.” Zawadi also shared how this change is taking time:

In informal counseling, it was different people among the tribes who were approached with different needs. And so it’s taking time for attitudes to change for the community since they still have existing, informal counseling. It is different to go to a person who they don’t know to share their experiences.
When asked if informal counseling will be replaced by professional (modern) counseling, Neema said,

Informal counselors are not disappearing, no! I think it will always be like that because of culture. Sometimes, ok, people try to be Western but you know that when a problem comes, you know where you always go first. I don’t know if to say always but most of the time, it will happen within the traditional way. For example, I think last week we got confused [scheduling conflict]. I was in London. I was attending a meeting, and then I had stayed with a cousin who has a friend. She is a Sierra Leone woman married to a Nigerian man. So, they are having marital issues. Then the friend came to say hello to me; she knows me from before. And then she told me, ‘I have to leave because I have this call.’ Then I said, ‘What call?’ She said, ‘I have issues with my husband. So, his brother and my sister-in-law were on the phone because they are trying to resolve it.’ Imagine, they live in London. These are professional people. And when I asked them if they had been to see a counselor, you know, they said, ‘No. We have spoken to parents and now it’s the brother and wife’. So, I think people are not leaving the culture behind. I feel, it will go on [informal counselors].

**Systemic/Societal Factors**

Coming from an indigenous counseling background, different systemic or different societal factors have affected and continue to affect the process of how the counseling profession has developed and is continuing to develop. Some of these factors are spread out from the major events that have occurred in the society to the various tensions that continue to face the changing society. This section will discuss the
following systemic/societal factors; HIV AIDS; formal education and religion; war, violence, and disasters; emerging social issues; westernization/modernization; shifting in the family roles, and political power and socio-economic status.

**HIV AIDS.** All the participants readily and consistently referred to HIV AIDS as one of the major events that has influenced the development of the profession of counseling in Kenya, Uganda, and Tanzania. Shujaa observed that “HIV AIDS promoted counseling; it actually created space for counseling.” In agreement, Neema described the impact of HIV AIDS: “Counseling is widespread because of HIV. When people learn those skills, they can transfer them to other areas.”

Participants told of how the influence of HIV AIDS to the development of professional counseling was felt by everyone in the countries it affected. Baraka said, “HIV AIDS was a major event. Around 1984, the government saw the need to bring awareness on HIV AIDS and also offer support to HIV AIDS patients and the patient’s family members. HIV impacted everyone, the youth and elderly.” Rehema shared a story of how this personally impacted her as a young professional: “In 1990 [the year when this participant started counseling], HIV AIDS was an epidemic that was ravaging the country. A lot of the kids we were working with had been orphaned by AIDS. From this, people started to go for formal training for counseling.” Sifa described one way that the government responded to HIV AIDS and its implication to the development of professional counseling:

...With the development of VCTs [Voluntary Counseling and Testing centers], it was the first time that there was a large scale expansion of the counseling
profession. Prior to this, counselors and psychologists were predominantly served the elite.

**Formal education and religion (Christianity and Islam).** Both formal education and religion significantly impacted the development of the counseling profession. Most participants shared how these two areas were the beginnings of professional counseling. In describing counseling in schools, Imani stated that “Counseling started in the 1960s and it started in career guidance,” an idea also underscored by Shujaa: “In education, career counseling came early on.” Furaha added that “Currently, more formal counseling is in schools especially in high schools; most high schools will have a counselor.”

On the other hand, Shujaa discussed the influence of religion to the development of the counseling profession:

Yes, missionaries brought Christianity but also Muslims [brought Islam]. So, I would say religion here was an influence. Like I said, trade, religion, and education influenced the development of counseling in the beginning.... Also, marriage counseling in churches was there so in this way, pastoral counseling came early.

Teachers and religious leaders remain trusted individuals that community members can approach when faced with troubling issues. In a way, these individuals are seen as trusted [informal] counselors similar to the informal counselors that families and communities used since time began. In highlighting this point, Tumaini said, “The congregation does not always feel free to come to you [as a professional counselor] so
many people want to see the pastor especially about marital issues.” Formal education in this section will not include the governments’ departments of education and institutions of higher learning. These are discussed in the next level.

**War, violence and disasters.** Participants from Kenya and Uganda discussed how violence has impacted the development of counseling in their countries. Tumaini gave examples of violence in the society:

Issues in society like crime, violence among youth and children, rapes… also, in the community when you have land conflict and killings related to this. You cannot live together if you cannot agree. You have to understand the other person and also be understood so this is where counseling comes in.

Other factors that have influenced the development of counseling in their countries are war and terrorism in Uganda and Kenya respectively. In highlighting the war in Uganda and its impact on counseling, Furaha said,

The other [major event] is war. Uganda has gone through all these wars from 1979 which has left millions of orphans affected. More so is the rebellion in northern Uganda. It was so savage and traumatic and so many children and communities were affected.

Speaking on terrorism in Kenya, and the impact it has had on counseling, Rehema noted,

The terrorists attack since the 1998 USA embassy bombings, and more recently the Westgate attack that killed a lot of people and brought a lot of trauma, are major events [that have influenced the development of counseling in Kenya].
Sifa told of her experience of working with victims of violence in Kenya:

There was so much trauma experienced by people, who witnessed or personally experienced the post-election violence or who lost relatives. I interviewed 600 children and, oh, I realized that I too needed a place to debrief after listening and reading what these children were describing, and what they had seen, and how angry there were! There is so much need for help particularly for trauma; working through trauma. I was doing my research a year after the post-election violence officially came to an end and listening to some of the children recall their experiences, it just seemed like it all happened yesterday. And it wasn’t just the children, the teachers and school principals also wanted to process their experiences. They all described the experience of hearing gunfire and having tear gas thrown into their school compounds.

Emerging social issues. While the topics of Westernization/modernization, and the shifting structure of family are discussed later, most participants shared a number of emerging social issues that are currently impacting how the profession of counseling is developing. Since most of the participants had practiced counseling both in the community and in an educational setting, they shared about these emerging social issues demonstrate a need for professional counseling. Drugs and substance abuse is one social issue that Rehema and Neema highlighted as being part of why counseling is growing. Neema said, “Alcohol and other substance use like heroin, especially in big cities like Dar [Dar es Salaam], Mwanza, Mbeya, there is counseling for substance use at least in the hospital settings.” Concurring with this fact, Rehema discussed how times have changed:
Among the young people, there are a lot of drugs, a lot of things are confusing them. Children are accessing drugs and the schools are not prepared. The teachers try to handle it but they are not fully prepared. The environment that young people are growing up in has changed. It is different than mine where it was supportive and young people were kind of protected; at least their minds were healthy. For example, now when I go to the village to visit my mom, I observe children who are behaving badly and I am think, this would not happen at my time because the nearest adult would chastise me.

Shifting family roles. Participants discussed how the social issues described above are impacting the existing family roles and structure. Among these issues, changes in educational system stood out as having a significant impact on the family. Expounding on the effect of the educational system on the family, Uhuru said,

The extended family has disintegrated. Both parents are working full time and working long hours. For example, myself, my family is back home and I am here studying [participant is in USA and family is in Kenya]. Many parents place children in boarding schools and hardly have enough time for parenting. Everyone is busy, the parents, uncles, we are all busy.... Stories, folktales, these are no longer part of the family.... [The participant sang a song in indigenous language to this fact and explained it]. It used to be that young boys used to go and listen to counsel in the thingira [a place in the home where young boys would sit with their uncles, fathers, other older men for advice and counsel] but that is gone; we are not advising or counseling our young people adequately.
Children are being put through a lot of reading. In the early 60s, lower primary elementary school children] went to school between 9 am to 1 pm but now even at the age of 3, the issue of competition among children has started early. The children are tired when they are getting to be teens. They leave the house at 6 am and some don’t come home until 8 pm. There is no time to play or rest so they are stressed. They are robbed of being children since they have to perform.

When they become adults, they are tired.

The mother and father are both working, the maid is taking care of the children and you don’t have time for the family and the sengas (aunties) don’t have time either. Custodianship of guidance and counseling has essentially moved from the society and the family to guidance and counseling programs now in schools. There’s a battle between who is taking the guidance and counseling role; the schools say it should be the family and family says it should be the schools.... Even with issues like homosexuality, again the family is at a crossroads.

Westernization/modernization. All participants admitted to the impact of westernization or modernization to the family and community. This factor comes with both positive and negative implications. Baraka shared the positive impact of westernization stating,
specific mental problems need professional counseling. In the past, it could be said that someone has been bewitched or may be that they are possessed by the devil but now with the hardships in life, mental issues are increasing, and there is a need to respond to these professionally.

On the other hand, participants gave different examples of how westernization/modernization has taken away from the family and community. Rehema said, “Nowadays, this structure of community is gone in towns and even in the rural areas, it is getting more eroded. People are looking to their own needs, not caring for their neighbors so it exposes the children.” Umoja concurred with this notion saying, “The community has changed. We were are more independent as a society, everyone for themselves and God for us all. We are more alone. So, a friend cannot quickly help out.” Furuha also gave a specific example of how westernization is influencing the family and society at large. She said, “There is an influx of western culture which means that there is less time with the family members, community elders, ethnic members – so children go to school and have less time with family members.”

**Political power and socio-economic status.** The issue of who has power politically and economically has impacted how the profession of counseling is growing. Sifa made a point of reference that was certainly different than most participants having taught and worked in a private and public sector. She described how high economic status availed professional counseling services to certain populations over the others in the lower cadre of the society.
Where the educational sector has let Kenyans down, is that people are being appointed to serve as counselors in public school who do not have formal training in counseling – except in universities and private institutions. It is always important to verify the qualifications of counselors because I was also a teacher from [name of the public high school withheld], I went to [name of private school withheld] which is a top tier private school. We had [in the private school] 2 school counselors and 2 school psychologists... and they had all received graduate level training with the school psychologists both holding PhD degrees. The private institutions have the resources to hire qualified personnel and in certain cases have even more resources than what I see in some of our local schools here in [name of Northeastern state in USA withheld]. How many of these schools can say that they have a school psychologist? What they have here is a school psychologist who serves a district but [name of private school withheld] had 2 counselors and 2 psychologists and I left [name of this private school withheld] 13 years ago.... Yes, it's the elite at its best.

Professional Factors

It was evident through data collection that the profession of counseling has been developing in all three countries. Certain professional factors have influenced the growth of the profession. These include a counseling regulatory body, counseling academic programs, psychology, psychiatry and other professions, government policies, non-governmental organizations (NGOs) and other national organizations, and limited trained personnel.
Counseling regulatory body. Almost all the participants shared information about the establishment or lack thereof of counseling regulatory bodies in their countries. All who talked about these regulatory bodies discussed some difficulties that these organizations experience. These difficulties are at times seen as part of the barrier to the development of the counseling profession. Further, some of the participants discussed the legislative efforts the counseling leaders are making towards furthering of the counseling profession in their countries. Furaha highlighted lack of government support in the process of forming the regulatory body. She said,

At the time, the counseling profession did not have a charter, which meant we did not have any teeth. I was part of the developmental stage of the association and we worked on the charter every week. At the time, the executive approached MPs (members of parliament) to seek support in this process but they did not respond.

Umoja shared a different experience where government officials were closely involved in part of the mandate process in their country’s counseling association:

Currently, we [Uganda Counseling Association (UCA)] are in the process to mandate the professionalization of counseling and this was through an act of parliament to have UCA oversee counseling training and practice in Uganda. The society and community recognize the role of counseling and I believe the incoming leadership [participant is part of the outgoing leadership] if they work hard, they can move far. During the conference, the Deputy Speaker of Parliament and the Minister of Health were the chief guests, our keynote speakers. We are looking to have counseling being under the ministry.
Shujaa and Neema talked about the impact of Tanzania not having a counseling regulatory body and the plans underway. Shujaa said, “We do not have an organization that is monitoring standards. Counselors are here and there…everywhere, they are mushrooming but there is no association and an organization to help regulate them. The growth is there but it is unchecked.” Neema added,

As of now, no [we do not have a regulatory body], but we are working on it.

What is called Tanzania Association of Psychologists is what we are working on but for counselors as counselors. I am not aware of any association but there is this psychological association – it’s been registered. But so far we are still working on the laws. But for now, there is no registration. For medical doctors, there is. But ours, because we are so few and of course, people have work overload, so if you are the ones dividing, you do this and write that. So, it’s being finalized.

**Counseling academic programs.** Formal education was one of the main themes described above as influencing the growth of the counseling profession. More specifically, participants explained how counseling academic programs in institutions of higher education played a role in the development of the counseling profession in the three countries. Kenya and Uganda have multiple undergraduate and master’s degree programs in counseling.

In Tanzania, participants discussed a barrier with the development of the counseling profession and said that there are only a few undergraduate [guidance and counselling] degree programs and only one [counseling psychology] master’s degree program. Baraka said, “Mwenge University is now starting to offer a bachelor’s degree
Neema talked about the only master's degree program in Tanzania: "We started a master's in clinical psychology. So, now at least people are staying in Tanzania to complete a graduate degree. This master's program is about 5 years old. The first class graduated in 2011".

Furaha and Sifa discussed the direct influence of counseling programs to the development of the counseling profession in Kenya. Furaha noted, "Institutions of higher learning introducing counseling programs is one way that the counseling profession has been growing. I can say too, university professors and lecturers who are teaching counseling psychology have also influenced the profession." Sifa talked more about a counseling center within a university and the development of counseling there: "KU (Kenyatta University) has had a counseling center for over 20 years. Many who were running the counseling center were American trained. KU also had a peer counseling program that was very successful."

In Uganda, documentary evidence highlighted a counseling program and its objectives. On their website, Makerere University delineated the following:

The Counselling and Guidance Centre is here to help you address personal or emotional challenges that may affect you while studying or working in Makerere University. The Counselling and Guidance Centre works closely with all university units to enable students realize their academic and personal potential and to assist staff in addressing psychological issues that may affect them in living worthy and productive lives.
Further documentary review of counseling programs indicates the contextualization of courses that prepare counselors to address issues that are relevant to the community. Moi University in Kenya noted,

The main purpose of the Master of Science (Moi University) course in Counselling Psychology is to produce Counsellors with functional knowledge and skills and who are adequately prepared to deal with the challenges that will arise in their line of duty as well as academics and Counsellors who are able to function at policy level. The course will attract students from other professions among them: police officers, psychologists, doctors, counsellors, psychiatrists, social workers, nurses and the clergy, who will offer counselling in various settings and to clients with a variety of problems in areas such as: academic performance, drug abuse, gender violence, career selection, deviance, HIV/AIDS, divorce and separation among others. The course will seek to adequately prepare the candidates to be able to offer relevant psychological support to those that need them, creating awareness of the need for the service and enhancing collaboration with all stakeholders within their domains of operation.

**Psychology, psychiatry, and other professions.** Many participants talked about how the profession of psychology, psychiatry and other helping professions have significantly influenced the development of the counseling profession. Shujaa stated, “Other professions like medicine, law, nursing, management – the recognition by other professions has led to the recognition of our profession.” On the other hand, Rehema
discussed how the counseling profession does not have the enforcement of regulations like other professions. She stated,

The regularly body here in Uganda may be like the lawyers.’ They have the Uganda Lawyer Society where have meetings and a code of conduct. Doctors are the same and your practicing license can be taken away if you misbehave and I believe it is so in the West, it can be taken away but not here.

Neema gave a personal example of how counseling grew out from psychology and psychiatry agreed with that. She said, “Let's put it this way, for my department, nobody can say when it [professional counseling] started, because before there were clinical psychologists or counselors, nurses and doctors [who] used to do counseling. In my department [clinical psychology], it started with psychiatrists.”

Furaha talked about how a hospital in Kenya realized the need for a professional counselor to help deal with the critical cases:

Tenwek Hospital had a chaplain for a long time but no professional counselors – even though they had cases of domestic violence, drug abuse, homicide, suicide…. Health leaders finally saw the need for a professional counselor beyond the chaplain who was currently available.

Sifa gave a personal example of where she completed her internship and a discussion she had with a psychiatrist regarding the clients in their hospital:

I completed my internship in Nairobi [Name of Medical Centre Withheld], which is a high-end treatment center for those who are [economically] able.... [On the other hand] Mathare is the main referral hospital for mental health treatment in
Kenya. It has a broad spectrum of clients. I interviewed a psychiatrist at Mathare Hospital, he reported a lot of violence among clients, and that it was seriously congested.

Neema talked about the impact of psychiatry on the counseling profession in Tanzania and in the other East African countries, Kenya and Tanzania:

Counseling and psychology are not as strong, but psychiatry is quite well established. So psychiatrists and us (other counselors) have the Mental Health Association of Tanzania (MEHATA). So, we have meetings every year and this is very serious. MEHATA meetings don’t only happen in Dar es Salaam but they are moved from region to region every year. Also, there is a Young Psychiatrists Association of East Africa. It is in Kenya, Uganda, and Tanzania. It’s been happening every year. Usually, it’s our residents who are leading these. They actually contribute their own money and fees; we contribute money too so they can have those meetings. They move from Kampala, Nairobi, Dar es Salaam [capital cities of Uganda, Kenya, and Tanzania respectively] every year. It is also very strong. It is about 5 years old. So, they share experiences and they get to know each other when they meet. Those people from the regions also come.

Government policies. The governments of Kenya, Uganda, and Tanzania have passed policies that have influenced the development of the counseling profession. The governments have established actual counseling departments within different government ministries. In Kenya, Tumaini noted, “Counseling is not under one ministry but it cuts across in different ministries like the Ministry of Education, Ministry of Health, and other
different organizations in the workplace.” In Uganda, Umoja added a similar statement: “Guidance and counseling has a whole department mainly in the Ministry of Education. But it is also in others like the Ministry of Health, Internal Affairs like the police.” Within the ministry of education, counseling (or Guidance and Counseling, as commonly referred within the department) is responsible for ensuring counseling services are availed to the students in public schools.

Different participants from Tanzania, Kenya, and Uganda respectively discussed counseling in the realm of education. Referring to Tanzania, Neema said,

Professional counseling was first trained to teachers. They are taught counseling and psychology. It is mostly how to deal with students. I do research on adolescents. The teachers are very observant and will tell you that ‘I suspected that child had issues and I spoke with them and found out the problem’. You know how it is, I do not know how it is in Kenya [referring to Kenya since participant is aware of researcher’s background being in Kenya] but in Tanzania, teachers have this role like they are sought of like parents, beyond teaching geography, but also looking at the students. I do not know about the United States, but a teacher in Tanzania – if they observe some suspicious behavior [in a student], they are more likely to call the student and ask them, “are you ok?” And in my research, because it is on adolescent sexual health, teachers had shared incidents of children reporting rapes by an uncle to a teacher so, I think the Ministry of Education focuses on that.
Speaking about Kenya, Sifa said,

The educational sector is critical to the development of the counseling profession. What we saw is that, a few years ago, the Ministry of Education offered grants to teachers for post graduate training at Amani Counseling Center. It was while they were there that they [teachers] realized that they could take a master’s degree in counseling.

With regard to Uganda, Imani noted,

In 2012, The School Family Initiative was started for primary schools. All teachers would receive basic counseling training. All the pupils were divided in 2 groups called families and each family was headed by one of the two guidance and counseling teachers. All pupils were divided among the teachers so that each teacher had a group of pupils that could approach them with their needs. The same two guidance and counseling teachers coordinate half of the school while the smaller groups are led by the teachers. All teachers are offered basic counseling skills training and continued supervision by the 2 head of guidance and counseling teachers.

Even with the various government policies in place, some participants noted some fronts related to the counseling profession that the government was not always supportive – a barrier that lends to the overall development of the profession of counseling.

Non-Governmental organizations (NGOs) and other organizations. Most of the participants cited the presence of NGOs and other national organizations in the three countries as influencing the development of the counseling profession. Participants
isolated Walio Katika Mapambano Na AIDS Tanzania (WAMATA) and The AIDS Support Organization (TASO) as the two notable organizations in Tanzania and Uganda respectively, working to assist HIV AIDS patients and their families. In commenting on this, Shujaa said,

WAMATA ["Walio Katika Mapambano Na AIDS Tanzania" which means “People in the fight against AIDS in Tanzania”] was first organization in Tanzania offering counseling support to HIV AIDS clients…it was the model that spread out to religious groups and other organizations in and outside the government. It (WAMATA) was started in 1989 and even at the time, doctors did not incorporate counseling when working with clients.

The history and identity of the TASO organization is stated in their website, thus:

TASO stands for The AIDS Support Organization. It is an indigenous HIV/AIDS service organization in Uganda founded in 1987 by Noerine Kaleeba and 15 other colleagues some of whom have now passed away due to AIDS. The founding of TASO was based on people that were unified by common experiences faced when encountering HIV/AIDS at a time of high stigma, ignorance and discrimination. From a small support group, TASO has since evolved into a Non-Governmental Organization with eleven (11) service centers and four (4) regional offices covering most parts of Uganda.

Furaha and Rehema discussed other organizations that have influenced the development of the counseling profession in Kenya and Uganda. Furaha noted that "Asumbi Drug and Alcohol Rehabilitation Centre is the oldest rehab center (in Kenya).
Many of these were started by missionaries and NGOs.” Rehema, who had previously worked with orphaned children as a result of the Uganda war, shed light about other organizations working with these individuals:

Children were rescued out of the war in northern Uganda…. these were children that had been abducted and indoctrinated. At first, the community was not ready to have them back because of the atrocities they were forced to carry out, and also because they were having a hard time fitting in back in the community. I mean they were violent, killing people. It was a big problem in Northern Uganda. So, NGOs set up huge counseling centers. Like GUSCO (Gulu support) for receiving children who were rescued from rebel commanders; it was set up by World Vision. These children really needed help and counselors were able to work with them. Also Save the Children, Invisible Children…all these [NGOs] were specifically for these children. They worked with the children and the community.

**Limited trained personnel.** Across the board, the number of professional counselors in all three countries, though limited, was said to be growing. Rehema deeply expressed the need for addictions’ counselors in Uganda and how this need touched close to home.

We are in need for addiction counselors. This area is completely raw. For example, my brother who was addicted to drugs and alcohol. We found him a rehab center via a newspaper ad set up by the Catholic Church. He did a post graduate diploma in counseling and now does addiction counseling…. We are
desperate for counselors. I mean the schools are not prepared, they do not have the personnel.

Besides the fact of the limited number of counselors, participants observed that the counselors were not fully trained. In Uganda, Tumaini highlighted the sectors that need counselors: “Counselors are lacking in other areas like education. Teachers get some counseling training and nurses and doctors the same... In the church, the personnel is also lacking. The few who are available do not have enough time for the needs presented.”

Tanzania had the least number of trained professional counselors. The impact of this limitation has meant a spreading thin of the few professional counselors in the country. Neema said,

With the number of people we see and because we are so few, we cannot afford to be specialized. Although now we are trying to arrange ourselves even though we are few. So some of us, we'll be considered specialists in adolescence because our PhD was in adolescence but you don’t do that every day; you know more about that because of your research projects... We are just so few so we cannot afford to say, I will only do marital; it was like, what?!

**Personal Factors**

All my participants who were involved in the counseling profession at a particular level in their home country shared certain personal factors that have supported and continue to support the development of the counseling profession in their own country. Though the participants did not overtly say that they were part of this development, they
shared specific traits and characteristics that have contributed to the advancement of the profession. Further, they all have engaged or continue to engage in certain events and life processes that speak to the development of the counseling profession in their countries. The themes related to these personal factors include the participants’ roles as counselors, their lifetime engagement/investment, motivation, and their genuine care for their people.

Roles of counselors. All the participants shared how they were active counselors and counseling leaders within the profession. Furaha and Sifa shared more about what they do in the counseling profession in their home country. Furaha said, “I was the Vice President of the University Counseling Association.” Sifa, who currently works as a counselor educator in America, talked about how she still returns to Kenya to serve in the counseling profession:

During my sabbatical year in Kenya, I visited multiple schools and spent a significant amount of time with the guidance counselors. I did pro bono work for six months with children who were traumatized and whom I could not find appropriate referral sources for.

Along with that, the participants added that they took on other roles such as counselor educators and advocates. In highlighting this point, Neema said,

Also, I think that we can do something… now we are working with, for example, sexual orientation. You know how it is in Africa. We are trying, myself and my colleagues, are trying to talk to the gov. not about sexual orientation per say because we have to pick our battles, we always tell these organizations, it’s not
the time yet for human rights but if we go the ‘health care’ road, that is what we are trying. We can also lobby so we are trying to go see the president. ....we have already started lobbying to go and talk to the president and tell him the health impacts, you know. We have tried, we went and met with his press secretary ....we said, ‘maybe we can help you how to talk to the general public about health’. So we gave them the data.

Within their own communities, the participants are recognized to play a counseling role of some sort. Rehema expressed how her extended family recognizes her as a counselor:

Even in my family, my siblings are always sending me their children for me to talk with them. My house if always full of young people-this one is coming, one is going because they recognize that I talk to them and they will listen; they keep sending them to me

Most of the participants were supportive of this research. They notably talked about how this and other related research could advance the counseling profession. Imani and Tumaini expressed their gratitude and hopes about this current study and other counseling related research. Imani said, “Thank you for doing research in this area because it’s through research that we can advance.” Tumaini added, “I want to wish you well as you move on with this study. It’s an interesting study and I encourage you to go on and hope more people join you.”

**Lifetime engagement/investment.** All participants in this study seemed to have made a lifetime commitment to being better in the roles as counselors. To this end, most of them have pursued and are continuing to pursue higher degrees in counseling and
related fields. They have made life investments to their growth as counselors. Uhuru talked about his future plans and said, “After I finish PhD program, I would like to design a curriculum for guidance and counseling.” Sifa shared about the work she continues to do, saying, “I have been a counselor educator in [name of American University withheld] for 10 years.”

Motivation. During the semi-structured interviews, most participants shared the story of how they got into counseling and what motivated them to become part of the counseling profession. Even though this was not a direct question, most participants talked about how they got started and how they continue to remain active in the field despite the different challenges they face. Rehema commented:

In 1990, my first job, I was thrust in counseling; I was working for Compassion International working with orphans. Looking back, now I realize that these children needed a lot of counseling. We had 400 children at the time and no counselors - we were basically social workers talking to the children; we were their guardians, and care givers.

Uhuru also talked about what drew him to the counseling profession and the consequent barriers in his journey:

I saw the effort that my parents and uncles put in molding me and I wanted to make a difference to the boys like had happened to me so when I was appointed the head of guidance and counseling department in an acting capacity to spearhead counselling of over 1,200 boys [in a high school for boys].... I realized that I was not adequately prepared as a counselor so I made a personal step to
enroll to study a course in guidance and counselling...after my degree in counseling, my application was rejected for appointment as the head of counselling department. However, I still continued as the school counselor in acting capacity without extra pay or incentives.

In Tanzania, Shujaa and Neema described how counselors have had to make personal sacrifices to see to the growth of this profession. Shujaa observed,

Maybe, we, the founders had it wrong with volunteering our services then [1990]. Maybe we should have made our case for ourselves to show what we are doing! But people need to also understand that what we do does not always have immediate results.

Neema added,

People just do what they can. Actually, what I have seen are individuals taking matters into their own hands. It’s never come from the government to us; it’s always been from us giving suggestions [regarding the counseling profession] to the government.

**Genuine care for people.** All the participants directly or indirectly shared about how they care and have concern for people, a factor that has drawn them to this field and one that continues to shape their commitment to the profession. Uhuru said, “I did it because it’s a noble profession and my belief that service to humanity is service to God. I saw the need to mold the young people.” As I interviewed them, I sensed that for many of them, their role of counselor was beyond simply earning a paycheck. For example, when I made this observation to Rehema, she responded:
You know, I studied commerce, but my heart was never there. I love people and working with orphaned children. I still am in touch with those children from 1990. Even on my Facebook page, you see it, ‘Aunty [name withheld] you loved us!’ If I can talk to people and have an impact on them, even in my work, I have been the boss but my staff knew they could come to me and if not, I went to them. I am fulfilled in talking with people and helping them where they are.

Neema gave a specific example of how she and her colleagues spend money out of their pocket to ensure the wellbeing of their clients:

Mental health is free in Tanzania. In the other areas you contribute a little but mental health is completely free, so the medication is usually the cheapest and you know the cheapest has the most side effects. So sometimes you find that the patient is not responding or the medication is taking longer. When we are doing ward rounds...we contribute personal money to buy better medication for one patient because it [the medication they are taking] is not working. We have done that so many times.

**Results of the Development of the Profession of Counseling**

The previous themes described conditions that have influenced and continue to influence the development of the profession of counseling in Kenya, Uganda, and Tanzania. This final level discusses the potential results of the development of the profession of counseling in these three countries. Participants shared examples of these outcomes both about what they have observed as a growing trend about the profession and what they see in the future about the profession of counseling in their countries.
These themes are respect and collaboration; space existing for professional counseling; and flexibility, adaptability, and responsibility.

**Respect and collaboration.** Participants in this study shared the strong presence and influence of indigenous and informal counseling to the current state of the profession of counseling in their respective countries. When asked about the future of the informal/indigenous counseling, some participants noted that indigenous/traditional and informal counselors were 'not going anywhere,' and thus were a vital part of the counseling field. In addition, Shujaa said, “They really have to co-exist. I can’t see the future in Africa where the formal takes over and the informal disappears, no way. The customary practices are such that the informal is with us for a long time.” Neema concurred with this perspective and shared a recent example of how informal counseling is deeply ingrained in some members of the African community, including the ones residing overseas.

Informal counselors are not disappearing, no! I think it will always be like that because of culture. Sometimes, ok, people try to be Western but you know that when a problem comes, you know where you always go first. I don’t know if to say always but most of the time, it will happen within the traditional way. For example, I think last week we got confused [scheduling conflict]. I was in London. I was attending a meeting, and then I had stayed with a cousin who has a friend. She is a Sierra Leone woman married to a Nigerian man. So, they are having marital issues. Then the friend came to say hello to me; she knows me from before. And then she told me, ‘I have to leave because I have this call.’ Then I said, ‘What call?’ She said, ‘I have issues with my husband. So, his
brother and my sister-in-law, were on the phone because they are trying to resolve it.’ Imagine, they live in London. These are professional people. And when I asked them if they had been to see a counselor, you know, they said, ‘No. We have spoken to parents and now it’s the brother and wife’. So, I think people are not leaving the culture behind. I feel it will go on [informal counseling].

Participants noted how counselors on both spectrums can work together – this way, they would refer their clients to their colleagues. Zawadi said, “When the profession is fully established, it will contain both the formal and informal counseling, it’s necessary to maintain the informal counseling as well; it will work well if used concurrently, separate but together - formal and informal.” Zawadi and Neema gave examples of how referral to professional counselors could occur. Neema said,

From what I have seen in TZ, when it reaches a point where if they [clients] can’t function, or one of them is having somatic symptoms, then they come to the hospital or they meet somebody like a [counseling] psychologist.

Zawadi said,

The church has embraced counseling as well. For example, I grew up in a church where we had professional counselors and if there was a situation that an informal counselor could not handle it, they would refer it to the formal counselor. This happened a lot too around HIV AIDS.

In order for professional counseling and indigenous/traditional counseling to work together, some participants noted the need for continued respect and collaboration. This
would involve the recognition and respect of cultural norms and factors. Expounding on this point, Shujaa said,

> The co-existing piece cannot be regulated by the association, that’s for the government to deal with...we can give advice when we talk to the government but you are not going to confront faith healers, the traditional healers and all these people...you only regulate what you know – you don’t regulate what you don’t know.

Professional counseling is slowly finding acceptance among many communities in the countries under study. Neema described a recent experience of a couple that had doubted her ability to help them since she was young but were pleasantly surprised.

Only that, I have seen couples who are older, like I saw this couple in their early fifties and they were having issues since they got married, like 25 years of marriage. After they left [end of the session], the husband called me and said, ‘When I saw you, I was thinking, oh, this binti mdogo [this young daughter], what will she tell me? What does she know?’ But I am so happy that we came and I wished we had come sooner, you know. So, I see no conflict...yes, they respect [a young professional] me.

In highlighting one way of increasing awareness about what professional counseling entails, some participants suggested training those who are considered trustworthy in the community such as religious leaders and teachers. Baraka said, “MHF [Mental Health Facilitation training] is filling the gap since there is a need.... Priests are
trusted so they were trained and they are [now] leading the training.” Neema talked about the how different religious leaders have been receptive to professional counseling:

Actually, when I talk to religious leaders, I always remind them that we are human before we are anything else. Before you are a man or a woman, before you are a Muslim or Christian, you are human and behaviors are human behaviors. So, I deal with that before we start and then they are more receptive. Ok, he is human; she is human. I find that when we deal with humanity issue, they are more receptive.

**Space exists for professional counseling.** Participants talked about how the profession of counseling continues to grow and how there is a demand for it. Rehema articulated the space that exists for the development of the profession:

The demand is there; counselors are not enough. I believe there will be growth. Currently when I look in the paper [newspaper] to see who has been accepted into a counseling program, there are fewer [admitted] than in other programs. It is only a matter of time before schools [primary and high schools] must have counselors. It will become a regulation where having a counselor will be enforced by the government.

In answering the question of how the counseling profession will look like in the future, most participants were optimistic about the future of professional counseling in their home countries. Sifa said, “I believe that a time is coming when people without the formal training will be weeded out – the way it has happened in USA – because they'll be no space for them, because you'll have people with MA degrees in these positions.” Tumaini had a similar sentiment and said, “It [professional counseling] will become a
major area of study. It is just now starting to take shape like in engineering, medicine or teaching. People will be saying, ‘I want to train as a counselor; that's my career.’” Imani also added to this saying, “I am optimistic that professional counseling will impact career placement and development in the next 10 years. Our young people will have employment.”

In describing the welcoming space for continued growth and work in the profession, some of the participants challenged me to return home back to East Africa to be part of what is transpiring there. Shujaa said, “Karibu sana! (You are most welcome!) The trouble is that we don't pay much...Come, there is a need.”

**Adaptability, flexibility, and responsibility.** In talking about the practice, participants discussed how professional counselors in their respective countries have to adapt and be flexible as they serve clients. In describing flexibility and a difference between Africa and the West, Rehema said,

I don’t know if this is true but I think that counseling in the West is so much like a business. The time element is important like everything in the West. Counseling here is related to our way of life and time is not such a big issue here. For example, there is a stereotype of Ugandans – when someone says to you, ‘I'm looking for so and so’, I will leave what I am doing and take you to who are looking for. The profession is relational; that is the African culture. You have time for your neighbor, relative...that is pleasantness.
Some participants described how adaptability and flexibility may involve a redefinition of particular counseling principles such as confidentiality, time, and dual relationships. Shujaa gave an example that described this difference:

The principles may be the same; it's the same confidentiality but when you go to make a home visit and the [client’s] aunty is not going to leave, it may have to be shared confidentiality. [Researcher, ‘huwezi kumwambia aondoke’ (you can't ask her [the aunty] to leave)... aunty is part of the family.] *Ya kwanza, waanzia wapi? Hawatoki!* (To start with, how would you begin that conversation [to ask them to leave]? They don’t/won’t leave!) So, yes, there is need for adaptability and modification.

All the participants displayed a sense of responsibility based on their personal traits and factors as described in the previous level. Beyond these personal factors however, the participants exhibited a personal commitment and/or responsibility to see the advancement of the counseling profession in their country. This responsibility, they said, is informed by what is transpiring in the counseling profession, other matters in their country, the continent, and the world at large. Umoja said, “The profession will be making contributions to the country like other professions which will help with improving the overall wellbeing of society.” Sifa added,

We are about 40 – 50 years behind in the development process. The process of how the counseling process is developing is not unusual. This history [history of how the counseling profession is developing in Kenya] is not that different than how the profession has developed in USA. What is unusual is that the counseling
profession is occurring at a time of globalization with technology, research, access to resources …it makes it seem unusual because on one hand people can access information. So why are we not catching up? But catching up takes time....This disunity [of associations] is not unusual if you look at the history of the development of counseling in the USA. Even ACA has divisions and before it was ACA, it was AGPA... others broke away and formed other branches.

Further responsibility included continuing to develop one’s self professionally as an educator and researcher, and remaining engaged in what is occurring in their home country. With regards to research and education, some participants described the need to continue conducting and publishing research responsibly. Zawadi said,

After attending the conference in March [2014], I realized that a lot of research had been done but nothing is done about it - great recommendations are made from this good research but the research just lies there and then the next research is done…part of this responsibility is allowing research to be used by others.

Sifa further added to this aspect of responsibility, stating that the international communities and/or NGO’s support of the development of counseling ought to be sensitive to promote what is best for the country:

Maybe I should not say this but one of my greatest fear is NBCC [National Board of Certified Counselors] turning the development of the counseling profession in Kenya into to make a money making system, which they have tried to do this before elsewhere, they are predatory in this way; they are into business. They
might offer a national certification and it would not be a bad thing if they also
invested in the grass roots development of the profession.

Summary

In this chapter, I discussed the findings that emerged from the participants’
interviews and documentary reviews. The model on how the counseling profession has
developed in Kenya Uganda, and Tanzania was divided into five categories that describe
the conditions that have influenced this development. The fifth category provided the
outcomes as influenced by the previous four categories. Each of the categories was
discussed and actual participants’ quotes and documentary data was included in the sub-
categories.
CHAPTER FIVE

DISCUSSION

Introduction

This aim of this chapter is to review the purpose of this study and provide an overview of the methodology. The findings are discussed as they relate to the initial research foci. Further, the model of conditions of the development of the counseling profession in Kenya, Uganda, and Tanzania was compared to information related to existing literature on the counseling profession in those countries. Finally, the study's implications, limitations, and recommendations are addressed.

Purpose of the Study and Review of Methodology

The purpose of this grounded theory study was to explore the process of how the profession of counseling has developed and is continuing to develop in Kenya, Uganda, and Tanzania. The rationale of this study was linked to the scarcity of research on counseling literature in Africa in general, and a gap in qualitative studies about the development of counseling in Kenya, Uganda, and Tanzania. The implications of these gaps are critical to avoid the potential of transferring ill-informed assumptions from a Western context of counseling to Africa (Kapungwe, 2011).

This study was conducted using a grounded theory methodology with the goal of developing a theory from the rich descriptive data provided by participants (Creswell, 2007; Patton, 2002). A total of 11 semi-structured interviews were conducted after which data transcription and coding followed. Initial participants were sought through theoretical sampling; these participants are counseling leaders in their countries and thus
had knowledge of how counseling has developed and is continuing to develop in their
countries. The participants that I initially interviewed recommended other participants,
which resulted to the utilization of the snowball sampling method.

In keeping with grounded theory processes, I constantly compared the data I was
getting from the interviews and engaged in personal memoing. I revised the original
interview protocol to address new areas that arose from previous interviews. I also
conducted member checking of the original interviews – particularly with participants
with whom I had less than clear phone interviews due to technical difficulties. The data
analysis process occurred simultaneously with data collection. Transcribed interviews
went through single-line coding where I identified major categories from the data. I then
conducted axial coding followed by focused coding where I collapsed the open codes into
categories. I later refined these collapsed codes and identified patterns, processes, and
consequences related to the core phenomenon.

I developed the first code book after interviewing initial participants in each
country. Revisions to this code book occurred after I interviewed my second set of
participants in each country with the modified interview protocol. From these revisions, I
developed my second set of code books. The draft model on how the profession of
counseling is developing in Kenya, Uganda, and Tanzania was formed from the second
set of code books. This model was further streamlined through the involvement of the
data analysis auditor and ongoing personal memoing. The data analysis auditor not only
reviewed my data analysis processes but also gave concrete feedback on the draft model
which aided in its refinement. After completion of the data analysis process, I emailed all
the participants a personalized email with the draft model together with direct quotes used in the findings section for their review and feedback.

**Summary of the Findings**

This study's findings were organized in a five-level model which described the conditions of the development of the counseling profession in Kenya, Uganda, and Tanzania. The five levels in the model coincide with the five themes yielded from the data in the study, namely: traditional/indigenous factors, systemic/societal factors, professional factors, personal factors, and the results of the development of the profession of counseling. Each level of the model was discussed followed by how this model answered the research foci.
Model Summary

**Figure 2.** A Model of Conditions for the Development of the Counseling Profession in Kenya, Uganda, and Tanzania

This model is depicted in a linear process with the first and last levels containing an upward and downward arrow respectively to communicate the potential of continued interaction between these levels and among those in between (see figure 2 above).

**Traditional/indigenous factors.** This first level discussed the factors related to traditional and indigenous contexts, which were significantly rooted in community and family structures. Counseling happened within these structures, and to an extent continues to this day. The family and community knew who the informal counselors
The position of the informal counselor was determined by one’s age and gender. This meant that informal counseling did not just occur with anyone; rather, it was with respected older male or female community members. These individuals knew the history and context of their family and community. Informal counselors in the family included grandparents, parents, uncles, and aunts. In the community, clansmen, chiefs, and male and female head-counselors assumed the role of informal counselors. Informal counseling entailed, among other activities, advice giving and guidance, which included proverbs, stories, riddles, and songs.

Informal counseling addressed certain specific matters which included disputes, marital issues, and other societal problems. Some of the disputes addressed included cattle and land disagreements, or even more severe cases of an aggressive family or community member. Matters dealt with in the family included premarital preparation for a young girl which was facilitated by aunties or senior women. Overall, matters addressed in informal counseling ranged from simpler cases to more complex issues.

The idea of professional counseling is new and is steadily gaining acceptance in the community. In many cases, individuals are quick to seek informal counseling over the professional counseling approach. This happens to individuals within both rural and urban communities and even those in the diaspora.

**Systemic/societal factors.** Systemic or societal factors have influenced and continue to influence the development of counseling in Kenya, Uganda, and Tanzania. HIV AIDS was highlighted as one of the societal factors that led to the development of the counseling profession. The epidemic, which impacted the young and the old, called
for the involvement of everyone including the government, communities, and families. HIV AIDS tore at the very heart of nations; the cost paid was the loss of life of many citizens. In response to the epidemic, space was created to engage the profession of counseling in the community. Other responses included the creation of Voluntary Counseling and Testing Centers (VCTs) and training health professionals in counseling. This training meant that the same counseling skills could be applied in other areas.

The development of the profession of counseling is also linked to formal education and religion. Career counseling preceded other forms of counseling in schools. Currently, many high schools have counselors in their institutions as a result. Pastoral counseling exists in the religious sector – in Christianity and Islam. For example, couples will go for marriage counseling in churches. Community members are more likely to approach teachers and religious leaders (pastors, priests, imams) since they are seen as trusted individuals in the society.

Emerging social issues have called for professional counseling. Drug and substance abuse stands out as one of these issues. Children and young people – especially in the cities – have access to alcohol and drugs such as heroin. Families and teachers are ill prepared in offering counseling support for the affected youth. Further, with the changing face of the society, the once protective environment that reinforced young people’s mental health has changed – even in the rural areas. The interdependence and concern that existed in the society is also changing. For example, in the past, any adult would not hesitate to chastise a young person found engaging in a vice; this is now a rare occurrence. Overall, there are more mental health issues requiring professional counseling.
In Kenya and Uganda, violence was highlighted as a condition that has influenced the development of professional counseling. In Uganda, the wars in the northern part of the country significantly affected the local community and the country at large; they left many children traumatized and orphaned. The country was tasked to find ways of integrating these children as members of the community. In Kenya, acts of terrorism such as the 1998 USA embassy bombing, and the more recent Westgate Mall attacks in 2013, influenced the growth of the counseling profession as victims and their families required counseling services. Similarly, Kenya’s 2007/2008 post-election violence also significantly traumatized many communities. Counseling with the victims and their families remains an ongoing need. Other societal issues such as crime, assault, and violence have heightened the need for professional counseling especially among the youth.

Westernization and modernization has impacted the community. The community is more individualistic. People are now more independent and this has comparatively lessened the care for one’s neighbor. Children have less time with their family members – because they are mostly in school. On a positive stance, there is an increased awareness on what professional counseling entails. For example, it is less common for one to simply dismiss a mental health issue as bewitchment. More and more people are warming up to the idea of seeking professional help from a professional counselor.

The extended family has disintegrated and there is a shift of family roles. In particular, the nuclear family has moved away from the extended family setting, which allowed for sharing between children and their grandparents or their aunts and uncles. In most instances, both the father and the mother are working outside the home, and
children are either with the maids (house helps) or at school. An ongoing custodianship battle exists between the family and the school. Either party imagines that the other should take a more active role in their children's lives.

The economic and political power of an individual influences one's access to professional counseling. Individuals with money and power had access to private hospitals, private elementary and high schools, and private universities whose staff have the requisite counseling training. The average citizen does not have access to the same services because they cannot afford it. As such, only a privileged few have the best when it comes to professional counseling.

Professional Factors. Certain professional factors have influenced the development of the counseling profession in Kenya, Uganda, and Tanzania. The establishment or lack thereof of a counseling regulatory body is one of the factors. Kenya has two counseling associations: the Kenya Association of Professional Counsellors (KAPC) and the Kenya Counseling and Psychological Association (KCPA). The process of establishing and getting the counseling regulatory bodies chartered took a great deal of time and effort. In Uganda, the Uganda Counselling Association (UCA) is recognized by the locals as the regulatory body. UCA is in the process of seeking government recognition, which will bestow upon them the power to oversee counseling training and practice in Uganda. The establishment of the counseling regulatory body in Tanzania is underway. The process is slow given the limited number of professional counselor leaders who are stretched thin with other professional responsibilities.
Counseling academic programs have significantly influenced the development of the counseling profession in all three countries. Kenya and Uganda have multiple undergraduate, master's, and doctoral degree programs in counseling; Tanzania has a handful of undergraduate degrees and one master's degree program in counseling. In many instances, professors who teach in these counseling programs are the same ones working directly to establish the counseling regulatory bodies in their respective countries. With these counseling academic programs, counseling centers within the institutions have been established. Overall, the training and practice of counseling has grown with the number of students enrolling and completing the different counseling programs.

The fields of psychology, psychiatry, and other professions have also influenced the development of the counseling profession. Professional counseling started within the professions of psychology and psychiatry before it moved to medicine where the training of medical staff occurred. Through this process, the profession of counseling was recognized as an autonomous field. Further, the establishment of other professions such as medicine and law paved the way for continued recognition of the profession of counseling.

The government has directly influenced the development of the counseling profession through the passing of pro-counseling policies which has led to the establishment of guidance and counseling initiatives in all three countries. Guidance and counseling departments, which are housed under the Ministries of Education, are normally responsible for promoting counseling in elementary and high school levels. Specifically, these departments disseminate guidance and counseling information to
students and see that these students obtain counseling services in the school systems.

Though governments have envisioned having a trained teacher-counselor in every public school, this has not been the case in most areas. The Ministries of Education in these three countries have ensured that teachers receive basic counseling training while they undergo their teacher training. Further, the ministries in some cases, continue to offer training opportunities to teacher counselors.

Non-governmental organizations and other organizations have also influenced the development of the counseling profession in Kenya, Uganda, and Tanzania. The space for professional counseling was created when HIV AIDS became an epidemic. Consequently, organizations in various fields were established to combat the disease. The AIDS Support Organization (TASO) and Walio Katika Mapambano Na AIDS Tanzania (WAMATA) are the two notable organizations in Uganda and Tanzania respectively that have offered counseling training to combat the HIV AIDS epidemic. These two organizations were started by nationals from these countries. Some of the internationally funded NGOs that have also impacted the growth of the counseling profession include the Invisible Children and Save the Children in Uganda. They have offered counseling support and basic aid to children and communities affected by the northern Uganda wars.

Limited trained personnel in the field of professional counseling in Kenya, Uganda, and Tanzania has influenced the development of counseling in the three countries. Even though the number of trained counselors is growing, the few professional counselors in these countries are overstretched. For example in Tanzania, the limited number of professional counselors are not able to specialize in a particular
area because they are the same individuals who are meeting with clients and developing
counseling curricula and teaching it to counseling students. They are also lobbying and
engaging the government on social matters related to professional counseling.
Competent counselors are needed in specialized areas such as trauma and addictions.
Further, counselor educators and researchers are needed in higher education and in other
sectors of the countries.

**Personal factors.** Personal characteristics of professional counselors have
influenced the development of the profession of counseling in Kenya, Uganda, and
Tanzania. Professional counselors play multiple roles in their respective countries; they
are counseling practitioners, counselor educators, advocates, and leaders of the
profession. As counselor educators, they train other counselors in their countries and
across borders. As advocates and leaders of the profession, counselors sometimes lobby
the government and political leaders regarding social justice issues. In addition, since
their communities and their families recognize them as counselors, it is not unusual to
have people approach them inside and outside their professional settings with counseling
concerns. Even with these many roles, counselors in these countries at times offer their
services at no or very little cost.

Professional counselors in these countries have made personal commitments and
investments to be a part of the counseling profession. In order for them to be effective in
their professional roles, many have made personal investments in their growth as
counselors, leaders in their countries, counselor educators, and researchers in the field.
Many of these counselors have made personal sacrifices to pursue higher education in
Europe or America, which at times has meant spending their own resources and time away from their families.

Professional counselors in these countries are committed to the profession of counseling and continue to embrace the counselor identity. The motivation to be part of other people’s journey is what makes their story unique; they described how they genuinely care for their people. As previously noted, professional counselors have sacrificed their time, money, and energy in meeting with people and expending their energy in other ways to see the counseling profession in their countries develop.

Results of the development of the profession of counseling. In light of the previous factors noted above, the results of the development of the profession of counseling are discussed below. Both informal and professional counselors have to coexist. Respect and collaboration between informal counselors and professional counselors is warranted given the strong influence of indigenous and informal counseling in the community. The impact of culture on how people respond to different life issues and to whom they respond to is phenomenon that will not change rapidly.

In addition, given the challenges communities are facing, professional counseling is needed in all three countries. The demand for counseling continues despite barriers such as financial restraints and, at times; lack of government support.

Adaptability, flexibility, and responsibility are requisite qualities for counselors to remain effective in their profession. Having studied in the West or under Western ideologies, professional counselors are constantly challenged to adapt Western principles to the needs of the local people. They have to be open to concede that some of the
Western concepts they have learned may have to be applied differently in practice in their home countries. The fact that the principles have worked in the West is not a guarantee that they will work in their local communities. Professional counselors are determined to remain responsible and genuinely support the profession and those it serves.

**Main Research Foci**

The main research focus that guided this study was: What are the experiences of counseling leaders in developing the profession of counseling in Kenya, Uganda, and Tanzania? The model that resulted from this study describes the experiences of counseling leaders in the development of the counseling profession in the three countries. As the model denotes, five major themes emerged that summarize the experiences counseling leaders had on the development of the counseling profession in these countries. These themes are traditional/indigenous factors, systemic/societal factors, professional factors, personal factors, and the results of the development of the counseling profession. Overall, the participants shared how these five factors influenced the development of the counseling profession.

All the participants talked about the influence of informal counseling on the current state of counseling. Some noted that while informal counseling was certainly different than professional counseling, collaboration between the two must remain. This is because traditional cultural customs are deeply ingrained within the people; more than often, communities are loyal to their culture in spite of the influence of modernization. Participants also talked about different systemic forces that have influenced the development of the profession of counseling. These include westernization/modernization, the shifting of family roles, formal education and religion,
political power and socio-economic status, and emerging social issues. In addition, certain major events have influenced the development of the profession of counseling including the HIV AIDS epidemic, wars, violence, and disasters.

Some of the professional factors that have influenced the development of the profession of counseling include the establishment or lack thereof of counseling regulatory bodies and counseling academic programs. Other factors include the establishment of the profession of psychology, psychiatry and other professions, government policies, and NGOs that have also played a role in the development of the counseling profession. Participants indicated that limited personnel and resources are some of the obstacles that have hindered the development of the profession.

This research focus answer included the dimension of personal factors. The participants spoke about (and I also observed) their life investment to the profession. Many participants have made lifetime commitments to engage in counselor identity development. They are also investing in their own academic development. Almost all participants have earned masters and doctoral degrees in counseling; the others are pursing similar degrees. This academic endeavor among the participants has meant they have made personal sacrifices in order to be away from their home countries. Participants also discussed the multiple roles that they have played as counselors, namely actual counseling with clients (either volunteering or as part of their career), serving as leaders in the counseling profession, being counselor educators and trainers, and advocates – locally, in their communities, and nationally, engaging the government. Across the board, participants were strongly motivated to be part of seeing the counseling
profession develop in their countries. They all expressed their desire and genuine care to serve their people even though they have many obstacles to overcome.

Finally, participants talked about the results of the development of the profession of counseling. Participants discussed the need to respect and collaborate with indigenous and informal counselors. In addition, all participants talked about how there is a demand for the profession of counseling in their home countries, meaning that the space exists for the counseling profession to grow and impact its citizens in a positive manner. Further, some participants discussed some of the professional counselor traits that will ensure their effectiveness including adaptability, flexibility, and responsibility.

**Sub-Research Focus One**

The first sub-research focus was: What is the process in the development of the counseling profession in each country? The model provides the answer to this sub-research focus. The model describes this process in a linear format with a movement among the different levels. This movement is displayed using bidirectional arrows with the idea that the different factors in each level continue to influence the other levels. These levels include informal/indigenous factors, systemic/societal factors, professional factors, personal factors, and the results of the development of counseling.

Participants in all three countries discussed how the profession of counseling had developed from informal counseling, shaped by formal education and religion. Psychology and psychiatry, which were established professions in all three countries, also played a role in the development of the counseling profession. The process of the development of the counseling profession in Kenya and Uganda has included the
establishment of counseling regulatory bodies and multiple counseling academic programs offering degrees from the undergraduate to doctorate levels. In Tanzania, the counseling regulatory body is still forming, and to date, there are only a few undergraduate counseling programs and one masters' level counseling program.

Sub-Research Focus Two

The second sub-research focus was: What were the major events in the development of the counseling profession in each country? The HIV/AIDS epidemic was the one major event highlighted by all participants. Other events unique to Kenya and Uganda were wars, violence, and disasters. The changing face of society is another event that has influenced the development of the profession of counseling. Participants discussed the shifting roles of the family, which led to the disintegration of the extended family, children leaving schools, and house helps/maids taking over the core responsibility of raising children. In addition, participants talked about how teacher/school counselors and family members are ill prepared to face emerging social issues such as the influx of drugs and alcohol use among the youth.

Sub-Research Focus Three

The third sub-research focus was: What are the obstacles to the development of the counseling profession in each country? All participants mentioned financial restraints and limited personnel as the key obstacles. Full government support was another obstacle highlighted by some participants. Further, participants discussed how individuals in the community will still seek help from informal counselors; as a custom, the idea of going to see and pay a professional counselor is still a new concept. The slow process of the establishment of counseling regulatory bodies and the consequent
chartering of these bodies – which would facilitate regulation of practice – were mentioned as another obstacle.

Sub-Research Focus Four

The fourth sub-research focus was twofold: Who were the important participants in the development of the counseling profession in each country? What was the participants’ influence in the development of the counseling profession in each country? Some participants mentioned specific people that they deemed to be important to the development of the counseling profession. A majority of the individuals mentioned as important served as university faculty members who also took on the role of leadership in the counseling profession. These individuals were instrumental in the planning and establishment of the counseling regulatory bodies as well as building and developing academic programs in the universities. Other individuals mentioned were those who started non-profit organizations that served the community directly by offering counseling services and by training counselors.

Interestingly, almost all participants I interviewed either served or are serving in a university as faculty members, or had started a non-profit organization offering counseling services. Only one of the participants I interviewed is a faculty member at an American university; the rest are faculty members in universities in their respective countries. Additionally, many of the participants have directly held, or are currently holding, leadership roles as active members of the various counseling regulatory bodies in their home countries. Some participants have also started, or are part of a group that has started, both governmental and non-governmental organizations, which have either offered counseling services or have been part of training counselors at different levels.
Sub-Research Focus Five

The final sub-research focus asked, what are the outcomes of the development of the counseling profession in each country? Participants shared current outcomes that are already in place and others that need refinement. Some of the potential outcomes are either at the beginning stages of development or have yet to be realized as the counseling profession continues to develop.

From the model, some of the outcomes are already realized. Examples of the achieved outcomes are discussed under the professional factors section. One of these outcomes is the establishment of counseling regulatory bodies in Kenya and Uganda. Kenya has two counseling regulatory bodies, namely the Kenya Association of Professional Counsellors (KAPC) and Kenya Counseling and Psychological Association (KCPA). In Uganda, the Uganda Counselling Association (UCA) is the counseling regulatory body. The forming of Tanzania’s counseling regulatory body is currently underway.

Another outcome mentioned by all participants is the development of counseling academic programs in both public and private universities. Kenya and Uganda have degree programs ranging from undergraduate to the doctoral degree level; Tanzania has a few undergraduate programs and one master’s degree program that is five years old.

Government policies are another outcome of the development of the counseling profession in all three countries. Some participants discussed how their governments had established guidance and counseling-related departments within the Ministries of Education and other government ministries. The founding of various non-governmental
organizations in each country is another outcome of the development of the profession of counseling in Kenya, Uganda, and Tanzania.

In the model, some outcomes are still taking shape in the counseling profession and need further development. Some participants described how professional counseling is a new concept for many in the community. They highlighted the need to respect indigenous counseling and collaborate with informal and traditional counselors given the critical role they play in the community. Participants also added that community members consider informal counselors as the trusted individuals whom people will readily go to when in need. In addition, there is a scarcity of professional counselors in the communities. Nevertheless, all participants agreed that space exists for professional counseling. Participants noted that countries are demanding professional counseling in order to meet their critical needs.

The final outcome described by some participants was the necessary qualities within the practice that will ensure counselors are effective. They recommended that practicing counselors remain adaptable and flexible to the growing state of professional counseling in their country. This adaptability and flexibility will especially be needed when working with diverse individuals in different settings, rural or urban. Another quality for an effective counselor is being a responsible professional both in practice and in research.

Comparison to Existing Literature

The study adds to the existing literature on professional counseling in Kenya, Uganda, and Tanzania by presenting a model that entails five core levels and
subcategories. Data collected confirms or expands on themes in the counseling literature. This section will discuss this study’s findings areas as they relate to the existing literature.

**Indigenous Counseling**

Current research discusses professional counseling as springing from indigenous counseling. In indigenous counseling, specific individuals resolved life issues within the family and the community structures. (Gordon & Bhusumane, 2000; Okech & Kimemia, 2013; Senyonyi & Ochieng, 2013; Stockton, Nitza, & Bhusumane, 2010). Participants confirmed that the idea of counseling was not new among African communities. Furthermore, those identified as counselors within the community were known and respected people. In the family, informal counselors included uncles and aunties; within the community, leaders such as the senior man or woman, clansmen, and healers assumed the role. Some participants highlighted marriage preparation, marital discord, circumcision, and community disputes as some of the life issues informal counselors addressed.

Current literature highlights the slow acceptance of professional counseling (Okech & Kimemia, 2012; Okech & Kimemia, 2013). Similarly, this study confirmed that the acceptance of the counseling profession is slow. Participants told of how individuals, faced with a problem, will readily seek help from an informal counselor instead of going to a professional counselor, whom they considered to be a stranger. Participants added that the general public is ill-informed as to what professional counseling entails. This lack of awareness has added to the misunderstanding of who and what professional counselors do. This information supports current literature by
identifying the apparent indifference in seeking professional help. Participants explained that people in urban areas are more likely to seek professional counseling than those in rural areas. In addition, as people learn more about what professional counseling entails, the factors of the counselor's age and gender become less a significant element.

**Collaboration and respect.** While professional counseling continues to develop around the world, counseling research in Africa indicated that indigenous counseling is an active system within the community. Individuals are more open to seek for help from an informal counselor than from a professional counselor (Senyonyi & Ochieng, 2013; Stockton, Nitza, & Bhusumane, 2010). These researchers further highlighted the importance of respect and collaboration between indigenous and professional counselors. In this study, some participants confirmed that informal counseling remains an active part of the community. They also added that collaboration between informal counselors in the community and the professional counselors is a necessity since many in the community are likely to approach informal counselors for help than they would professional counselors.

**Globalization of Counseling**

Counseling literature had discussed how the development of counseling around the world occurs in different styles and speeds (Hohenshill, Amundson, & Niles, 2013). While this study examined the development of the counseling profession in Kenya, Uganda, and Tanzania, it was still evident that each country had some unique factors that have influenced their development of the counseling profession. For example, participants from Kenya and Uganda discussed how violence and war have shaped the development of the counseling profession in their respective country. While in Kenya,
was the post-election violence and terrorism that opened the doors for professional counseling. In Uganda, it was the wars in the northern part of the country that left many children orphaned and communities destroyed, thereby creating the need for professional counseling. Comparing data on the number of professional counselors trained in the country, counseling academic programs, and counseling regulatory bodies adduced by the participants in all three countries, Tanzania appeared to trail behind Kenya and Uganda.

**Impact of the West on the development of professional counseling.** Current research not only indicates that the counseling profession is shaped in the West (Hohenshilt, Amundson, & Niles, 2013), but also that many counseling leaders in different parts of the world possess a Euro-American approach to counseling training (Savickas, 2007). Other research has indicated that more than 50% of all CACREP doctoral programs have international students in them (Kok-Mun, 2006). While data from this research project did not indicate the specific parts of the world from which the professional counseling leaders are derived, it would be accurate to conclude that the West has directly or indirectly influenced how the profession of counseling is growing in the world. This study confirmed this very fact; almost all the participants had either received or were in the process of receiving higher education degrees (counseling or counseling related) in America or in Europe. In addition, those working in the university setting pointed out that majority of the textbooks they are using in their local universities are written and published in the West.

**Professional Counseling in Kenya, Uganda, and Tanzania**

Current literature in Kenya, Uganda, and Tanzania discussed how HIV AIDS was a factor that affected the professionalization of counseling in each country (Okech &
Participants confirmed this fact. They further added details of how HIV AIDS gave a space/platform for the development of the counseling profession. Current literature also discusses other factors that have influenced the development of the counseling profession in Kenya, Uganda, and Tanzania. In Kenya and Uganda, factors related to violence such as terrorism and wars have been documented (Okech & Kimemia, 2012; Senyonyi & Ochieng, 2013). These factors were confirmed and expounded upon by participants from both countries. Participants added that the government has on many occasions invited professional counselors to step in and respond to these crises in their countries.

Counseling academic programs. Current research indicated that counseling academic programs are developing in all three countries. In Uganda, there are over 20 institutions of higher learning offering postgraduate diploma, undergraduate, and master’s degrees in counseling and counseling psychology (Senyonyi & Ochieng, 2013). Participants added that graduate counseling programs are growing in the country. Similarly, research on Kenya indicated that multiple graduate counselor training programs exist both in public and private universities (Okech & Kimemia, 2012; Okech & Kimemia, 2013). Kenyan participants particularly discussed the multiple number of academic programs that are offering culturally relevant courses. Further, participants added that doctoral counseling programs have recently developed. In Tanzania, current research indicated few guidance and counseling programs currently exist. Participants in Tanzania shared that there are about 5 undergraduate programs in guidance and counseling in the country. Muhimbili University in Dar es Salaam was the only graduate counselor training institution in the country.
Counseling regulatory bodies. Current research indicated that both Kenya and Uganda have counseling regulatory bodies but there are none in Tanzania. Kenya has two counseling regulatory bodies: the Kenya Association of Professional Counsellors (KAPC) and the Kenya Counselling Association (KCA) (Okech & Kimemia, 2012; Okech & Kimemia, 2013). Participants discussing the development of the counseling profession in Kenya mentioned these two regulatory bodies. The Uganda Counseling Association is also thriving in Uganda (Uganda Counseling Association, 2008). Most Ugandan participants pointed out how this regulatory body is active in the support and development of counselors. Tanzanian participants linked the overall development of the counseling profession in their country to the lack of a counseling regulatory body. Participants discussed the ongoing efforts towards the establishment of the counseling regulatory body in the country.

Participants emphasized the need to have regulations over counselor practices. Participants talked about how competence and development of professional counselors requires active and legally mandated counseling regulatory bodies. Some of the participants discussed how regulatory bodies could carry out this regulation in an independent manner, overseeing best practices and regulations.

Government policies. Current literature has discussed the different government policies that have promoted the development of the counseling profession in these countries. In Kenya, the Ministry of Education and the Ministry of Home Affairs, Heritage, and Sports have promoted guidance and counseling departments in social and academic settings. The government support has led to the creation of Guidance Counseling Clubs in most Kenyan High schools and various peer counseling initiatives
In Uganda, the Ministry of Education and Sports (MOE) "established a policy in 1968 on guidance and counseling to streamline guidance and counseling in schools" (Senyonyi & Ochieng, 2013, p. 501). The MOE thereby assumed the role of training of the senior man and woman teacher in public schools. Participants from Kenya and Uganda confirmed the contribution these government policies have meant to the development of the counseling profession. Participants from all countries discussed the importance of their government’s support to the growth of the counseling profession in their countries.

**Barriers to the Development of the Counseling Profession**

Limited research exists on the barriers to the development of the counseling profession in these three countries. Participants overwhelmingly discussed the limited number of professionally trained counselors in the three countries. Moreover, many participants discussed how they are being stretched too thin to accomplish the multiple tasks related to the profession. Their responsibilities included offering counseling services to many, developing the needed systems such as the regulatory body and counseling academic programs, teaching, and conducting research on professional counseling. While overall, the number of counselors in all three countries has grown, a regulatory body to provide official oversight of counselor practice is limited or lacking.

**Similarities to the Development of the Counseling Profession in the West**

The model of the development of the counseling profession in Kenya, Uganda, and Tanzania created as a result of this study demonstrates similarities with how the counseling profession has developed in the West. This study found similar factors in the development of the counseling profession as Remley and Herlihy (2014) highlighted as
having occurred in the United States. Some participants noted that professional
counseling sprang from counseling psychology. Career counseling was one of the first
forms of professional counseling in the developmental process. While World War I
impacted the development of the counseling profession in the West, some participants
observed that violence from wars and disputes had shaped the development of
professional counseling in the three countries. An additional similarity to the
professional counseling development process in the United States compared to that of
Kenya is the counseling association branching off into separate divisions. This study
confirmed previous literature that identified that there are two different counseling

Implications

This study sought to explore the process of how the profession of counseling has
and is continuing to develop in Kenya, Uganda, and Tanzania. The results of this study
are summarized in a five-level model. This model has not yet been examined through
further research. The model suggests implications for the continued development of the
counseling profession in Kenya, Uganda, and Tanzania.

Implications for the Profession of Counseling in Kenya, Uganda, and Tanzania

Modernization and Westernization have created gaps in the community such as
the breakdown of the family and community structure, shifting family roles, and a myriad
of emerging social issues. Even with these gaps, immense gains have come with
modernization and westernization including the origin of professional counseling. While
modernization cannot be controlled, the recognition of its impact on the indigenous
society must be considered.
Communities in East Africa are contending with the forces and tensions between modernization and indigeneity. This study’s findings denote that the more a country becomes modernized, the farther away it moves from the influence of the indigenous world. This tension was evidenced as participants admitted that professional counseling is growing rapidly in Kenya, Uganda, and Tanzania; in fact, the countries are demanding it. Even with this admission, some participants also noted that indigenous counseling is deeply ingrained in the culture of the people – so that people in these countries would readily seek the help of an informal counselor as opposed to a professional counselor. In my view, the synthesis of these two forces in counseling namely, indigenous counseling and professional counseling, is what I refer to as glocalized counseling. Brooks and Normore (2010) define glocalization as the simultaneous co-presence/co-existence of global and local/indigenous factors where there is a “meaningful integration of local and global forces” (p. 52).

In light of the tensions discussed, a key implication of this study is the acknowledgement and implementation of glocalized counseling. The current practice of professional counseling must admit that developing and practicing professional counseling lies against a backdrop of indigenous counseling. Professional counselors who are serving in these countries have to recognize, respect, and collaborate with the indigenous and informal counselors. On a practical level, these professional counselors need to be prepared to meet with clients who appreciate, understand, and expect professional counseling from a more modernized and professionalized model; there were others who still appreciate the traditional aspects of indigenous counseling – who deem professional counseling as lacking the indigenous sacredness.
Continued respect and collaboration between informal counselors and professional counselors would allow for back and forth referral. In this case, the informal counselor will refer people to the professional counselor and vice versa, as applicable. For example, the professional counselor may at times reach out to the informal counselor as the point of contact when there is need to engage the community concerning education on wellness and social justice.

In view of glocalized counseling, professional counselors, counselor educators, and researchers in these countries would need to acknowledge the historical background of the communities they are serving in. While it is important to teach and train on this new concept of professional counseling, it is of added importance to recognize the historical framework of indigenous counseling and to explore the contributions indigenous counseling bring to the current practice and development of the counseling professional locally and globally.

Professional counselors in Kenya, Uganda, and Tanzania could also learn from professional counselors in the West. Counseling literature in the West explains that an emphasis on multicultural counseling was introduced in the 1970s and multicultural competencies were developed in early 1990s (Sue, Arredondo, & McDavis, 1992). These competencies include counselors' awareness of their own assumptions, values, and biases; counselors' awareness of their clients' worldviews, and the development and practice of culturally appropriate techniques. Learning and applying these competencies can promote and foster the development of a more multicultural sensitive counseling profession in Kenya, Uganda, and Tanzania.
Glocalized counseling embraces decolonization – which not only appreciates the strong impact of modernization and westernization, but also ensures that the voices of what the indigenous population considers truth in theory and in practice are given a platform. It further recognizes that indigenous knowledge systems – which include some of the elements of informal counseling as discussed by participants in this study – are a complex and a valid outlook to practicing counseling.

**Implications for Counselor Education Programs in the West**

This study confirmed that the West has a significant influence on the development of the counseling profession in other countries. As noted earlier, almost all participants in this study had or were completing degrees of higher education in the field of counseling in America and in Europe. Counselor education programs in the West must therefore understand that they are training counseling leaders of different countries in their programs.

To this end, counselor education programs in the West are encouraged to welcome international counselors-in-training’s perspectives – and further, engage them in deeper exploration of these perspectives. In addition, counselor programs might consider experiential learning opportunities that allow for their students’ involvement with their countries when deemed fitting and advantageous for that student. Counselor educators in the West are encouraged to utilize appropriate decolonization strategies when teaching counseling with their international students. For example, graduate students may be taught and encouraged to use indigenous research methodologies while conducting research projects.
Limitations and Recommendations

This section will discuss the limitations and recommendations of this study. These limitations include researcher biases, researcher inexperience, methodology and data collection, and the complexity of the model. Moreover, some recommendations were made within the discussion of the study's limitations.

Researcher Biases

It is important to identify and bracket one’s assumptions and biases while conducting qualitative research (Creswell, 2007). Some ways that limited my biases were the use of an auditor who reviewed my data collection and data analysis processes. I also had an active dissertation chair who throughout this research process highlighted areas that I needed to engage with sensitivity. I likewise utilized memoing and member checking to minimize researcher bias.

Even with these efforts, I noted some personal bias while I was conducting this study. My African background took away from and also fostered this research. At some point, I probably missed opportunities to further inquire on an idea that was mentioned in an interview because either I relied on my past experiences or some participants expected me to know certain things because of my background. On the other hand, my African background gave me a good foundation for rapport, sensitivity to the culture, and a shared understanding with my participants. For example, some participants would say, “you know” as an inference to the fact that a particular idea they were discussing was common knowledge and at times, thankfully, I would know what they were talking about; at other times, this was not the case. In the latter instances, I tried to interrupt and seek for further explanation. Similarly, I also had some participants who took extra time
to connect with me because of my background. One participant was puzzled that my accent was *American* though I had a Kenyan name. In this case, I took some extra time to explain my journey to this point -- about which the participant was excited to hear about my academic progress, and my desire to want to study about what is occurring at home.

**Researcher Inexperience**

Prior to starting out this dissertation project, I had completed three qualitative research courses and conducted two qualitative research projects. I had also served on four qualitative research teams. This experience gave me the needed foundation to work on this dissertation project. Nonetheless, the scope of this research project was vast. I relied on my dissertation chair and methodologist and different qualitative texts for support and to answer the many questions that arose during the study. My inexperience with utilizing grounded theory research method was another reason that I relied on my qualitative mentors and textbooks.

**Methodology and Data Collection**

Utilizing qualitative methodology is a limitation to this study as the findings of this study cannot be necessarily generalized to other East African countries. Even though there were certain shared experiences among some of the participants of this study, it was evident that each country had unique factors that impacted and continue to impact the development of the counseling profession. It would be beneficial to conduct further research to examine some the similarities and differences that exist among these East African countries.
While collecting data using interviews yielded rich and thick descriptions which enriched this study, a limitation to this methodology was noted. It was difficult to find participants for this study. The counseling field is young in the three countries studied. It was therefore, challenging to locate participants who fit the criteria to be interviewed. As previously noted, I utilized snowballing as one of the key sampling procedures to obtain participants for this study.

One limitation to this study was that interviews were at times conducted during odd hours. Kenya, Uganda, and Tanzania are all 8 hours ahead of the American Eastern Standard Time. This meant that as a researcher, many times I conducted interviews either late at night or early in the morning. While it was not completely unusual for me to be make phone calls at these odd hours – since I still have family members residing in the EAC – this still meant that I needed to plan to be awake and alert for my interviews when scheduled.

Another limitation in this study was the cost of making phone calls to the different African countries. As a researcher, I had to factor in the cost of making international phone calls to my participants. Due to unreliable internet connection in East Africa, I was unable to connect with some of my participants via Skype. Besides, having lived and traveled to East Africa, I am aware that the cost for the internet can be expensive. For this reason, and to the best of my ability, I resolved to interview my participants in a way that would ensure that they would not incur any costs.

Technological difficulties was another limitation in this study. Initially, I had planned to conduct a group discussion board but this did not occur due to technical
difficulties. The use of a discussion board would have required my participants to either pay for Internet or have to be intentional in locating Internet at a reliable station. I first attempted using Google forum to set up the group discussion board. This was not utilized as planned because it was confusing to participants in its basic form. In my second attempt, I reached out to an Internet expert to help develop the discussion forum. This option proved to be both expensive and time consuming. Nevertheless, some of my participants preferred phone interviews because it provided a space for personal interaction. Based on my experience, I would recommend telephone interviews as a data collection tool for future qualitative research in cases where face to face interaction is not feasible.

Complexity of Model

The five-level model in this study adds to the literature on counseling development. However, it was evident that certain levels needed further independent exploration. For example, the first level that discussed traditional and indigenous factors is an area that, in my view, needs further research. While the purpose of this study was not to explore indigenous counseling, it is safe to say that more data is needed to fully understand the African indigenous knowledge system so as to have a clear picture of the implications of this system to the current practice in professional counseling. Ignoring the indigenous influence on professional counseling may be lead to an unstable foundation for the ongoing development of the counseling profession in the three countries.

Future studies on the development of the counseling profession in Kenya, Uganda, and Tanzania will overall need to address the impact of colonization on the
profession. Understanding colonization, and consequently decolonization strategies, may lead to a deeper comprehension on African indigenous counseling systems. Addressing colonization and decolonization would not only add to the counseling literature in Africa but it would also enrich the world on diverse and multicultural counseling systems.

The model of conditions for the development of the counseling profession in Kenya, Uganda, and Tanzania described the different barriers as presented by the participants. Further research is needed to explore these barriers and their impact to the development of the counseling profession. In addition, this model was discussed without further examination of the bidirectional influences of the various levels. Future research could explore the bidirectional influences of factors among the levels.

**Conclusion**

This chapter reviewed the purpose of this study and the overview of the methodology. The study’s research focus were addressed and the findings were discussed. Further, the current literature was compared to these findings and the model of conditions for the development of the counseling profession in Kenya, Uganda, and Tanzania. This chapter also discussed the study’s implications, limitations, and recommendations.
CHAPTER SIX
MANUSCRIPT

Development of the Profession of Counseling

In Kenya, Uganda, and Tanzania: A Grounded Theory Study

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This grounded theory study sought to explore the experiences of counseling leaders regarding the development of the counseling profession in Kenya, Uganda, and Tanzania. Through theoretical and snowballing sampling techniques, 11 counseling leaders were sought and interviewed. Five themes emerged forming a five-level model outlining the conditions of the development of the counseling profession in these countries. These conditions are traditional/indigenous factors, societal/systemic factors, professional factors, personal factors, and results of professional counseling.

*Key words:* counseling in Africa, globalized counseling, grounded theory
The world is more interconnected than it has ever been. Chung (2005) noted that “there has been a recent call to the helping profession to be responsive to the demands of globalization and changes in a multiethnic, multiracial and multinational society” (p. 263). This call for response to the demands of globalization is critical since the positive mental health of any country’s population is directly related to that country’s economic and social advancement (Hohenshill, Amundson, & Niles, 2013).

Around the globe, the counseling profession continues to emerge in varied organizational structures and different styles (Hohenshill, Amundson, & Niles, 2013; Schweiger, Ergene, Szilagyi, Clawson, & Hunt, 2012). The uniqueness of how the profession is developing in each country is related to the country’s individual countrywide political and socio-economic structures. There has been a call to professional counselors in the West and around the globe to respect the process of how counseling is emerging around the world. The impact of the West on the counseling profession, however, must be acknowledged (Hohenshill, Amundson, & Niles, 2013).

Some of the current literature on counseling in Africa has been conceptual and has focused on two topics: (1) the various countries’ historical backgrounds of mental health and counseling, and (2) the current status of the profession and future trends. While these conceptual pieces in the professional literature have been a needed introduction to how counseling is developing in Africa, there are no data-based studies exploring the process of how counseling has developed in Africa and is continuing to develop.

While counseling is not a new concept in Africa (Okech & Kimemia, 2013), “the formalization and integration of guidance [and counseling] services …only began in the
late fifties” (Gordon & Bhusumane, 2000, p. 12). Robertson, Mandlhate, Seif, and Birama (2004) stated that in Africa formal systems of care are less developed than the informal systems. In the African traditional society, interpersonal and social problems were resolved within clearly established social structures of the community which included relatives, clan elders, and traditional healers (Gordon & Bhusumane, 2000; Okech & Kimemia, 2013).

Traditional healing and traditional healers continue to be an active part of the African community. In 2002, the World Health Organization reported that 80% of the population in Africa still approached and used traditional healers for general health including mental health (World Health Organization, 2002). Even though the profession of counseling has been growing exponentially in Kenya in the last two decades, people were not initially open to its formal process since counseling was originally practiced within one’s family or immediate community instead of with a stranger (Okech & Kimemia, 2013). Senyonyi, Ochieng, and Sells (2012) noted that future counselor training in Uganda should incorporate both traditional and modern aspects because of the multicultural and diverse population of Ugandans.

Mbiti (1992), the father of African philosophy and theology, has described the African’s governing role of the community in the life of its individuals in the famous summary statement, “I am because we are, and since we are, therefore I am” (p. 106). This communal focus of the African culture challenges the Western ideology of counseling that highlights an individual’s autonomy in seeking counseling and the importance of individual goals in the counseling relationship. Gerstein and Ágisdóttir (2007) highlighted this disparity of counseling goals stating that the individualism
assumption that would encourage “independence, self-awareness, and self-reflection, are not always the most appropriate goals of counseling or social action [rather collectivism may call for], practical, concrete solutions to communal challenges that may be of greater interest than internal change” (p. 137).

**Literature Review**

The profession of counseling in Kenya, Uganda, and Tanzania has developed and continues to develop in different ways in each country. The shared aspect in all three countries is evidenced in the current literature on HIV AIDS counseling. The development of professional counseling in these countries is directly linked to HIV AIDS counseling. Statistics have revealed that “Sub-Saharan Africa is the most affected region [in the world], with nearly 1 in every 20 adults living with HIV. Sixty-nine per cent of all people living with HIV are living in this region” (World Health Organization, 2012, para. 1). In the 1990s, Kenya saw a rise in formalized counseling through the focus on pre and post HIV testing counseling in Voluntary Counseling and Testing Centers (VCTs; Okech & Kimemia, 2013). In Uganda, counseling has been the key factor to combat HIV/AIDS and its professionalization has been necessitated over the last three decades to address the complexities surrounding the needs of HIV/AIDS clients and their families (Senyonyi & Ochieng, 2013; Uganda Counseling Association, 2008).

Besides HIV AIDS, there is a growing need to address various mental health needs in Kenya, Uganda, and Tanzania. According to Okech and Kimemia (2012), the climate in Kenya includes the political and community-based violence, and an effort by the government’s ministry of education to provide social-emotional support to students across the country. Senyonyi, Ochieng, and Sells (2012) stated that counseling in
Uganda has focused on children who are orphaned through the HIV AIDS epidemic and the war; these vulnerable children make up 13% of the country's population. Counseling in Uganda is aimed at addressing various community and social issues such as "refugee and prostitute resettlement, youth challenges, substance and sexual abuse, crisis pregnancy, trauma, war-related problems, and family dysfunctions" (p. 502).

The establishment of counseling associations is a mark of a maturing profession. In Kenya, the notable counseling associations are the Kenya Association of Professional Counsellors (KAPC) and the Kenya Counselling Association (KCA; Okech & Kimemia, 2012). In Uganda, the Uganda Counseling Association is the only association that houses professional counselors (Uganda Counseling Association, 2008). Currently, there is not a counseling association in Tanzania.

There is an ongoing growth of academic programs in counseling in all three countries. Senyonyi, Ochieng, and Sells (2012) indicated that Uganda has 20 institutions of higher learning offering counselor training ranging from postgraduate diplomas to master's degrees in guidance and counseling and clinical psychology. Okech and Kimemia (2012) likewise, noted that Kenya has graduate training of counselors in both public and private universities. The first graduate counseling-related program in Kenya was established by the United States International University over 20 years ago. There are few diploma degrees and bachelor's degrees in guidance and counseling related programs in Tanzania.

**Conceptual Framework**

The purpose of this study was to explore how counseling has developed and is continuing to develop in Kenya, Uganda, and Tanzania. Given the limited literature on
this topic, concepts on how counseling has developed in the West provided a framework. The professionalization of counseling continues to take steps to becoming a universally recognized profession in the West. Remley & Herlihy, 2014 have demonstrated how the history of professional counseling in the United States is linked to counseling psychology. Additionally, as a mature profession, the counseling profession in the United States has met specific criteria for being recognized as a profession. Nugent (1981) identified the criteria as including the following characteristics: a defined role and define scope of practice, an ability to offer services unique to that profession, specific skills and knowledge that are trained in that profession, a code of ethics, legal rights to offer that profession's services, and the ability to monitor the practice of that profession.

Given that the selected research design for this study was grounded theory, it was necessary to allow the theory of how counseling has developed and is developing in Kenya, Uganda, and Tanzania to emerge from the various data collection sources and procedures (Corbin & Strauss, 2008).

Role of Researcher

In qualitative research, the researcher is the key instrument (Creswell, 2007; Patton, 2002). The researcher bears the responsibility for interacting with participants in collecting data and staying close to the data during the analysis and the write up processes. Conducting research therefore, touches on the researcher's roles of being a professional and a human being (Patton, 2002). Hays and Singh (2012) expounded on the researcher's role, stating that the researcher's "professional and personal selves are likely to intertwine in developing the research relationship" (p. 197). Further, Corbin and
Strauss (2008) asserted that qualitative researchers cannot separate who they are from what they are doing in the research process.

The primary researcher for this study was Joy Maweu Mwendwa. As a researcher, I (Mwendwa) recognized and acknowledged that I brought to this research study certain assumptions and biases. First, I have an international background having lived in Kenya in my formative years though born in the United States. In addition, even though I am now completing my studies in the United States, I have notable experiences from my annual travels back to East Africa for the last decade including a year service completed in Malawi. I thus acknowledge that part of my intent and motivation to complete this international related research project stemmed from my background and interests.

My background brought one practical advantage to this study: my experience, understanding, and sensitivity to participants on aspects of language and culture. While the plan was to carry out the interviews in English, I was prepared to interact in Kiswahili should the participants feel the need to expound on a concept in Kiswahili. With English being my third language, I shared the experience of the difficulties involved in expressing oneself in the English language. On the other hand, since all the participants had a different ethnic language or mother-tongue, I sought clarification from them on ethnic words they used different from mine. This is because “words can take on a very different meaning in other cultures” (Patton, 2002, p. 392).

Even though I have the knowledge based on my past international experience, this background did not equate to possessing a clear comprehension of current African affairs; neither did it simplify the complexities of the multicultural aspects of my participants’
personal cultures and the social contexts of the three countries. I was also aware that my African background could potentially hinder my objectivity; hence I realized the need to stay even more sensitive as a researcher in this study.

To mitigate researcher bias, I used multiple verification procedures during the data gathering and analysis process (Hays & Singh, 2012; Lincoln & Guba, 1985; Patton, 2002).

**Method**

Using theoretical and snowball sampling, I approached the initial participants for this research via emails and phone calls. In total, I made 5 international phone calls (from America to Africa), 3 Skype conversations, and 3 local (American) phone calls. Of these, 7 of the participants were in the Eastern African Time zone, one was in the Central European Summer Time zone, and 3 were in USA time zones different from mine.

A total of 11 participants were interviewed. Out of the 11, 4 were Kenyan, 4 were Ugandan, and 3 were Tanzanian. Participants were assigned pseudonyms by me in order to humanize them and still protect their privacy. Of the 11 participants, 6 were female and 7 were male. All the participants had worked in the counseling field for at least 5 years. The participant who had worked longest in the field had worked for about 35 years. All 11 participants had completed a bachelor’s degree, and 10 of them had master’s degrees in counseling or closely related fields; 3 had completed their doctoral degrees in counseling or related fields; and 3 others were pursuing doctoral degrees in counseling or related fields. Of the 6 terminal degrees completed or in the process of completion, only 1 was completed in Africa – in South Africa; one was completed in the Netherlands, and the other 4 in the United States. Almost all of the Kenyan and Ugandan
participants completed their masters' degrees in their home country; the Tanzanian participants completed their masters' degrees in the United States and Europe.

**Findings**

This study's findings were organized in a five-level model which described the conditions of the development of the counseling profession in Kenya, Uganda, and Tanzania. The five levels in the model coincide with the five themes yielded from the data in the study, namely: traditional/indigenous factors, systemic/societal factors, professional factors, personal factors, and the results of the development of the profession of counseling. The model is depicted in a linear process with the first and last levels containing an upward and downward arrow respectively to communicate the potential of continued interaction between these levels and among those in between (see figure 1).

**Traditional/indigenous factors.** Counseling has traditionally happened in Africa within the community and family structures – and continues to this day. The family and community knew who the informal counselors were, a position usually determined by one's age and gender. Usually, a respected older male or female in the community assumed this role. These individuals knew the history and context of their family and community. Informal counselors in the family included grandparents, parents, uncles, and aunts. In the community, clansmen, chiefs, and male and female head counselors assumed the role of informal counselors. Informal counseling entailed, among other activities, advice giving and guidance, which included proverbs, stories, riddles, and songs. Participants talked extensively about the complexity of traditional counseling. Zawadi said, "Informal counselors are known – they don’t have formal titles but they are
known.” In concurrence, Shujaa said, “There was order in the chaos; a formality within the informal...yes, there is a complexity to informal counseling.”

Informal counseling addressed certain specific matters which included disputes, marital issues, and other societal problems. Some of the disputes addressed included cattle and land disagreements, or even more severe cases of an aggressive family or community member. Matters dealt with in the family included premarital preparation for a young girl which was facilitated by aunties or senior women. Overall, matters addressed in informal counseling ranged from simpler cases to more complex issues.

Participants discussed who the informal counselors were and further, gave an example of what informal counseling would look like. Uhuru said,

> You know circumcision process was an informal counseling. In my situation, I had a witness who after standard 8 [8th grade] he accompanied me to hospital for circumcision and stayed with me for about three weeks. He talked to me about respecting my parents and being a man.

The idea of professional counseling is new and is steadily gaining acceptance in the community. In many cases, individuals are quick to seek informal counseling over professional counseling approach. This happens to individuals within both rural and urban communities and even those in the diaspora.

**Systemic/societal factors.** Participants explained how HIV AIDS has influenced the development of the counseling profession. HIV AIDS was highlighted as one of the societal factors that led to the development of the counseling profession. Shujaa said, “HIV AIDS promoted counseling. It actually created space for counseling.” It tore to the very heart of nations, the cost being the loss of life of many citizens. The epidemic called for the involvement of everyone including the government, communities, and families.
In response to the epidemic, the profession of counseling was engaged in the communities. This included the creation of Voluntary Counseling and Testing Centers (VCTs) and training health professionals in counseling. Sifa articulated this saying, "...with the development of VCTs [Voluntary Counseling and Testing centers], it was the first time that there was a large scale expansion of the counseling profession. Prior to this, counselors and psychologists were predominantly served the elite."

The development of the profession of counseling is also linked to formal education and religion. Career counseling preceded other forms of counseling in schools. As a result, many high schools have counselors in their institutions. Pastoral counseling exists in the religious sector – in Christianity and Islam. Couples usually go for marriage counseling in churches. Community members are more likely to approach teachers and religious leaders (pastors, priests, imams) since they are seen as trusted individuals in the society.

Emerging social issues have called for professional counseling. Drug and substance abuse stands out as one of these issues. Children and young people – especially in the cities – have access to alcohol and drugs. Families and teachers are ill prepared in offering counseling support for the affected youth. Further, with the changing face of the society, the once protective environment that reinforced young people's mental health has changed – even in the rural areas. The interdependence and concern that existed in the traditional society is also changing. For example, in the past, any adult would not hesitate to chastise a young person found engaging in a vice; this is now a rare occurrence. Overall, there are more mental health issues calling for professional counseling.
In Kenya and Uganda, violence was highlighted as a factor that has influenced the development of professional counseling. In Uganda, the wars in the northern part of the country significantly affected the local communities and the country at large; they left many children traumatized and orphaned. The country had to find ways of integrating these children as members of the community. In Kenya, acts of terrorism such as the 1998 USA embassy bombing, and the more recent Westgate Mall attacks in 2013, influenced the growth of the counseling profession as victims and their families required counseling services. Similarly, Kenya's 2007/2008 post-election violence also significantly traumatized many communities. Counseling with the victims and their families remains an ongoing need. Other societal issues needing professional counseling include crime, assault, and violence especially among the youth.

Westernization and modernization has impacted the society. The society is becoming more individualistic, and the people more independent, thereby comparatively lessening the care for one's neighbor. Children, who are mostly in school, have less time with their family members. On a positive stance, there is an increased awareness on what professional counseling entails. For example, it is less common for one to simply dismiss a mental health issue as bewitchment. More people are warming up to the idea of seeking professional help from a professional counselor.

The extended family has disintegrated and there is a shift of family roles. In particular, the nuclear family has moved away from the extended family setting, which allowed for sharing between children and their grandparents or their aunts and uncles. In most instances, both the father and the mother are working outside the home, and children are either with the maids (house helps) or at school. An ongoing custodianship
battle exists between the family and the school. Either party imagines that the other
should take a more active role in their children’s lives. Uhuru talked about how the
family has changed.

The extended family has disintegrated. Both parents are working full time and
working long hours. For example myself, my family is back home and I am here studying [participant is in USA and family is in Africa]. Many parents place
children in boarding schools and hardly have enough time for parenting. Everyone
is busy, the parents, uncles, we are all busy.... Stories, folktales, these are no longer
part of the family.... [Participant in indigenous language shares song about this fact
and explains]. It used to be that young boys used to go and listen to counsel in the
thingira [a place in the home where young boys would sit with their uncles, fathers,
other older men for advice and counsel] but that is gone; we are not advising or
counseling our young people adequately.

The economic and political power of an individual influences one’s access to
professional counseling. Individuals with money and power had access to private
hospitals, private elementary and high schools, and private universities whose staff have
the requisite counseling training. The average citizen does not have access to the same
services because they cannot afford it. As such, only a privileged few can access
professional counseling. Sifa gave an example of this privilege.

Where the educational sector has let Kenyans down, is that people are being
appointed to serve as counselors in public school who do not have formal training
in counseling – except in universities and private institutions. It is always
important to verify the qualifications of counselors because I was also a teacher
from [name of the public high school withheld], I went to [name of private school
withheld] which is a top tier private school. We had [in the private school] 2
school counselors and 2 school psychologists... and they had all received
graduate level training with the school psychologists both holding PhD degrees.
The private institutions have the resources to hire qualified personnel and in
certain cases have even more resources than what I see in some of our local
schools here in [name of northeastern state in USA withheld]. How many of these
schools can say that they have a school psychologist? What they have here is a
school psychologist who serves a district but [name of private school withheld]
had 2 counselors and 2 psychologists and I left [name of this private school
withheld] 13 years ago.... Yes, it’s the elite at its best.
Professional Factors. Among the professional factors that have influenced the development of the counseling profession in Kenya, Uganda, and Tanzania is the establishment or lack thereof of a counseling regulatory body. Kenya has two counseling associations: the Kenya Association of Professional Counsellors (KAPC) and the Kenya Counseling and Psychological Association (KCPA). The process of establishing and getting these counseling regulatory bodies chartered took a great deal of time and effort. In Uganda, the Uganda Counselling Association (UCA) is recognized by the locals as the regulatory body. UCA is in the process of seeking government recognition, which will bestow them the power to oversee counseling training and practice in Uganda. Umoja said,

Currently, we [Uganda Counseling Association (UCA)] are in the process to mandate the professionalization of counseling and this will be through an act of parliament to have UCA oversee counseling training and practice in Uganda. The society and community recognize the role of counseling and I believe the incoming leadership [participant is part of the outgoing leadership] if they work hard, they can move far. During the conference, the Deputy Speaker of Parliament and the Minister of Health were the chief guests, our keynote speakers. We are looking to have counseling being under the ministry.

The establishment of the counseling regulatory body in Tanzania is underway. The process is slow given the limited number of professional counselor leaders who are stretched thin with other professional responsibilities. Shujaa said, “We do not have an organization that is monitoring standards. Counselors are here and there…everywhere, they are mushrooming but there is no association and an organization to help regulate them. The growth is there but it is unchecked.”

Counseling academic programs have significantly influenced the development of the counseling profession in all three countries. Kenya and Uganda have multiple
undergraduate, master’s, and doctoral degree programs in counseling; Tanzania, has a handful of undergraduate degrees and one master’s degree program in counseling. In many instances, professors who teach in these counseling programs are the same ones working directly to establish the counseling regulatory bodies in their respective countries. With these counseling academic programs, counseling centers within the institutions have been established. Overall, the training and practice of counseling has grown with the number of students enrolling and completing the different counseling programs.

Professional counseling started within the professions of psychology and psychiatry before it moved to medicine where the training of medical staff occurred. Through this process, the profession of counseling was recognized as an autonomous field. Further, the establishment of other professions such as medicine and law paved the way for continued recognition of the profession of counseling.

The governments have passed pro-counseling policies that have promoted the development of the counseling profession through the establishment of guidance and counseling initiatives in all three countries. Guidance and counseling departments, which are housed under the Ministries of Education, are normally responsible for promoting counseling in elementary and high school levels. Specifically, these departments disseminate guidance and counseling information to students and see that these students obtain counseling services in their schools. Though governments have envisioned having a trained teacher counselor in every public school, this is yet to be realized in most areas. The ministry of education in these three countries have ensured that teachers receive basic counseling training while they undergo their teacher training.
Non-governmental organizations and other organizations have also influenced the development of the counseling profession in Kenya, Uganda, and Tanzania. The space for professional counseling was created when HIV AIDS became an epidemic. Consequently, organizations in various fields were established to combat the disease. The AIDS Support Organization (TASO) and Walio Katika Mapambano Na AIDS Tanzania (WAMATA) are the two notable organizations in Uganda and Tanzania respectively that have offered counseling training to combat the HIV AIDS epidemic. These two organizations were started by nationals from these countries. Some of the internationally funded NGOs that have also impacted the growth of the counseling profession include the Invisible Children and Save the Children in Uganda; they have offered counseling support and basic aid to children and communities affected by the northern Uganda wars.

Limited trained personnel in the field of professional counseling in Kenya, Uganda, and Tanzania has influenced the development of counseling in the three countries. Even though the number of trained counselors is growing, the few professional counselors in these countries are overstretched. For example in Tanzania, due to the limited number of professional counselors, they are not able to specialize in a particular area because they are stretched thin: they are the same individuals who meet with clients, lobby and engage the government on social matters related to professional counseling, develop counseling curricula and teach it to counseling students. Competent counselors are needed in specialized areas such as trauma and addictions. Counselor educators and researchers are needed in higher education and in other sectors of these countries. Neema talked about the limitation of having too few professional counselors.
With the number of people we see and because we are so few, we cannot afford to be specialized. Although now we are trying to arrange ourselves even though we are few. So some of us, we were considered specialists in adolescence because our PhD was in adolescence. But you do not do that every day; you know more about that because of your research projects.... We are just so few so we cannot afford to say, I will only do marital; it was like, what?!

**Personal factors.** Professional counselors play multiple roles in their respective countries; they are counseling practitioners, counselor educators, advocates, and leaders of the profession. As counselor educators, they train other counselors in their countries and across borders. Sifa said,

> During my sabbatical year in Kenya, I visited multiple schools and spent a significant amount of time with the guidance counselors. I did pro bono work for six months with children who were traumatized and whom I could not find appropriate referral sources for.

As advocates and leaders of the profession, counselors sometimes lobby the government and political leaders regarding social justice issues. In addition, since their communities and their families recognize them as counselors, people usually approach them inside and outside their professional settings with counseling concerns. Even with these many roles, counselors in these countries at times offer their services at no or very little cost. Neema said,

> People just do what they can. Actually, what I have seen is individuals taking matters into their own hands. It’s never come from the government to us; it’s always been from us giving suggestions [regarding the counseling profession] to the government.

Professional counselors in these countries have made personal commitments and investments to be a part of the counseling profession. In order for them to be effective in their professional roles, many have made personal investments in their growth as counselors, leaders in their countries, counselor educators, and researchers in the field.
Many of these counselors have made personal sacrifices to pursue higher education in Europe or America, which on occasion has meant spending their time and resources away from their families.

Professional counselors in these countries are committed to the profession of counseling and continue to embrace the counselor identity. The motivation to be part of other people’s journey is what makes their story unique; they have a genuine care for their people. As previously noted, professional counselors have sacrificed their time, money, and energy in meeting with people and expending. Uhuru summarized his story in this way, “I did it because it’s a noble profession and my belief that service to humanity is service to God. I saw the need to mold the young people.”

**Results of the development of the profession of counseling.** In light of the information noted above, some factors will need attention for the future development of the profession of counseling. Both informal and professional counselors have to co-exist. Shujaa discussed this point.

The co-existing piece cannot be regulated by the association, that’s for the government to deal with...we can give advice when we talk to the government but you are not going to confront faith healers, the traditional healers and all these people …you only regulate what you know - you don’t regulate what you don’t know.

Respect and collaboration between informal counselors and professional counselors is warranted given the strong influence of indigenous and informal counseling in the community. Baraka shared about this collaboration and said, “MHF [Mental Health Facilitation training] is filling the gap since there is a need…. Priests are trusted so they were trained and they are [now] leading the training.”
The impact of culture on how people respond to different life issues and to whom they respond to is a phenomenon that will not change rapidly. Neema highlighted this point through a recent experience with an African who lives in London.

Informal counselors are not disappearing, no! I think it will always be like that because of culture. Sometimes, ok, people try to be western but you know that when a problem comes, you know where you always go first. I don’t know if to say always but most of the time, it will happen within the traditional way. For example, I think last week when we got confused [scheduling conflict], I was in London. I was attending a meeting, and then I had stayed with a cousin who has a friend, she is a Sierra Leone woman married to a Nigerian man. So, they are having marital issues. Then the friend came to say hello to me, she knows me from before and then she told me, ‘I have to leave because I have this call.’ Then I said, ‘what call?’ She said, ‘I have issues with my husband so his brother and my sister-in-law were on the phone because they are trying to resolve it.’ Imagine, they live in London; these are professional people and when I asked them if they had been to see a counselor, you know, they are said, ‘no, we have spoken to parents and now it’s the brother and wife.’ So, I think people are not leaving the culture behind. I feel, it will go on [informal counselors].

In addition, given the challenges communities are facing, professional counseling is needed in all three countries. The demand for counseling continues despite barriers such as financial restraints and, at times, lack of government support. Sifa addressed the growth of counseling in the future and said, “I believe that a time is coming when people without the formal training will be weeded out – the way it has happened in USA – because they’ll be no space for them, because you’ll have people with MA degrees in these positions”. Shujaa gave me a personalized invitation to be part of what is transpiring in Africa. She said, ‘Karibu sana! (You are most welcome!) The trouble is that we do not pay much....Come, there is a need.”

Adaptability, flexibility, and responsibility are requisite qualities for counselors to remain effective in their profession. Having studied in the West or under western ideologies, professional counselors are constantly challenged to adapt Western principles
to the needs of the local people. They have to be open to concede that some of the Western concepts they have learned may have to be applied differently in practice in their home countries. The fact that the principles have worked in the West is not a guarantee that they will work in their local communities. Professional counselors are determined to remain responsible and genuinely support the profession and those it serves. Shujaa gave an example to expound on this point.

The principles may be the same; it’s the same confidentiality but when you go to make a home visit and the [client’s] aunty is not going to leave, it may have to be shared confidentiality. [Researcher, ‘huwezi kumwambia aondoke’ (you can't ask her [the aunty] to leave)... aunty is part of the family. Ya kwanza, waanzia wapi? Hawatoki! (To start with, how would you begin that conversation [to ask them to leave]? They don’t/won’t leave!) So, yes, there is need for adaptability and modification.

Discussion

The study adds to the existing literature on professional counseling in Kenya, Uganda, and Tanzania by presenting a model that entails five core levels and subcategories. Data collected confirms or expands on the current themes in the counseling literature. This section will discuss this study’s findings areas as they relate to the existing literature.

Indigenous Counseling

Current research discusses professional counseling as springing from indigenous counseling. In indigenous counseling, specific individuals resolved life issues within the family and the community structures. (Gordon & Bhusumane, 2000; Okech & Kimemia, 2013; Senyonyi & Ochieng, 2013; Stockton, Nitza, & Bhusumane, 2010). Participants confirmed that the idea of counseling was not new among African communities. Furthermore, counselors within the community were known and respected people. In the
family, informal counselors included uncles and aunts; within the community, leaders
such as the senior man or woman, clansmen, and healers assumed the role. Some
participants highlighted marriage preparation, marital discord, circumcision, and
community disputes as some of the life issues informal counselors addressed.

Current literature highlights the slow acceptance of professional counseling
(Okech & Kimemia, 2012; Okech & Kimemia, 2013). Similarly, this study confirmed
the same. Participants told of how individuals, faced with a problem, will first seek help
from an informal counselor instead of going to a professional counselor, who they
considered to be a stranger. Participants added that the general public is still ill-informed
as to what professional counseling entails, and as to who and what professional
counselors do. This information supports current literature by identifying the apparent
indifference in seeking professional counseling. Participants explained that people in
urban areas are more likely to seek professional counseling than those in rural areas. In
addition, as people learn more about what professional counseling entails, the factors of
the counselor’s age and gender become less a significant element.

Collaboration and respect. While professional counseling continues to develop
around the world, counseling research in Africa has indicated that indigenous counseling
is an active system within the community. Since individuals are more open to seek for
help from an informal counselor than from a professional counselor, the importance of
respect and collaboration between indigenous and professional counselors was
emphasized (Senyonyi & Ochieng, 2013; Stockton, Nitza, & Bhusumane, 2010). In this
study, some participants confirmed that informal counseling remains an active part of the
community. They also added that collaboration between informal counselors in the
community and the professional counselors is a necessity since many in the community are likely to approach informal counselors for help than they would professional counselors.

**Globalization of Counseling**

Counseling literature had discussed how the development of counseling around the world occurs in different styles and speeds (Hohenshll, Amundson, & Niles, 2013). Each country under study had some unique factors that have influenced development of the counseling profession. For example, participants from Kenya and Uganda discussed how violence and war have shaped the development of the counseling profession in their respective countries. In Kenya, the post-election violence and terrorism have opened the doors for professional counseling. In Uganda, wars in the northern part of the country that left many children orphaned and communities destroyed created the need for professional counseling.

Tanzania appeared to trail behind Kenya and Uganda comparing data from the participants on the number of professional counselors trained in each country, the counseling academic programs, and counseling regulatory bodies in all three countries.

**Impact of the West on the development of professional counseling.** Current research not only indicates that the counseling profession is shaped in the West (Hohenshll, Amundson, & Niles, 2013), many counseling leaders in different parts of the world possess a Euro-American approach to counseling training (Savickas, 2007). Research has shown that more than 50% of all CACREP doctoral programs have international students (Kok-Mun, 2006). While this data does not specify the different
countries the international students come from, it would be accurate to conclude that the
West has directly or indirectly influenced how the profession of counseling is growing in
the world. This study confirmed that almost all the participants had either received or
were in the process of receiving higher education degrees (counseling or counseling
related) in America or in Europe. Besides, those working in the university settings
pointed out that majority of the textbooks they are using in their local universities are
written and published in the West.

Professional Counseling in Kenya, Uganda, and Tanzania

Current literature in Kenya, Uganda, and Tanzania discussed how HIV AIDS was
a factor that affected the professionalization of counseling in each country (Okech &
Participants confirmed this fact, and added details of how HIV AIDS gave a
space/platform for the development of the counseling profession. Current literature also
discusses how violence such as terrorism and wars have influenced the development of
the counseling profession in Kenya, Uganda (Okech & Kimemia, 2012; Senyonyi &
Ochieng, 2013). These factors were confirmed and expounded upon by participants from
both countries. Participants added that the government has on many occasions invited
professional counselors to step in and respond to these crises in their countries.

Counseling academic programs. Current research has indicated that counseling
academic programs are developing in all three countries. In Uganda, there are over 20
institutions of higher learning offering postgraduate diploma, undergraduate, and
master’s degrees in counseling and counseling psychology (Senyonyi & Ochieng, 2013).
Participants added that graduate counseling programs are growing in the country.
Similarly, research on Kenya indicated multiple graduate counselor training programs exist both in public and private universities (Okech & Kimemia, 2012; Okech & Kimemia, 2013). Kenyan participants confirmed this and added that multiple number of academic programs are now offering culturally relevant courses. They further added that doctoral counseling programs have recently been developed. Current research indicated few guidance and counseling programs currently exist in Tanzania. Participants in Tanzania expounded on the 5 undergraduate programs in guidance and counseling in the country. Muhimbili University in Dar es Salaam was the only graduate counselor training institution in the country.

**Counseling regulatory bodies.** Current research indicated that both Kenya and Uganda have counseling regulatory bodies; there are none in Tanzania. Kenya has two counseling regulatory bodies: the Kenya Association of Professional Counsellors (KAPC) and the Kenya Counselling Association (KCA) (Okech & Kimemia, 2012; Okech & Kimemia, 2013). Participants discussing the development of the counseling profession in Kenya mentioned these two regulatory bodies. The Uganda Counseling Association is also thriving in Uganda (Uganda Counseling Association, 2008). Most Ugandan participants pointed out how this regulatory body is active in the support and development of counselors. Tanzanian participants discussed the ongoing efforts towards the establishment of the counseling regulatory body in the country. They linked the slow development of the counseling profession in their country to the lack of a counseling regulatory body.

Participants emphasized the need to empower regulatory bodies to regulate counselor practices. Participants talked about how competence and development of
Professional counselors require active and legally mandated counseling regulatory bodies. Some of the participants discussed how regulatory bodies could carry out this regulation in an independent manner, overseeing best practices and regulations.

**Government policies.** Current literature has discussed the various government policies that have promoted the development of the counseling profession in these countries. In Kenya, the Ministry of Education and the Ministry of Home Affairs, Heritage, and Sports have promoted guidance and counseling departments in social and academic settings. The government support has led to the creation of Guidance Counseling Clubs in most Kenyan High schools and various peer counseling initiatives (Okech & Kimemia, 2012; Okech & Kimemia, 2013). In Uganda, the Ministry of Education and Sports (MOE) “established a policy in 1968 on guidance and counseling to streamline guidance and counseling in schools” (Senyonyi & Ochieng, 2013, p. 501). The MOE thereby assumed the role of training of the senior man and woman teacher in public schools. Participants from Kenya and Uganda confirmed the contribution these government policies have meant to the development of the counseling profession. Participants from all countries discussed the importance of their government’s support to the growth of the counseling profession in their countries.

**Barriers to the Development of the Counseling Profession**

Limited research exists on the barriers to the development of the counseling profession in these three countries. Participants overwhelmingly discussed the limited number of professionally trained counselors in the three countries. Consequently, many participants discussed how they are being overstretched to accomplish the multiple tasks related to the profession. Their responsibilities included offering counseling services to
many, developing the needed systems such as the regulatory body and counseling academic programs, teaching, and conducting research on professional counseling. While overall, the number of counselors in all three countries has grown, an empowered regulatory body to provide official oversight of counselor practice is limited or lacking.

**Similarities on the Development of the Counseling Profession in the West**

The model of the development of the counseling profession in Kenya, Uganda, and Tanzania created as a result of this study demonstrates similarities with how the counseling profession has developed in the West. This study found similar factors in the development of the counseling profession as those in the United States (Remley & Herlihy, 2014). Some participants noted that professional counseling sprang from counseling psychology. Career counseling was one of the first forms of professional counseling in the developmental process. While World War I impacted the development of the counseling profession in the West, some participants observed that violence from wars and disputes had shaped the development of professional counseling in the three countries. An additional similarity to the professional counseling development process in the United States compared to that of Kenya is the counseling association branching off into separate divisions. This study confirmed previous literature that identified that there are two different counseling associations in Kenya (Okech & Kimemia, 2012; Okech & Kimemia, 2013).

**Implications**

**Implications for the Profession of Counseling in Kenya, Uganda, and Tanzania**

Modernization and westernization have created gaps in the community such as the breakdown of the family and community structure, shifting family roles, and a myriad of
other emerging social issues. Even with these gaps, professional counseling has arisen from modernization and westernization. While modernization cannot be controlled, the recognition of its impact on the indigenous society must be considered.

Communities in East Africa are contending with the forces and tensions between modernization and indigeneity. This tension was evidenced as participants admitted that professional counseling is growing rapidly in Kenya, Uganda, and Tanzania; in fact, the countries are demanding it. Even with this admission, some participants also noted that indigenous counseling is deeply ingrained in the culture of the people – so that people in these countries would readily seek the help of an informal counselor as opposed to a professional counselor. In our view, we choose to label the synthesis of these two forces (indigenous counseling and professional counseling) as glocalized counseling. Brooks and Normore (2010) define glocalization as the simultaneous co-presence/co-existence of global and local/indigenous factors where there is a “meaningful integration of local and global forces” (p. 52).

In light of the tensions discussed, a key implication of this study is the acknowledgement and implementation of glocalized counseling. The current practice of professional counseling must admit that developing and practicing professional counseling is against a backdrop of indigenous counseling. Professional counselors who are serving in these countries have to recognize, respect, and collaborate with the indigenous and informal counselors. On a practical level, these professional counselors need to be prepared to meet with clients who appreciate, understand, and expect professional counseling from a more modernized and professionalized model; there was
others who still appreciate the traditional aspects of indigenous counseling—who deem professional counseling as lacking the indigenous sacredness.

Continued respect and collaboration between informal counselors and professional counselors would allow for back and forth referral. In this case, the informal counselor will refer people to the professional counselor and vice versa, as applicable. For example, the professional counselor may at times reach out to the informal counselor as the point of contact when there is need to engage the community concerning education on wellness and social justice.

In view of glocalized counseling, professional counselors, counselor educators, and researchers in these countries would need to acknowledge the historical background of the communities they are serving in. While it is important to teach and train on this new concept of professional counseling, it is of added importance to recognize the historical framework of indigenous counseling and to explore the contributions indigenous counseling bring to the current practice and development of the counseling profession locally and globally.

Professional counselors in Kenya, Uganda, and Tanzania could also learn from professional counselors in the West. Counseling literature in the West explains that an emphasis on multicultural counseling was introduced in the 1970s and multicultural competencies were developed in early 1990s (Sue, Arredondo, & McDavis, 1992). These competencies include the counselor's awareness of their own assumptions, values, and biases; the counselor's awareness of their client's worldview, and the development and practice of culturally appropriate techniques. Learning and applying these competencies
can promote and foster the development of a more multicultural sensitive counseling profession in Kenya, Uganda, and Tanzania.

Glocalized counseling embraces decolonization – which not only appreciates the strong impact of modernization and westernization, but also ensures that the voices of what the indigenous population considers truth in theory and in practice, are given a platform. It further recognizes that indigenous knowledge systems – which include some of the elements of informal counseling as discussed by participants in this study – are a complex and a valid outlook to practicing counseling.

Implications to the Counselor Education Programs in the West

This study confirmed that the West has a significant influence on the development of the counseling profession in other countries. As noted earlier, almost all participants in this study had completed, or were completing degrees of higher education in the field of counseling, in America and in Europe. Counselor education programs in the West must therefore factor in the fact that they are training counseling leaders of different countries in their programs. To this end, counseling education programs in the West are encouraged to welcome international counselors-in-training’s perspectives – and further, engage them in deeper exploration of these perspectives. In addition, counselor programs might consider experiential learning opportunities that allow for their students’ involvement with their countries when deemed fitting and advantageous for that student. Counselor educators in the West are encouraged to utilize appropriate decolonization strategies when teaching counseling with their international students. For example, graduate students may be taught and encouraged to use indigenous research methodologies while conducting research projects.
Limitations and Recommendations

Limitations of this study include researcher biases, researcher inexperience, methodology and data collection, and the complexity of the model.

The five-level model in this study adds to the literature on counseling development. However, it was evident that certain levels needed further independent exploration. For example, the first level that discussed traditional and indigenous factors is an area that, in my view, needs further research. While the purpose of this study was not to explore indigenous counseling, it is safe to say that more data is needed to fully understand the African indigenous knowledge system so as to have a clear picture of the implications of this system to the current practice in professional counseling. Ignoring the indigenous influence to professional counseling may be lead to an unstable foundation for the ongoing development of the counseling profession in the three countries.

Future studies on the development of the counseling profession in Kenya, Uganda, and Tanzania will need to address the impact of colonization on the profession. Understanding colonization, and consequently decolonization strategies, may lead to a deeper comprehension on African indigenous counseling systems. Addressing colonization and decolonization would not only add to the counseling literature in Africa but it would also enrich the world on diverse and multicultural counseling systems.

The model of conditions for the development of the counseling profession in Kenya, Uganda, and Tanzania discussed the different barriers as presented by the participants. Further research is needed to explore these barriers and their impact to the
development of the counseling profession. In addition, this model was discussed without further examination of the bidirectional influences of the various levels. Future research could explore the bidirectional influences of factors among the levels.
References for Chapter 6


doi:10.1177/0895904809354070


Figure 1: A Model of Conditions for the Development of the Counseling Profession in Kenya, Uganda, and Tanzania
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doi:10.1177/0895904809354070


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INTRODUCTION LETTER

(Individual Interview Participant Introduction Letter)

Sample Participation Request:

Dear _____________________,

I am a doctoral student at Old Dominion University in Norfolk, Virginia, USA, in the Department of Counseling and Human Services. I am conducting my dissertation research study on the development of the counseling profession in Kenya, Uganda, and Tanzania. You have been identified by name of participant/institution/organization that recommended them as a counseling leader in Africa and someone who may be able to provide some insight into how the profession of counseling has developed and is continuing to develop in your home country. I would value and appreciate an opportunity to meet and discuss this topic with you via Skype.

In respect of your busy schedule, please allow me to describe the range of time we was expected to meet. The Skype interview would be approximately 45-60 minutes. Please be informed that you do not need to have any formal knowledge or research experience on the topic of counseling development. My goal in spending time with you in this interview is to hear your thoughts and experiences about how counseling has and is developing in your country.

Please let me know if you would be willing to participate, and if so, the date and time that would best suit your schedule. I appreciate your time and kind consideration.

Sincerely,

Joy

Joy Maweu Mwendwa, M.A.
Counseling Doctoral Candidate
Graduate Teaching Assistant
Department of Counseling and Human Services
Old Dominion University, 110 Education Building
Norfolk, VA 23529
jmawe001@odu.edu

Note: This research has been approved as exempt (#201401098) by the Old Dominion University IRB. Any information provided was confidential and used only for the purposes of this study. Please see the attached informed consent document for more information.
APPENDIX B

INFORMED CONSENT DOCUMENT
INFORMED CONSENT DOCUMENT

(Individual Interview Informed Consent)

Project Title:
Development of the Profession of Counseling in Kenya, Uganda, and Tanzania:
A Grounded Theory Study

This document articulates the purpose of this research to enable you to make an informed decision on your willingness to participate in this study. After reviewing of this document, and if you agree to participate in this study, please complete the Research Participant Questionnaire attached; this will take approximately 5-10 minutes to complete. You may keep this Informed Consent form for your records. The Research Participant Questionnaire form will serve as my record of your consent.

I am a PhD student in the Counseling Graduate Program at Old Dominion University in Norfolk, Virginia. This study is being conducted as my dissertation project. The responsible project investigator of this study is Theodore P. Remley, Jr., PhD, JD, a professor in the Department of Counseling and Human Services in the College of Education at Old Dominion University.

The aim of this study is to understand counseling leaders’ perspectives on the process of the development of the counseling profession in their own country. The researcher’s intent is to present results that reflect the reality of the individuals who are interviewed, capturing their opinions and experiences and identifying common themes.

Data collection and analysis processes are projected to occur beginning in March 2014. The interview will take approximately 45 to 60 minutes to complete. All information was collected during one session. The primary investigator, who is my university professor mentioned above, will have no knowledge of your identity. In order to avoid either the Research Participant Questionnaire or the interview data being tied back to you, you was provided a code in place of common identifying information (e.g., name or birthday).

As the primary researcher, I will transcribe the information and destroy the digital recordings after the project has been completed. The transcriptions will not contain any common identifying data. The Research Participant Questionnaire does not ask for any identifying information beyond your contact information, which was used only for our correspondence with regard to this research. Should you sense that any information provided will result in your identification, please feel free to discuss it with me as the primary researcher or refrain from providing the information. Be assured that all transcriptions was stored on a password-protected computer.

Participation in this study is completely voluntary. You may choose to opt out of this study by informing me, the primary researcher, at any time. You may decline at any point in the interview to answer a particular question.
As noted earlier, information gathered from the Research Participant Questionnaire and interview information was identified only by the given participant code. Note that the results from the data may be used in reports, presentations, and publications; but even in this instance, identifying information will not be utilized whatsoever.

As previously stated, your participation in this project is voluntary. You are not obliged to participate if you do not want to. In addition, you may choose to withdraw from this study even after an earlier agreement to participate. In this case, please understand that there was no consequences for this decision.

This project poses no foreseeable risks. All information obtained about you was kept confidential.

In the event that you are concerned regarding your participation in this research study, please contact Dr. Ted Remley at tremley@odu.edu or Mrs. Joy Maweu Mwendwa at jmawe001@odu.edu, who will discuss your concerns with you. You may also contact Dr. Eddie Hill, Member of the Darden College of Education Human Subjects Committee, at ehill@odu.edu.

By completing the Research Participant Questionnaire, you have indicated that you have read this form and understood its contents. You are further indicating that you understand the research project. I will answer any inquiries regarding this study.

Sincerely,

Joy

Joy Maweu Mwendwa, M.A.
Counseling Doctoral Candidate
Graduate Teaching Assistant
Department of Counseling and Human Services
Old Dominion University, 110 Education Building
Norfolk, VA 23529
jmawe001@odu.edu

Note: This research has been approved as exempt (#201401098) by the Old Dominion University IRB. Any information provided was confidential and used only for the purposes of this study. Please see the attached informed consent document for more information.
APPENDIX C

RESEARCH PARTICIPANT QUESTIONNAIRE
RESEARCH PARTICIPANT QUESTIONNAIRE

Date: ______________________

Your Country: ________________

Current Title & Position: _____________________________________________________________

Organization: _________________________________________________________________

Gender: Male ☐ Female ☐

Formal/Academic Training (indicate your highest acquired and/or currently enrolled educational level & a brief description of how you were prepared for your current position):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What counseling or counseling related organization are you currently serving in OR have you served in the past? Check ALL that apply and indicate the number of years served.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Years Served</th>
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<tbody>
<tr>
<td>Country Counseling Association</td>
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<tr>
<td>Continent Organization</td>
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<td>International Organization</td>
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<td>Ministry or Parastatal/State Corporation</td>
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<td>Non-Government Organization</td>
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<td>Community Based Organization</td>
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<td>Faith Based Organization</td>
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<tr>
<td>Other (Specify)___________________________________</td>
<td></td>
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</tbody>
</table>

This document is strictly confidential and for use ONLY for this Dissertation Project. Do NOT forward.
The main purpose of this second page is to obtain your contact information and to inform you of the official times I will communicate with you after your interview/participation of the online group discussion board.

Initial Follow up:

In an effort to ensure that I communicate your interview information accurately, I would like an opportunity to contact you briefly for follow-up. This interaction was mainly through email or face-to-face if preferred, and will give you a chance to review, revise, and add anything else you may think about regarding the information you shared in the interview.

Manuscript Sharing:  □ Yes □ No

Please check the Yes box if you would like to receive a final electronic manuscript copy that will summarize the findings from this research project.

What is the best way to reach you? (Phone, Email, Other)

Phone number: ________________________________

Email: ________________________________

Other: ________________________________

Please provide any additional information you would like for me to know about you below.

This document is strictly confidential and for use ONLY for this Dissertation Project. Do NOT forward.
APPENDIX D

INTERVIEW PROTOCOL
INTERVIEW PROTOCOL

Individual Interview Protocol
Leaders of Counseling in Kenya, Uganda, and Tanzania

1. Please describe how the profession of counseling has developed in your Kenya/Uganda/Tanzania (and is continuing to develop)?
2. From your perspective, when did informal counseling begin in Kenya/Uganda/Tanzania?
3. From your perspective, when did formal counseling begin in Kenya/Uganda/Tanzania?
4. In terms of development, where is the counseling profession in Kenya/Uganda/Tanzania?
5. What event(s), if any, have influenced the development of counseling in Kenya/Uganda/Tanzania?
6. What and/or who, if at all, has influenced the growth of counseling in Kenya/Uganda/Tanzania?
7. How, if at all, do the following groups influence the development of counseling in Kenya/Uganda/Tanzania?
   a. The community
   b. The educational sector
   c. The health sector
   d. The political leaders
   e. The government/legislative arm
8. What, if at all, has led to the recognition of counseling as a profession in Kenya/Uganda/Tanzania?
9. How do you believe counseling in your country is different from counseling in the West?
10. What, if at all, are some challenges that have hindered the growth of counseling in Kenya/Uganda/Tanzania?
11. What, if at all, are the outcomes of the developments of counseling in Kenya/Uganda/Tanzania?
12. If you could look into the future, where would you see the counseling profession in about 5 – 10 years?
13. What do you think the counseling profession will look like in Kenya/Uganda/Tanzania when it is fully established?
14. Is there anything else you would like to add?
REVISED INTERVIEW PROTOCOL

Revised Individual Interview Protocol
Leaders of Counseling in Kenya, Uganda, and Tanzania

1. Please describe how the profession of counseling has developed in your Kenya/Uganda/Tanzania (and is continuing to develop)?
2. From your perspective, when did informal counseling begin in Kenya/Uganda/Tanzania?
3. From your perspective, when did formal counseling begin in Kenya/Uganda/Tanzania?
4. In terms of development, where is the counseling profession in Kenya/Uganda/Tanzania?
5. What event(s), if any, have influenced the development of counseling in Kenya/Uganda/Tanzania?
6. What and/or who, if at all, has influenced the growth of counseling in Kenya/Uganda/Tanzania?
7. How, if at all, do the following groups influence the development of counseling in Kenya/Uganda/Tanzania?
   a. The community
   b. The educational sector
   c. The health sector
   d. The political leaders
   e. The government/legislative arm
8. What, if at all, has led to the recognition of counseling as a profession in Kenya/Uganda/Tanzania?
9. How do you believe counseling in your country is different from counseling in the West?
10. What, if at all, are some challenges that have hindered the growth of counseling in Kenya/Uganda/Tanzania?
11. What, if at all, are the outcomes of the developments of counseling in Kenya/Uganda/Tanzania?
12. If you could look into the future, where would you see the counseling profession in about 5 – 10 years?
13. What do you think the counseling profession will look like in Kenya/Uganda/Tanzania when it is fully established?
14. Is there anything else you would like to add?

Additional Questions

1. From your perspective, what is the relationship between formal and informal counseling?
2. From your perspective, how will the relationship of informal and formal counselors look like in the future?
3. What, if at all, are avenues you have taken to strengthen the identity of the counseling profession in your country?
APPENDIX E

HUMAN SUBJECTS APPROVAL LETTER
April 2, 2014

Dear Dr. Remley:

Your Application for Exempt Research with Mueni Mwendwa and Kevin Snow entitled “The Development of the Profession of Counseling in Kenya, Uganda, and Tanzania: A Grounded Theory Study,” has been found to be EXEMPT under Category 6.2 from IRB review by the Human Subjects Review Committee of the Darden College of Education.

The determination that this study is EXEMPT from IRB review is for an indefinite period of time provided no significant changes are made to your study. If any significant changes occur, notify me or the chair of this committee at that time and provide complete information regarding such changes. In the future, if this research project is funded externally, you must submit an application to the University IRB for approval to continue the study.

Best wishes in completing your study.

Sincerely,

Eddie Hill, Ph.D., CPRP
Assistant Professor
Old Dominion University
Human Movement Sciences Department
SRC 2019
Norfolk, VA 23529
ehill@odu.edu
VITA

MUENI “JOY” MAWEU MWENDWA, MA., NCC

Department of Counseling and Human Services

110 Darden College of Education, Norfolk, VA 23529

Mueni "Joy" Maweu Mwendwa earned a Bachelor of Arts degree in psychology in 2004 and a Master's of Arts degree in marriage and family therapy in 2007 from Liberty University. She is a Nationally Certified Counselor and a Resident in Counseling working towards licensure as a Professional Counselor in the state of Virginia.

Joy has several years of counseling experience within the college counseling and community mental health settings. She has worked as the admissions and marketing assistant in the Counseling and Human Services department at Old Dominion University; she was also employed as a graduate teaching assistant in the Human Services department. Ms. Mwendwa has taught at the undergraduate, and master's levels. She has also provided clinical supervision for master's level counseling students. She is currently employed as an assistant professor in the Center for Counseling and Family Studies at Liberty University in Lynchburg, Virginia.

Ms. Mwendwa is a member of several national professional organizations including the American Counseling Association and the Association for Counselor Education and Supervision. Joy has presented at international and regional conferences on topics related to international counseling, indigenous research methodology, and immigrant counseling issues.