

# Counselling for African contexts

Transformative  
approaches

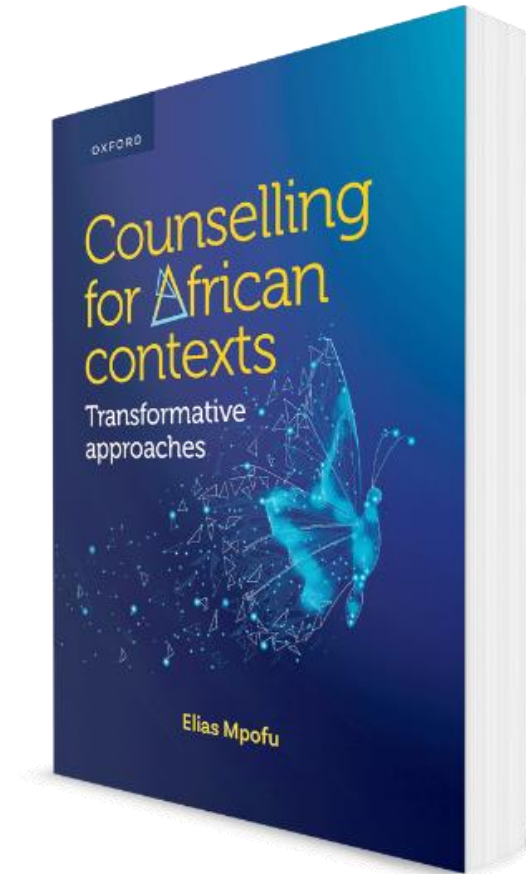
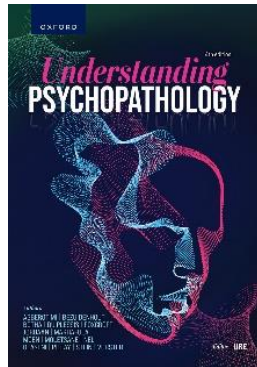
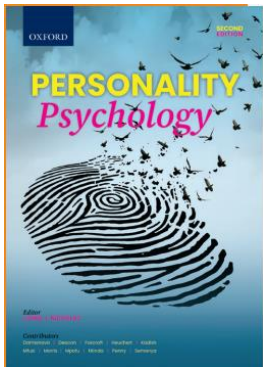
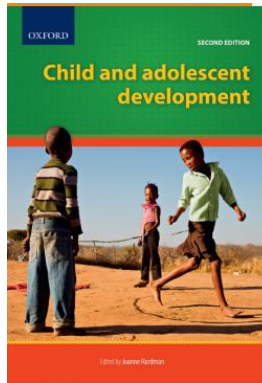
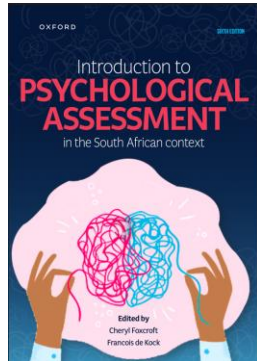
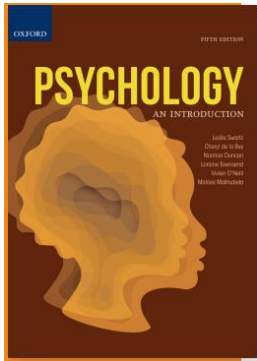
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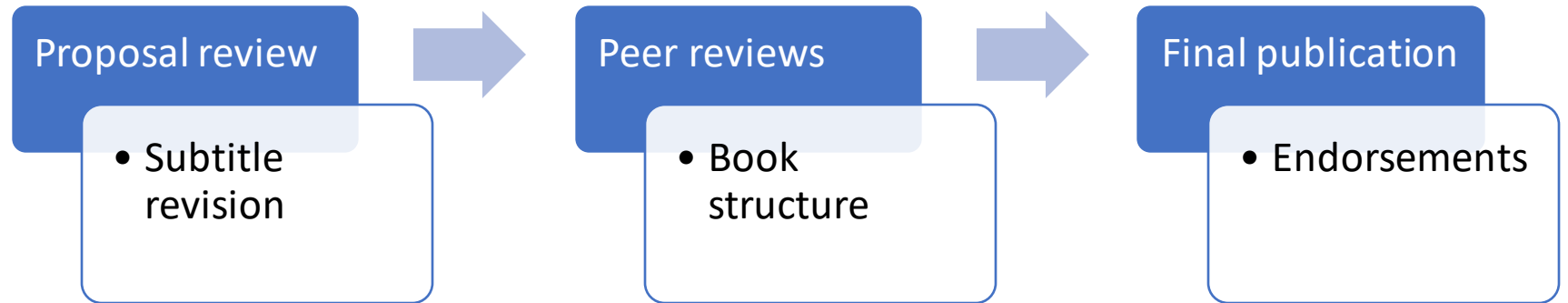
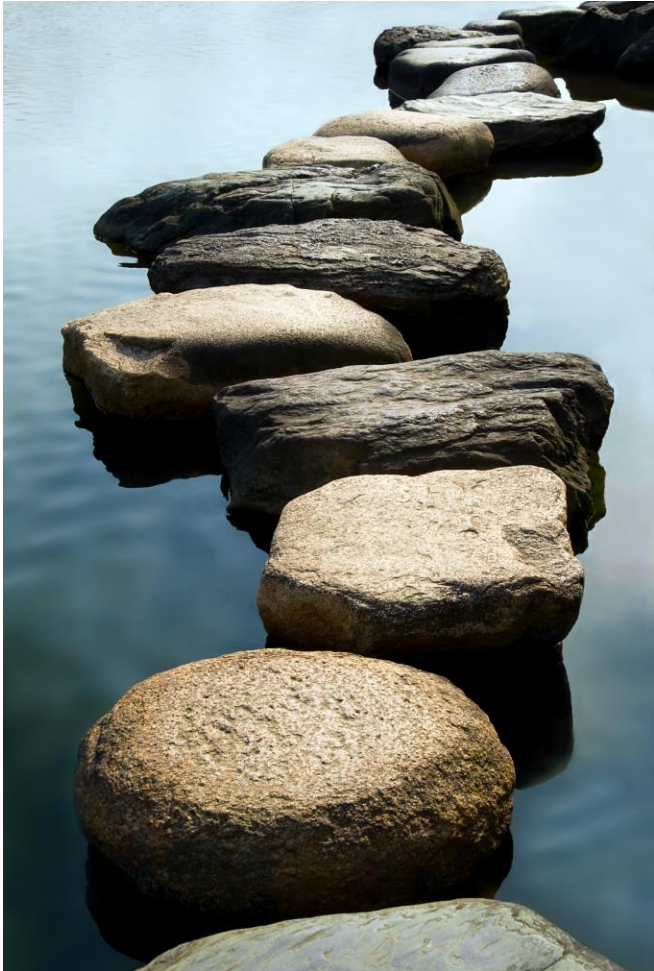
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# African-centred psychology



# Process of creating the book



*This book is good for anyone who does not have lived experience of African cosmology and culture but wants to understand and practise counselling in the African context as well as those with lived experience seeking to offer authentic counselling services to African clients.*

**Prof Seth Oppong, University of Botswana**

*An essential guide bridging cultures and healing paths, this groundbreaking book offers a comprehensive blend of African-centred wisdom and Western psychotherapeutic techniques. A must-read for lecturers, clinicians, and students seeking to decolonise mental health practices and embrace holistic healing.*

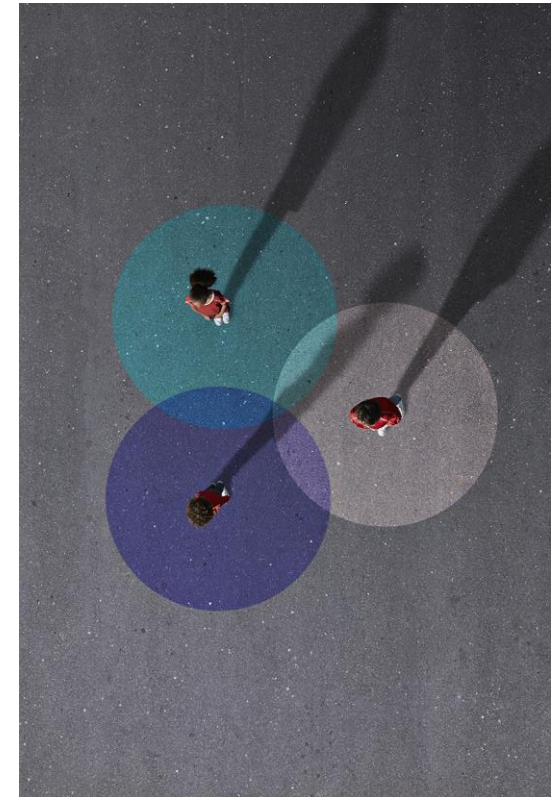
**Dr Manfred Janik, University of Namibia**

# Relevance and reflexivity

**5.6** Prospects and limitations of psychoanalytic approaches in the African context

**10.7** Strengths and limitations of indigenous therapy in African contexts

- Working in wide range of multicultural settings.
- Stereotyping a client on the basis of any personal sociodemographics risks overlooking the specific needs of the client's priority identity (or identities) that are relevant to the presenting issue.



# Conceptual coherence

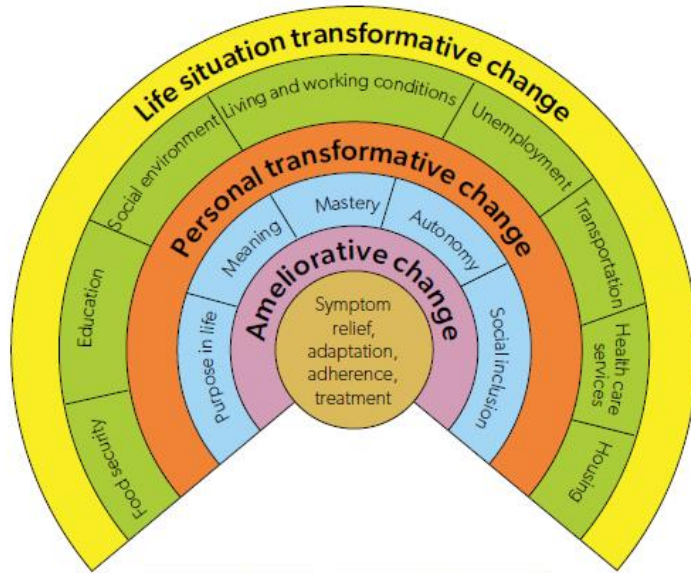


Figure 1.1 Model of change counselling types for sustainable well-being

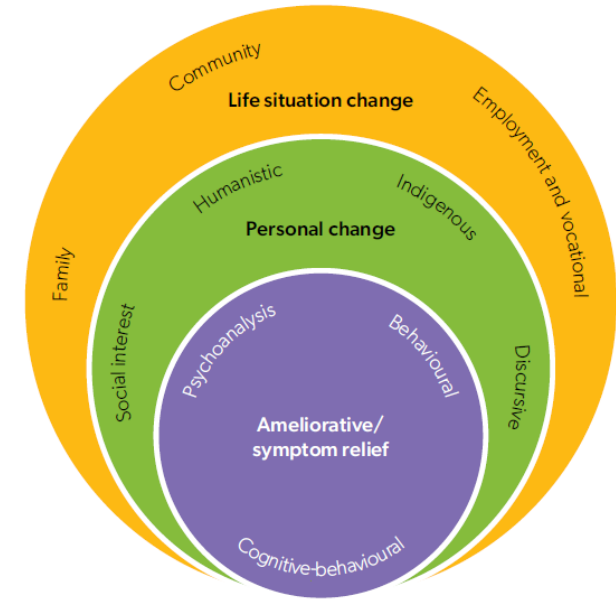


Figure 15.2 Counselling theories for transformative change

- **Part 1 Foundations of transformative change counselling**
- **Part 2. Personal and ameliorative change counselling**
- **Part 3. Life situation change counselling**

# Conceptual coherence

## Part 1 | Foundations of transformative change counselling

- 1 The nature of transformative change counselling
- 2 Diversity and culture in counselling
- 3 Counsellor qualities and counselling skills
- 4 Ethics in counselling practices

## Part 2 | Ameliorative and personal change counselling

- 5 Psychoanalytic therapies
- 6 Behavioural therapy
- 7 Cognitive behavioural therapy
- 8 Social interest therapy
- 9 Humanistic therapy
- 10 Indigenous therapy
- 11 Discursive therapy

## Part 3 | Life situation change counselling

- 12 Family counselling
- 13 Community counselling
- 14 Employment and vocational counselling

## Part 4 | Epilogue

- 15 The future of transformative change counselling in African contexts:  
An integrative approach

# Future of transformative change counselling

*We advocate for professional practice standards to include a transformative care ethics statement that both guides and encourages counsellors to step out of their office comfort zones to embrace a community presence with their clients.*

*We advocate for transformative change counselling approaches in African contexts in which counsellors understand healing as not representing an end point, cure, or the absence of disease or illness but as a step forward in a life journey of possibilities for change in their client's lived worlds.*

*This will require the adaptive integration of Western and African healing traditions to optimise opportunities for re-inventing lives for the futures people want.*

*Counsellors are urged to keep abreast of the levels of change they are working towards with their clients and make theoretical adaptations as needed.*

*The counsellor need not innovate their transformative change-oriented practice in African contexts because African life situation-focused belief systems have been in place for thousands of years.*

*Thus, transformational change counselling requires accurate listening in the cultural context as an understanding of language does not always equate to an understanding of cultural meaning.*

# Integrated case studies

- Three case studies are introduced in Chapter 1 and then referred to in subsequent chapters.

## The case of Nobuhle Dlamini: A single mother with mild brain injury

### Background information

Nobuhle Dlamini, a 58-year-old woman from Mpumalanga, grew up in the 1960s in a poor family of 13 children. In her early years, her family were subsistence farmers in a rural area. They grew rice and organic vegetables for their consumption. During her teenage years, she lived with relatives in Johannesburg and went to school there. Her school years were hard from both an economic and social perspective. She graduated from high school because of her hard work and commitment. Even though she married young and had children, she succeeded in establishing a good life for herself and



**Table 1.5** Prospective transformative change counselling plan for Nobuhle Dlamini

| Transformative change  |   |  |
|--|---|--|
| Ameliorative   | Personal  | Life situation   |
| <ul style="list-style-type: none"> <li>• Pain symptom relief: Medication is indicated for ameliorating Nobuhle's chronic pain, depression, and PTSD symptoms.</li> </ul> | <ul style="list-style-type: none"> <li>• Personal agency: Personal transformative change counselling would primarily build on her strengths as an accomplished entrepreneur, and her life satisfaction as a grandmother</li> <li>• Validation of present life accomplishments</li> <li>• Sense of closure on early life events. She managed the challenges in her early life to attain later success</li> <li>• Flexi-day scheduling</li> <li>• Nobuhle may need assistance to manage tasks so as to minimise the risk of falling</li> <li>• Recovery.</li> </ul> | <ul style="list-style-type: none"> <li>• Business activity re-engagement. Her daughters will manage the business and Nobuhle will have a new role as partner and consultant</li> <li>• Transition to retirement planning: Nobuhle will join the retirement community</li> <li>• Reinvention through community leadership activities</li> <li>• Restoration of her family network: Nobuhle will proactively seek to restore her extended family network as an elder.</li> </ul> |



# Case conceptualisations

**Table 3.3** Counsellor orientation qualities mapped to case studies

| Counsellor orientations               | Johannes Adams  | Sipho Gumede  | Nobuhle Dlamini  |
|---------------------------------------|---|---|--|
| <b>Social justice</b>                 | Focus on Johannes' choices and support mechanisms and less on his behavioural disorder  | Restore control of Sipho's livelihood difficulties  | Successful aging supports for older adults such as Nobuhle   |
| <b>Social advocacy</b>                | Lobby for rehabilitative juvenile care systems  | Occupational health and safety counselling with employer organisations and government departments   | Female entrepreneurial network activism  |
| <b>Critical reflective practice</b>   | Explore alternative juvenile facilitative programmes to proactively construct successes to minimise the risks of Johannes reoffending | Assess for personal assets for employment with the same employer but in a different job or alternatively, another job with a different employer | Examine life roles for empowered living with a disability and successful retirement planning                         |
| <b>Counsellor facilitation skills</b> | Getting to know Johannes as a person rather than representing his life story as a juvenile  | Compassionate understanding of job loss from occupational and person-centric "return-to-work" support interventions                             | Appreciative inquiry into living arrangements and reconnections – within her comfort zone – with her extended family |

**Table 4.7** Summary of the key ethics considerations in cultural safety and cultural security that apply to the case studies

|                          | Johannes Adams   | Nobuhle Dlamini   | Sipho Gumede   |
|--------------------------|--|---|--|
| <b>Cultural safety</b>   |  |   |  |
| Confidentiality          | Medical history <ul style="list-style-type: none"> <li>• Epilepsy, bipolar disorder</li> <li>• Prescription medications</li> <li>• History of offending</li> </ul> | Medical history <ul style="list-style-type: none"> <li>• Mild traumatic brain injury</li> <li>• Chronic pain syndrome</li> </ul>  | Medical history <ul style="list-style-type: none"> <li>• Post-traumatic stress disorder</li> <li>• Chronic pain syndrome</li> </ul>  |
|                          | Johannes Adams   | Nobuhle Dlamini   | Sipho Gumede   |
| <b>Cultural security</b> |  |   |  |
| Structural inequalities  | <ul style="list-style-type: none"> <li>• Marginalised socio-economic background</li> <li>• Appropriateness of mental health counselling services</li> </ul>        | <ul style="list-style-type: none"> <li>• Black, female, and marginalised</li> <li>• Availability, accessibility, and appropriateness of mental health counselling services</li> </ul> | <ul style="list-style-type: none"> <li>• Marginal economic means for family support</li> <li>• Availability, accessibility, and appropriateness of mental health counselling services</li> </ul> |
| Decisional capabilities  | <ul style="list-style-type: none"> <li>• Minor child with evolving guardianship</li> </ul>   | <ul style="list-style-type: none"> <li>• Independent living</li> <li>• Youthful older adult who is capable of self-choices</li> </ul>   | <ul style="list-style-type: none"> <li>• Middle-aged adult with full decisional capabilities</li> </ul>  |

# Case conceptualisation in theory chapters

**Table 5.2** Case conceptualisations from the perspective of psychoanalytic theory

| Theory and element                 | Johannes Adams     | Sipho Gumede         | Nobuhle Dlamini     |
|------------------------------------|--------------------|----------------------|---------------------|
| <b>Drive-structure theory</b>      |                    |                      |                     |
| Impulse control                    | Low (disruptive)   | Low (discouragement) | High (self-manages) |
| Energy investment                  | Active aggression  | Passive aggression   | Appropriate         |
| Ego functioning                    | Disorganised       | Diminished           | Confident           |
| Personality type                   | Bipolar            | Neurotic             | Depressive          |
| Intrapsychic conflict              | Agitated           | Ruminations          | Reflective          |
| <b>Relational-structure theory</b> |                    |                      |                     |
| Attachment                         | Insecure-resistant | Ambivalent           | Secure-ambivalent   |
| Ego development                    | Deviant            | Regressed            | Vulnerable          |
| Identification                     | Distorted          | Disoriented          | Secure              |

**Table 10.2** Case conceptualisation applying indigenous therapy

|  | Johannes Adams             | Sipho Gumede                | Nobuhle Dlamini            |
|--|----------------------------|-----------------------------|----------------------------|
| <b>Relationship</b>                    |                            |                             |                            |
| <b>Self</b>                            | Denial                     | Discouraged                 | Accepting                  |
| <b>Family and kin</b>                  | Conflictual                | Ambivalent                  | Anticipatory               |
| <b>Community</b>                       | Antagonistic               | Estrangement                | Engaged                    |
| <b>Nature</b>                          | Undeclared                 | Belonging                   | Fruitful                   |
| <b>Spiritual</b>                       | Developing                 | Indigenous-ancestral        | Charismatic–Pentecostal    |
| <b>Prospective recovery ceremonies</b> |                            |                             |                            |
| <b>Medication</b>                      | Herbal                     | Herbal                      | Herbal                     |
| <b>Techniques</b>                      | Naming                     | Naming                      | Naming                     |
|  | Physical and interpersonal | Expectation                 | Expectation                |
|  |                            | Cleansing and scarification | Spiritual healing camp     |
|  |                            | Dream work                  | Dream work                 |
|  |                            | Physical and interpersonal  | Physical and interpersonal |

# Counselling session transcripts

## Exploration of family projective identification

### Background

Magriet (not real name) is a woman in her second marriage with two adolescent children, Abebi (14 years old) and Wilhelm (17 years old), from her first marriage. When Magriet was a child, her mother favoured her brother, which created the perception in Margriet's mind that men were more important than women and were to be taken care of, and women were born to serve men. Magriet's father ignored her wishes to go to college to earn a professional qualification and have a successful career thus reinforcing the message that, as a female, she was unimportant. Later on in her life, both Magriet's first husband (Kosie) as well as her current husband (Stoffel) believed the same misogynistic, pro-men philosophy as Magriet's parents. Although Magriet owns a small business, she has internalised a sense of subservience and believes her role in her marriage is to serve her husband.

The family (Magriet, Stoffel, and the children) sought counselling as both the children have emotional problems. Wilhelm is a heavy marijuana (dagga) user and Abebi has emotional and learning problems in school. Magriet has projected to her son, Wilhelm, that males are special and are to be taken care of. Wilhelm wallows in his mother's favouritism, accepting it as an entitlement. He experimented with marijuana through a peer network and has become dependent on the drug. His habit is funded from a bank account Magriet opened for his discretionary expenses, and of which she is a co-signatory. While Magriet appears to be unconditionally supportive of Wilhem, the message that Abebi receives from her mother is that she is unimportant and stupid. In turn, Magriet feels tension between her and her daughter, who sometimes verbally attacks her, possibly resenting the close relationship Magriet has with her son.

### Excerpt of a counselling interview with Magriet and her family

**COUNSELLOR TO MAGRIET:** I wonder, when Wilhelm was talking about his "being like Abebi", and Stoffel asked him a question, how did you feel?

**MAGRIET:** What do you mean how did I feel?

**COUNSELLOR:** When Stoffel asked Wilhelm when he figured out that he was like his sister and Wilhelm replied, "just now".

## What projective identifications are happening in Magriet's family?

The form of projective identification in this case is called "identification with the aggressor" because Magriet is acting as if she were her own mother, and her daughter as if she were Magriet when she was a child. Magriet's relationship with her son is also similar to the relationship her mother has with Magriet's brother.

- Magriet saw Abebi and Wilhelm very differently because of her projective identifications onto them.
- Magriet saw Abebi as bad and stupid in the same way her parents thought of her as a child.
- Abebi has been acting out Magriet's feelings by presenting as emotionally disturbed and having school learning difficulties.
- Magriet saw Wilhelm as the good son who needed special attention and care, which was what Magriet had observed between her own mother and her brother.
- Wilhelm reacted to his mother's framing of him as being similar to his father, turning against himself – rather than her – by taking habit-forming drugs.
- Both the children are carrying out their mother's inner life and may be unable to grow and develop their own healthy relationship structures without counselling support.

## What do you think?

- Is it possible that when Magriet's children grow up they might hold very different views of their own family?
- How does projective identification explain how and why siblings talk about the same family very differently?

# Experiential exercises

## Counselling interview: Employment

**COUNS:** Good morning, Mr Phiri. I hope you had a good day.

**CLIENT:** Good morning, and yes, I have had a wonderful day today. I am glad I can see another day above the ground in this beautiful country.

**COUNS:** Why? I am pleased for you. Didn't you expect to see the sunrise today?

**CLIENT:** You know it is easier said than done down here. It is different for people like you, you know?

**COUNS:** I thought we stayed in the same country. The chances of survival should be the same (I told him to start the conversation, knowing well where the conversation was headed).

**CLIENT:** You guys are so much better off. Just walk around and ask. You will find people more hopeless than I am. Some of them are in an even worse condition (he says while pointing to a man who was fast asleep on in a box across the street from our community centre office).

**COUNS:** You have talked about gratitude in your daily life in South Africa. When did you arrive here?

**CLIENT:** I moved to South Africa in the late 80s. At the time, I was a very young man – the size of that great soccer player wasting talent in that field (pointing at a young man playing soccer who we could see through my office window). I had an uncle who had moved from Malawi and settled in South Africa some years prior to me so I had no problem coming. The real problem was in settling down.

**COUNS:** What happened? How well did you cope?

**CLIENT:** The conditions were not like now. Finding employment was difficult and there was intense discrimination against black people. The good jobs were reserved for the select few. Coming from Malawi, I was not well trained in a skilled job. I only knew how to smelt – just like my uncle – but there were no opportunities for me to do that. The only options were being a miner or a farm labourer.

**COUNS:** What was Malawi like – the memories you have?

**CLIENT:** I cannot comment further because I am a South African now, and I must be respectful of my country. But all I know is that unlike here, at least Malawi had food for the elderly, and children and relatives took care of them (at this stage he was so overwhelmed, so I stopped asking more questions).

The decision by counsellors to not pursue an interview that gets too sensitive for both the counsellor and their client can be explained by the counsellor's discomfort and avoidance in confronting feelings of vulnerability and shame in not being able to make a difference to the client's life situation (MacMahon, 2020). However, leaving the client exposed and vulnerable raises ethical issues.

## Experiential exercise: Class activity

Pair up with a classmate to continue the interview with Roy Phiri, assigning each other client and counsellor roles. Switch your roles for a better understanding of the perspectives of the client and counsellor roles.

## Personal reflection

- Have you ever felt less valued at work due to your personal background and characteristics?

# Availability of the book

- May be ordered by campus bookstore (easiest route). Price: R599 (Print ISBN 9780190731182)
- May also be ordered directly from Oxford University Press South Africa <https://www.oxford.co.za/book/9780190731182-counselling-for-african-contexts-transformative-approaches> Email: [oxford.za@oup.com](mailto:oxford.za@oup.com) or Call Customer services: +27 (0) 21 120 0104
- Soon to be available on Takealot and Amazon
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# Thank you



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