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The Approaches used in Counseling Parents of Children with Disabilities in the Western and
African Tradition With Particular Emphasis to Zimbabwe

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Abstract

Provision of counselling services to parents of children with disabilities is crucial. While counseling is rooted in people's values, belief systems and religion, the goal is achieved when the client's problems are solved, regardless of the type of approach used. Counselors need to consider the cultural beliefs and values of clients, if they are to play an effective role in the lives of individuals and families of the clients they counsel.

This paper gives an overview of the historical background of counseling and compares the traditional methods of counseling to western methods. The paper also gives a global picture on the counseling of parents of children with disabilities in the Western and African traditions and discusses the approaches used to counsel parents of children with disabilities in African cultures and the Zimbabwean culture in particular. The role of counseling organizations in Zimbabwe is also explored. The authors give suggestions and recommendations regarding provision of improved and more accessible counselling services.

Historical Background of Counseling

Counseling is a response to human needs. As pointed out by Howard (1996) and Corey (1986) it is possible that the earliest (although unconfirmed) occasion in which humans sought a counselor was when Adam reaped the consequences of his eating the apple in the Garden of Eden. Although there is no proof of this early beginning to counseling (Howard, 1996; Corey, 1986), an abundance of evidence suggests that persons throughout the ages have sought the advice and counsel of others believed to possess superior knowledge, insights, and/or experiences. Perhaps the first counterparts of the present day counselor were the chieftains and elders of the ancient tribal societies to whom youth turned or were often sent for advice and guidance (Webb, 2000). In these primitive societies the tribal members shared fundamental economic enterprises such as hunting, fishing, and farming. No elaborate career guidance programs were developed or needed because occupational limitations were usually determined by two criteria, age, and sex. However, with time people acquired skills necessary for societal needs and the occupational determinant of inheritance became common, with parents passing on social and trade skills to their children. Brammer, Shostrom, and Abrego (1989) clearly show that a study of primitive society can lead one to conclude that most of the conflicts existing in present day society regarding career decision-making were absent. This absence of a career dilemma should not be interpreted to mean that workers did not enjoy or take pride in choosing a career if they were given a chance. Even the earliest evidence of humankind's existence indicated that pride and pleasure resulted from developing and demonstrating one's skills in developing one's potential. In the early civilizations (Shumba, 1995), the grandparents, church priests, elders in the community, and philosophers assumed the function of advising and counsel. People believed that internal forces within the individual could be stimulated and guided towards

goals beneficial to both the individual and the community. Of the early Greek counselors, Plato is one of the first to organize systematic theory (Zytowski, 1972). Plato's interests were varied, and he examined the psychology of the individual in all of its ramifications: the moral, education, societal, and theological perspectives. He explored the following factors that encourage man to be virtuous: (a) inheritance, (b) upbringing, (c) education, and (d) effective teaching and techniques. The factors were successfully used in persuading and influencing people in their decisions and beliefs. His way of questioning and methods established the guidelines for establishing the counseling relationship. His methods were dramatic and his questioning had the dynamics of very real human interactions in which the characters and the words they used were equally important. The second great counselor of the early civilizations was Aristotle, who made many significant changes to the field of psychology, which was not well established at the time. He carried out a study of people interacting with their environment and with others, as well as how those interactions created relationships. Hippocrates and other Greek physicians contributed towards the possible solutions in treating and setting the human mind at peace (Wright, 1978). As time progressed, Hebrew society assumed individuality and the right of self-determination and direction. The early Christian societies emphasized, at least in theory if not always in practice, many of the humanistic ideals that later became basic to democratic societies, and in this century, the counseling fraternity.

Philosophers who were also educators such as Luis Vives (1492-1540) recognized the need to counsel and guide persons according to their attitudes and aptitudes. In the Middle Ages attempts at counseling increasingly came under the control of the church. The early Middle Ages had centered the duty of counseling, advising, and directing youth in the parish priest. During that time, education was also largely under the church jurisdiction. Efforts to place youth in

appropriate vocations occurred during the rise of European Kingdoms and the subsequent expansion of the colonial empires (Brammer, 1996). Books aimed at helping youth choose an occupation began to appear in the 17th century (Zytowski, 1972). Tomasco Garzoni, an Italian, produced a book with almost 1000 pages, which explained various professionals and occupations in great detail. His publication, *The Universal Plaza of All the Professions of the World*, had 24 Italian editions and was translated into Latin, German, and Spanish. Zytowski (1972) labeled it the *Occupational Outlook Handbook* of the 16th and 17th century. In the early 17th century Powell published *Tom of All Trades* in 1631 in London. Powell gave information on the professions and how to gain access to them; he even suggested sources of financial aid and the preferred schools which provided the training (Zytowski, 1972). The most famous United States educator of the 19th century was Horace Mann. In his *12th Annual Report* he identified the advantages of including guidance and counseling in American education, especially when dealing with students with disabilities and their parents (Johansen, Collins, & Johnson, 1975). The scientific study by Herbert Spencer (1820-1903) had important significance on human behavior, especially to the eventual development of counseling. Scientists considered the 20th century ideal for the development of counseling and other therapy programs that best helped to meet human needs.

Traditional versus Western Counseling

Counseling has always been practiced and appears to have achieved some, if not most of its intended purposes. Most of the African countries have been using the traditional approach and most of the European countries have been using the western approach. The dilemma was on the minority of Africans who lived in western countries but were raised in Africa, and the minority of whites that lived in Africa but were raised in Europe or other western countries. These minority groups are likely to have suffered cultural needs if at all they took up counseling in a

foreign country. The two approaches to counseling differed. What is interesting is that the approaches work towards the same goal. A brief explanation of each approach is given and the advantages as well as disadvantages are highlighted. The traditional counseling is based on that practiced in Zimbabwe.

Traditional Counseling

Counseling has historically been an integral part of the traditional African culture, Zimbabwe being one of the countries in which it was practised. Its importance in the traditional setting is reflected in the way it was institutionalized, with specific roles of counseling being allocated to particular people within families. These family members include the aunts, uncles, grandparents, and elders in the community, traditional healers, church-elders, and ministers. In the Zimbabwean indigenous culture, the family and community interact as collective structures. The individual exists not as an individual, but as part of a family and community system (Shumba, 1995). Self-affirmation and feelings of connection with the world are gained from family and community relationships within which the individual participates. Because of this dynamic situation, there are multi-generational and inter-community support systems that are interdependent. Zimbabwean society is dominated by the tenets of traditional culture, with approximately 80% of Zimbabweans living in rural areas where traditional customs are strictly followed. Culture demands and society enforces adherence to traditional values and practices. With increased urbanization, many people in towns have acculturated into the western world-view and are slowly drifting away from their cultural socialization (Makoni, 1996). While the authors do not claim Zimbabwe to be totally representative of other African countries, most do follow a similar pattern (Palmer & Varma, 1997). It is important to point out that the traditional African cultures are not homogeneous, with significant differences being noted among different

ethnic groups. These groups speak different languages and many practice rituals in different ways. The afore mentioned people involved in counseling are normally members of the extended family and are deemed to have accumulated wisdom to counsel through experience in their lives. In most cases they counsel people who are younger than themselves and over whom they have authority. Before discussing the role of such members of the extended family, it is necessary to define the terms that have wider meanings such as aunts, uncles, elders and traditional healers. Aunt normally refers to one's father's or mother's sister. Uncle refers to one's father's or mother's brother, father, and their cousins. Elder refers to all the elderly people in the community who are respected for the role they play in mending relationships and promoting harmony among family members, friends, and members of the extended family. Traditional healers refer to people who claim to communicate with spirits of dead ancestors. Their role is supposed to safeguard people against witchcraft and evil spirits. They also advise families and people in the community of possible causes and solutions to misfortune. Traditional counseling is widely practiced in the rural areas of African countries (Okullu-Murra, 1996). It is also practiced in cities as many people have moved there to find better living conditions.

In traditional counseling the people described above have specific counseling roles to play. The aunts usually deal with marriage issues, such as preparation for weddings and solving problems in a marriage. They counsel and guide the women towards successful marriages. As marriage counselors, their role complements that of the mother but is more pronounced when a girl is preparing for marriage. During dating, the aunts guide young ladies and counsel them about their love relationships as well as the suitability of their partners. The aunts teach the young unmarried ladies about their bodies, sex, and sexual hygiene as well as behavior expected of a wife and mother. When the young ladies date, the aunts are heavily involved until the

marriage has taken place. They guide the young unmarried ladies towards what is expected of a married woman who eventually becomes the mother of the home. Uncles provide similar counseling services to the young men who are preparing to marry and to those who are already married but are experiencing problems. Elders in the community counsel and guide families that experience conflict in one way or another. Church elders and traditional healers assist families and individuals who visit them or who are referred to them for help.

Church elders and traditional healers normally deal with parents of children with disabilities, for example those who are hearing impaired. It is of paramount importance to emphasize that most of this counseling consists of giving advice and suggesting solutions without necessarily giving clients the chance to identify possible solutions to their problems. The counselors expect the clients to fully implement the advice is given to them. If the outcome is not positive, the client is usually the one to blame. The negative outcome for the counseling is attributed to the client's inability to follow instructions or lack of expertise in carrying out the suggested solutions. When counseling parents whose child is disabled a lot of causative factors can be identified. Sometimes the cause of the disability is blamed on the parents or angry ancestors. A study by Okullu-Murra (1996) in Uganda indicates that a family that had a child with severe disability teamed up with relatives and took the child to a witch doctor to chase away the evil spirits which they believed had disabled him because they (evil spirits) might have been annoyed by evil gods or the child might have been bewitched by a neighbour. This signifies strong family ties between beliefs about causes of disability and cultural beliefs.

Western counseling

Western counseling is undertaken by trained/experienced, qualified/unqualified counselors. It is the client's responsibility to seek counseling services, which are paid for.

The service is by appointment and it may be individual, group and/or family counseling. One or more counselors may be involved. The western way of counseling gives room for the counselor to create rapport and establish a relationship before presenting the problem. The counselor's role is to listen and to widen the client's view of the problem by determining all the people and systems involved. The counselor will then help the client to view his/her behavior and hence his or her course of action. Counselors help clients to find reasonable solutions to their problems. The onus is on the client to change attitude and behaviour as well as solve his/her own problems. The two approaches have some similarities and differences. In both systems, there is need for mutual trust and a good relationship. Both aim at resolving the problem and confidentiality is emphasized. In the traditional set up confidentiality is emphasized within family members, whereas the western approach emphasizes confidentiality between the counselee and the counselor. With reference to differences, in the western system the client has to find solutions to his/her problems whereas in the traditional system the counselor or counselors provide solutions. In the western system the counselor and client may be strangers and yet in the traditional system the counselors and clients are normally relatives or people who know one another well. In most cases counselors who operate in the western system are qualified whereas traditional counselors are normally not trained. The western approaches to counseling are based on strategies and techniques that were initially developed by Anglo-European counselors. These techniques and strategies were designed to cater for the needs of majority groups. In the United States of America where there is a variety of diverse cultures, this monolithic approach has been found to be highly inadequate because it ignores the needs and cultural concerns of the minority groups. According to Nelson-Jones (1995) American counselors have therefore adopted a pluralistic approach, which calls for a multi-cultural perspective where counselors are to be creative and

flexible without necessarily ignoring the commonality of human beings. A critique of the appropriateness of western approaches to counseling in African countries has been advanced by a number of African counselors (Locke, 1990). They argue that western approaches are not appropriate to the situation and the needs of the majority in African countries south of the Sahara. The basis of their argument is that western techniques and strategies are sophisticated, time consuming, and expensive, therefore catering for only a small elite group. However, it must be noted that, due to urbanization and educational developments, most Africans in urban areas are practising the western system and/or both. Some have borrowed certain aspects from both systems. Although there is no universal culture in Africa, there are some basic common elements found in their cultural beliefs and practices that involve the role of the extended family in counseling. It must be pointed out that in their study with students from different cultures, McGuiness, Alfred, Cohen, Hunt, and Robson (2001) noted that humanistic counseling, when employed correctly, does not violate cultural boundaries.

In Zimbabwe prior to the 20th century, traditional counseling had been the most common practice among the Black Africans (Shumba, 1995). The 20th century saw the gradual spread of western counseling (Makoni, 1996), and the establishment of free guidance and counseling by Non-Governmental Organizations as well as the establishment of counseling agencies. To date both the traditional and the western systems are practised with the former being well established and the latter gaining ground. As pointed out before, this is mainly a product of urbanization and educational developments.

Counseling Parents of Children with Disabilities Using the Western and the African Traditional Methods

A family into which a child with disabilities is born will never settle down until they have approached all possible help. These include professionals in the medical field, in special education, traditional healers, counsellors, community and church leaders, in order to help their child and to obtain advice and counseling.

It is common practice that parents of a child with disabilities go through feelings of shock, guilt, inferiority, denial and in some cases confusion. Hardman, Drew, and Egan (1984) assert that the birth of an infant with disabilities is likely to alter the family as a social unit in a variety of ways. Parents and siblings may react with shock, disappointment, anger, depression, guilt, and/or confusion. Relationships between family members often change, in either a positive or a negative manner. The impact of such an event is great, and it is unlikely that the family unit will ever be the same. Hardman, Drew, Egan, and Wolf (1993), further endorse that such parents may consult professionals, doctors, traditional healers, counselors, specialist teachers, physiotherapists, audiologists, psychologists, and others, searching for treatment, correction, and any other help that they can obtain in aiding them to raise their child.

Parents of children with disabilities need counseling to help offset their reactions to the child's handicap. As stated by Martin and Clark (1996) parents become patients. There is ample evidence that at the initial diagnosis of a disability, logic often takes a back seat to emotion and families become incapable of assimilating and processing the new and stressful facts (Harry, 1997). As important as it is that families are given the data they need to have on which to base their decisions regarding their child, it is useless to force-feed individuals who cannot digest facts that carry an emotional message. Even when emotions do not appear to dominate the

counseling session, information is often misinterpreted or forgotten (Backenroth, 2001).

Emotions can cloud logical thinking and perception, therefore the counselor must determine whether parents are prepared to accept and understand new ideas and information before they embark on the actual counseling. Apart from emotional reactions, it is apparent that parents have counseling and guidance needs related to the practical steps they could take to help their child benefit from those services. The goal of the counselor is to help parents accept the situation, achieve independence and learn to solve problems engendered by their child's hearing loss. The great diversity of reactions and family situations requires a worker who uses counseling skills effectively and is capable of handling a variety of responses. Parents who are not disabled naturally expect to have children who are not disabled and therefore become worried about their family's future based on the discovery of the disability, which more often than not is unanticipated. Recovery rate in clients with anxiety symptoms is reported as faster where the counselor is warm, accepting, interested in, and likes the client and is able to empathize with him. Studies carried out on counselors who worked with parents of children with disabilities, Tucker and Nolan (1984), Martin and Clark (1996), and Peavy (1996), indicate success, not due to particular techniques, but dependent more on the personality and attitudes of the counselor. According to Davis (1993) many non-professional counselors lack the necessary skills and a positive attitude when dealing with families of children with disabilities. These non-professional counselors include physicians, dentists, teachers, attorneys, the clergy, and friends. Uncertified counselors with basic training in counseling and disabilities, who do not assume authority, who empathize with clients and adopt a positive attitude, form a warm relationship, attach value to clients, accommodate clients' emotions, and create a conducive atmosphere for clients to find solutions to their problems, do well in counseling (Blocher, 2000). The authors agree with

Blocher's line of thought because a study by McCormick (1986) in the United Kingdom where he screened children with hearing impairments using physical methods, with the use of trained health visitors, also indicates that there was no difference in the results obtained by health visitors and those obtained by audiologists.

In the African culture the extended family, which includes the ancestral spirits, is an important feature. Counseling parents of a child with disabilities involves traditional healers and ancestral spirits from grandfathers and/or grandmothers who advise the family on what went wrong and who caused the misfortune, as it is referred to. The cause is sometimes blamed on ancestors who may not be happy about something or who may have been wronged by the parents or the family (Makoni, 1996). According to Kisanji (1996), Katz (1995) and Shumba (1995) the child with disabilities is to be hidden since he or she is a disgrace to the family before the community. The type of counseling given to such parents involves spiritual family cleansing, appeasing the ancestors, and confessing evil acts they may have committed against respected members of the family (Locke, 1990). This type of counseling is deeply rooted in cultural belief and value systems. In helping the clients, the traditional healer will include clients' support system of the family, friends, and trusted persons in the helping process (Makoni, 1996). It is unfortunate that the counseling itself does not seem to benefit the child with disabilities; it rather focuses on preventing further occurrences of similar misfortunes. Sometimes having a child with disabilities is blamed on families that do not have good relationships with this particular family. In such cases a ritual will be used to restore/reassure the couple or family of a recurrence of a similar misfortune.

One way of demonstrating cultural respect is to recognize the value of the traditional network of helpers in the counseling process. In the African indigenous culture, the family and

community interact as collective structures (Mbiti, 1990). Spirituality, religion, and mysticism envelop the life of the indigenous African (Aschhanden, 1982; MacGaffy, 1986; Bourdillon, 1987). Because of that, Africans' perception of nature may be cosmological, that is, "sacred and mysterious" (Shumba, 1995, p 42). It is believed nature is a spiritual being that can be either loving and generous or punishing and revengeful. Counselors who deal with clients who are deeply involved in such practices need to be part of the culture or be familiar with the practice in order to effectively execute their duties. According to MacGaffy (1986), human and spiritual attributes have taboos and prohibitions that may be attracted to objects in the natural environment. Therefore counselors should not separate clients from their spiritual beliefs or affiliation to their tribal groups (Garret & Garret, 1994). African families have close ties with members of their extended families. An educated African who wishes to maintain a western-type nuclear family identity, especially in urban centers, has often been overpowered by the religious moral, social, and economic expectations and demands from the still strong extended family circle. Thus the child with disabilities belongs not only to the nuclear, but also to the extended family. Africa, therefore, differs from the western world in the dominant family structure and this in turn affects the source of support for a person with disability that may be readily available or easily solicited. In Africa the aunts and uncles and grand parents have specific roles to play in counseling and are sometimes more important than the biological parents (Kisanji, 1996).

It is important for parents of children with disabilities to be referred to counselors who have knowledge about disabilities. Peavy (1996) pointed out that effective counseling should assist the individuals to clarify various aspects of their life-worlds. He further spelled out these aspects: (a) reducing mental confusion and doubt, paving way for decision-making; (b) enabling a forum of self-encounter, which helps one to make distinctions about self and other, and self and

ambient world, thus making one understand his personal reality and life experiences in context; (c) alerting individuals on how they are being influenced by the field of power in which they are embedded; (d) providing hope and encouragement, since individuals without hope have no windows in their future; (e) identifying the pros and cons of any coping strategy; and (f) providing comfort and/or support. Comfort is a deep human need that can be met through church, gatherings, family clans and neighbourhood groups.

Counseling Organizations in Zimbabwe

Counseling organizations and agents here refers to churches, traditional healers, community elders, relatives, grand parents, special schools, hospitals and counseling centers. Such organizations or groups of individuals provide counseling services to the general population. These organizations or groups of individuals offer emergency, education and consultation services. Centers concentrate on common problems in that particular community and universal problems are also accommodated. Some of the agencies include traditional centers that include services such as drop-in, and open-door, whilst others even offer temporary accommodation. Zimbabwe has six examples of such centers: three in Harare the capital city, two in Bulawayo the second largest city and one in Gweru the third biggest city. Counselors in the centers know the culture and beliefs of the people in the community, which makes their services effective (Blatt, 1976).

A number of counseling organizations that train counselors organize outreach programs. They provide short courses in different regions and longer courses for professionals in which they provide certificates at the end of the training. Outreach programs help people who cannot access the services since most organizations and agents are established in towns and big cities. Charema & Peresuh (1996) emphasized this factor when they pointed out the need for mobile

units in rural areas to support parents of children with disabilities. It would be helpful for these agencies to decentralize the services. This would help parents of children with disabilities to access guidance and counseling services within their rural areas. Those parents who cannot make it to big cities due to lack of transport fares would also benefit.

Counseling organizations and agencies deal with widely diverse populations. This encompasses people of different races and cultural backgrounds. Organizations offer a wide range of services from short-term ordinary family problems to urgent ones that need immediate attention. These services include crisis, facilitative, prevention, developmental, employment, correctional, rehabilitation, marriage and family, as well as pastoral counseling. Crisis issues relate to concerns about suicide, having a child with disabilities, drugs, or rejection by a loved one (Mbiti, 1990; Locke, 1990). In this case the counselor provides individual counseling, personal support, and/or refers the client to appropriate resource centers. Facilitative issues relate to job placement, career/academic concerns, and marital adjustment. Prevention issues involve sex education, self-awareness, and career awareness. Developmental issues relate to self-concept, child abuse, sexual abuse, murder, and death. Above all counselors deal with parents of children with disabilities where there may be family discord due to changes in life style and family image. Capuzzi & Gross (1999) assert that a number of key features must be included in any effective counseling organization and center. Nystul (1999) and Wallace (1986) supported this view when they emphasized that counseling organizations should be situated in places easy to locate and have a clear outline of the services provided. Some of the key features cited by Nystul (1999) include: (a) quantitative analysis of the population to be served, so that the number of people to be helped and their specific needs can be determined; (b) case management, to ensure that someone is responsible for coordinating and monitoring necessary services; (c) a program of

support and rehabilitation to provide services appropriate for each client's age, functional level, and individual needs; (d) centers should be located in a setting that is easy for community members to access in order to encourage acceptance by communities, which saves travel time and money; and (e) counseling agencies should have a team that includes psychiatrists, counseling psychologists, and social workers.

Counseling Parents of Children With Disabilities in Zimbabwe

According to the writer's experiences as an educator, administrator, lecturer in special education, and counselor in schools and with a counseling agency in Zimbabwe, most of the counseling of parents who have children with disabilities was done in special schools because parents had no idea of what to do with the children thereafter. Some obtain counseling from elders and traditional healers from the villages and communities. Similar experiences have been noted in other African countries south of the Sahara, for example Zambia, (Katwishi, 1988), Tanzania, (Kisanji, 1993), Uganda, (Kristensen, 1997) and Kenya & Malawi (Nyaga, 1997). African families have close ties with members of their extended family. In Zimbabwe the traditional support system is now being weakened by the movement of people to developed countries and to other economically sound African countries as well as to urban areas within the country. The rural urban-migration and western-countries migration has actually meant the distancing of persons with disabilities from the close knit support system that would otherwise be available to young persons with disabilities in the rural communities. Kisanji (1996) stated that it is common for persons with disabilities to be sent to rural areas to be reared and formally educated by grandparents and other relatives. Therefore it is important to consider the extended family when counseling parents of children with disabilities.

From 1984 to 1997 the first author worked as a teacher of children with disabilities in Zimbabwe at one of the schools that belong to the Jairos Jiri Association for people with disabilities. This association provides services for the blind, deaf, physically disabled, and mentally disabled people. The association has branches all over Zimbabwe with centers in all the main towns. They also have primary, secondary, and vocational schools for students with disabilities in all regions of the country.

Specialist teachers who were not formally trained counselors carried out most of the counseling in special schools. The counseling sessions were for ten to fifteen minutes only once. The first author experienced this during visits to special schools as a university external examiner for one of the teachers' colleges that offered a special education course. From his knowledge and experiences during and after training in counseling, the teachers who provided counseling services lacked the necessary skills to help parents effectively. This was also indicated by Maluwa-Banda (1998) in his study in Malawi. The counseling was not planned and did not involve all the members of the family who were affected by the child's disability. The counselors did not involve the parents in counseling, but just told them how to take care of the affected child. The parents seemed to look forward to the experts' advice and never thought they had anything important to contribute. This happened in all special schools for children with disabilities in Zimbabwe. Some of the parents just "dumped" the children at special schools and only turned up during the child's final year in either the primary or secondary school. The situation has slightly improved in the sense that from 1996 a few teachers, at least one from every special school particularly for the hearing impaired, have been trained in child counseling. As pointed out by Richards (2000), the training given to "counselors" who work in schools and hospitals and the police in Zimbabwe is quite inadequate. The child-counseling course has

intensive practical sessions that are of great help to the trainees but lacks the theoretical grounding base necessary for counseling. Some of the trainers are not well qualified mainly because they have only graduated in the very course they are offering to trainees.

The major issues confronting counseling in Zimbabwe are much the same as those faced by other societies and African countries that attempt to implement foreign ideas and experiences. Apart from the basic cultural differences that exist, traditions, political ideologies, religion, and level of technological and economic development present problems that are not easily surmountable. The conclusion seems justified that no systematic development of a counseling system is taking place, based on a national consensus about counseling in Zimbabwe. Since each country has its own unique historical background, political system and economic conditions, any counseling model being appropriated in the society will naturally be affected by these main factors (Dogan, 1996).

Zimbabweans who have problems usually consult with family members and friends. Typically, an individual takes problems to his or her family because of strong family relationship. The concept of family in Africa consists of a maze of blood and social relationships (Fukuyama, 1997). People are generally reluctant to admit their problems to outsiders, which is the normal practice in several African countries (Soliman, 1991). Family counseling is perhaps the indigenous form of counseling that exists in all societies especially before they are exposed to social change. The extended family in Zimbabwe provides its members with care, help, and support.

Conclusion

If counseling of parents of children with disabilities is a priority in Zimbabwe and other African countries, there is need to establish guidance and counseling research centers in all

regions and in schools and undergraduate courses in technical and teacher's colleges. The profession of counseling as practiced in the western world cannot and should not be directly transported to Zimbabwe if it is to help Zimbabweans. In order to offer parents of children with disabilities effective counseling, counseling theories imported from the West should be adapted and integrated into the African or Zimbabwean culture and tradition. One way of making counseling relevant to parents of children with disabilities in African countries is to contextualize its application. This effort will help meet the needs of parents from different ethnic groups.

There are differences in culture, resources, and demographics that make much of the existing literature on this topic irrelevant or inappropriate for application to developing countries. Much of what western countries consider basic standards are unavailable to counselors and clients in developing countries. While the desires and goals to counsel parents of children with disabilities may be similar from one culture to another, the resources and circumstances available to them may differ vastly. African countries should create data-base centers from which professionals, students, parents of children with disabilities, and researchers can get relevant literature that helps to address the problems of Africans taking into consideration the cultural values and beliefs of the African people.

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