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Developing a Culturally Appropriate Model of

Counselling

For Working with Basotho University Students

BY

LIAKO SELEBALO-TSEKI

2000

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ABSTRACT

Currently the emphasis in cross-cultural counselling is placed on the problems arising when white, middle class, Euro-centric trained counsellors, attempt to help non-Euro-centric clients. There is a marked reservation on the problems occurring when Euro-centric counselling methods and techniques are 'indiginized', that is, when both the client and Euro-centric trained counsellor come from similar albeit non-Euro-centric cultural backgrounds, but employing foreign (Euro-centric) counselling techniques.

A central question which has not really been addressed is whether counselling, as it is known in Euro-centric societies, is appropriate or even effective in helping people from different cultures. This intervention is an attempt to provide a framework for answers to the foregoing fundamental question, and thereby answer a more pertinent subsidiary question: Could the Basotho culturally based helping techniques be more effective with Basotho university students in particular, than the Euro-centric oriented counselling intervention? In an attempt to answer this question, a multiple-case study was carried out with a view to assess the effectiveness of Euro-centric models of therapy against culturally based techniques in helping Basotho university students. It was expected that this study would yield cross-cultural implications related to traditional healing that are of interest to academics, practitioners and consumers.

The main topic of concern for this study was the phenomenon of traditional healing as practised in Lesotho and how this affects the cultural norms and the emerging Euro-centric oriented system at the University of Lesotho. The information generated by this study has the potential to increase knowledge about multi-cultural issues to counsellors. The rationale for this investigation is that multi-dimensional Euro-centric understanding of indigenous healing practices in developing countries has been limited. Recent philosophy and history of science literature indicate a shifting scientific paradigm, with movement away from the hegemony of scientific method and cartesian logic as the only valid dictum of knowledge (e.g. Kuhn, 1970; Longino, 1990). If this is the case, if the paradigm is truly shifting- and thus the awareness of limitations of scientific method is shifting- it is necessary for academics and practitioners to

investigate some of the “ancient” practices that historically have been considered as outside the parameters of the Euro-centric scientific paradigm. For example, the World Health Organisation (WHO, 1978), promotes collaboration efforts between the “biomedical” and indigenous healing communities in developing countries. They realise that traditional healers play a significant and recognised role in health care provision in Southern Africa.

In the group intervention, one group (group A), the traditional Basotho helping techniques, in which the appreciation of Basotho culture, and the roles played by family, spirituality and traditional healers in the members’ lives were emphasised. The alternative group (group B) was also constituted of Basotho students. But, this group was helped using the usual Euro-centric group intervention techniques. I believe that from the point of sociological theory and from cross-cultural studies in counselling, it is of academic importance and interest to embark on the study of this nature.

Through this intervention I realised that because of their Euro-centric training, counsellors at the National University of Lesotho believe that they could best help Basotho students by helping them adjust to Euro-centric value system. But as noted through this study, the Basotho students’ approach to psychology assigns importance to traditional healers and therapists as value keepers for the society. The current NUL counselling service operates primarily on a scarcity paradigm regarding mental health resources with Euro-centric trained specialists being considered the only valid helpers. Data provided in this work clearly threw light on three main points:

(1) Most Basotho students are confronted by adjustment and social problems at the National University of Lesotho, and these problems last for their entire study period

(2) This group does not feel that it can be properly helped by Euro-

centric trained professionals employed in the University counselling service especially when it comes to personal problems that are associated with witchcraft and other cultural aspects of problem causation.

(3) There is a need for new strategies and techniques for helping these students overcome their problems while they are at the university.

(4) Some form of collaboration between traditional healers and the Euro-centric trained therapists is highly recommended, where clients can be referred to traditional healers when there is a need. There should be an establishment of periodic consultations and freely reciprocal referral system between the traditional healers and counsellors at NUL.

CHAPTER 1: INTRODUCTION

The current flow of students from the 'developing' countries to the developed, **Euro-centric** (originating from Europe or principally concerned with Europe) universities, particularly those who are undergoing training in human services, such as counselling, raises scepticism as to whether the theories and techniques which they learn in Euro-centric societies, based on Euro-centric cultural beliefs and practices, are going to be relevant to the people whom these trainees will be working with when they return to their own countries.

In general, it is believed that the established Euro-centric counselling techniques and methods may not readily apply in a culturally different scenario, without prior modification (Wohl, 1981). My own intervention that I carried out on a group of African international students at the University of Manitoba in Canada (Tseki, 1993), revealed that little attention had been paid to the unique counselling requirements of this group. As a cultural group Africans, especially Basotho, have received scant attention in counselling literature. Counselling professionals have paid little attention to the important cultural issues of this group. Several studies in counselling have been reported on various "minority" ethnic groups: Asians (of different nationalities), African Americans, Native Americans, Latinos etc., but the literature is devoid of similar studies on Basotho or indigenous Africans. Speculation could be advanced for this state of affairs. However, I am inclined to ascribe this lack of coverage (at least with this one specific group of Africans) to the fact that Basotho culture is rather more subtle (i.e. delicate or hardly noticeable) and therefore does not lend itself readily to standard analytical scrutiny, or treatment used by therapists. It would require one to delve fully into the complex cultural heritage of the Basotho before an attempt is made to introduce culturally sensitive helping theories and techniques.

Scholars in the field of counselling have suggested a need to clarify the concept of culture within the context of multicultural counselling (e.g. Johnson 1990; Ponterotto & Benesch 1988; Sue & Zane 1987). Implied in these suggestions is the idea that culture as a construct (to arrange mentally) be clarified in terms of race* and ethnicity**. Although race is primarily a biological term and ethnicity is a

sociological one, they are often used synonymously to refer to groups of people who share similar physiological traits and personality characteristics. Webster's dictionary (1989) defines culture as "the customary beliefs, social forms and the material traits of a racial, religious or social group" (p314). This broad definition implies a multidimensional concept that encompasses the collective reality of a group of people. It is from this collective reality that attitudes, behaviour and values are formed and become reinforced among a group of people over time.

The non-Euro-centric people with different cultural backgrounds have generally been misunderstood and inadequately addressed within the Euro-centric cultural context that forms the framework of the counselling profession. An appreciation of counselling dynamics and their influence on human development is fundamental to culturally responsive counselling. In broad terms, ethnic identity refers to an individual's sense of belonging to an ethnic group and the part of his or her personality that is attributable to ethnic group membership (Rotherman & Phinney 1987). Individual development on self-concept is greatly influenced by the level of ethnic identity and acculturation among the Southern-Africans. The manner in which members of this group view themselves in relation to others (e.g. Euro-centric society) can shape attitudes, behaviour and values. The dynamics of ethnic identity and acculturation, therefore, are important considerations for counselling. Counselling professionals need to be sensitive to issues of ethnic identity and carefully explore the degree of cultural similarity and differences between their theory and their clients. Analysis of ethnic identity should guide the focus of counselling intervention, understanding a client's level of ethnic identity and degree of self concept should provide direction for the cultural appropriateness of counselling interventions.

- *Distinct group of people, the members of which share certain inherited physical characteristics (Skin colour, forms of hair etc.) and transmits them.*

***This relates to large groups of people classed according to common racial, national, tribal, linguistic or cultural origin or background.*

Indeed, Wohl (1981) has argued that western counselling has a high risk of being rejected by non-Euro-centric societies. He argues that unlike other technologies, which have been successfully exchanged between cultures, counselling confronts and

arouses the fundamental personal attitudes, values, beliefs, feelings and standards about the conduct of life and interrelationship of people. Lambo (1974) too has pointed out that the Euro-centric therapies cannot be effectively applied in African societies, and that if these therapies were to be applied, they would first have to undergo a drastic modification as to render them barely recognisable to a Euro-centric practitioner.

A study sponsored by the World Health Organisation (WHO), and the Ministry of Health in Lesotho revealed that the people there seek treatment from both traditional healers and Euro-centric-trained medical professionals for both physical and emotional problems. The type of practitioner chosen depends on the nature of the problem. Many Basotho seek only the service of traditional healers or only seek the service of Euro-centric-trained practitioners if traditional healing practices have failed to improve their condition. Research suggests that traditional healers have a high success rate with certain physical disorders than with others (Gay, 1993; Gay and Gill, 1993). It is further suggested that traditional healers have a particularly high success rate with social and psychological problems (Torrey, 1986). This clearly indicates a competition between the counsellors and traditional healers. However, no research was found that addresses issues specific to Basotho university students who are in transition towards Euro-centric life.

Admittedly, the warnings expressed in the foregoing paragraph cannot be taken lightly at all, especially, if in the worst case scenarios, the intended counselling techniques were transferred without modification to rural, and deeply traditional Basotho. But then, if the counselling techniques were transferred *mutatis mutandis*, on the basis of culture, to a Basotho group which shares some aspects of Euro-centric cultural values, as is the case at a university setting, then I expect that the established principles of counselling, however defined, should apply with some modification to such a group or to the counselling principles. On the basis of this approach, a form of a culturally sensitive counselling model could be developed biased towards Basotho students in an educational setting, such as the university. It is expected that this kind of approach, which is specific and relevant to the group in question, will result in a model that should prove more beneficial and effectively address the students'

problems of adjustment, (associated with moving from their more traditional homes and families, to a relatively westernised environment at a university campus). The number of students at the National University of Lesotho are now estimated at over 2000, these can be described as individuals who are temporarily living in a “foreign” place, for the purpose of pursuing a course of studies. Their presence at the university is only temporary. They are expected to return to their own places upon completion of their study programs. Their legal and social status at the university campus is such that they are unable to fully practice the cultural traditions of their own culture, yet they are equally denied the privilege of permanency in their new Euro-centric inclined environment. Upon entering the University, these students are exposed to new and for most different societal values, and as a result they experience severe adjustment problems while they are at the university campus away from the families and cultural norms.

Research, e.g. Asuni (1979), indicates that many of the students from the rural areas either do not adapt, or they return home without having attained their academic programs. Many do not engage in any meaningful participation, and the majority of these students feel vulnerable during much of their stay at the university campus. In addition to suffering culture shock when dealing with external matters such as differences in food, language and mannerism, these students also suffer from status change and loss, from being academically successful at home, these students suddenly have to face intense academic competition and adjustment pressures. All these in addition to having lost cultural and personal structure upon separating from their homes and families.

Most African students come from communities where therapy is such that clients place faith in the authority of a professional helper, which makes these clients uncomfortable with the approaches where they are expected to challenge the helper or to take a major responsibility in the therapeutic sessions while the counsellor plays a less active role. This may be against these students’ expectation of therapy, first due to the fact that these students in general lack familiarity with Euro-centric counselling processes and therefore may not be clear of what is expected of them. In Lesotho there is no clear distinction between physical and social or emotional problems. The

client expects the helper to provide a “remedy” after hearing about the problem much as a physician would do. That is, Euro-centric counselling therapies, which are built upon Euro-centric values of personal growth and self-exploration, may be very difficult to implement with these clients who do not share these values.

Group therapies as they are traditionally conceptualised in Euro-centric culture are generally difficult to implement with Basotho students (Kaneshige, 1973). A major reason for this is that verbal confrontation is usually interpreted as aggression. These students are thus unwilling to receive and give negative feedback or to participate in Euro-centric group processes because of their reluctance to self-disclose. They are wary of making personal revelation to others because of a strong connotation of shame attached to the exposure of personal weakness or of being a failure. Euro-centric literature on “counselling minorities” (e.g. Thomas and Althen 1989) shows that if a few members of a group decide to share personal information, this may be viewed as indiscreet and frowned upon by other group members. Thus great efforts are often made to keep group discussion and process on an impersonal or social level, making insight and personal growth difficult goals. Sue and Sue (1972) identified three ways that foreign students may react to cultural conflict in their host countries, which can be applied to students at the National University of Lesotho: first, by resisting assimilation and adhering to the values and practices from back home; second, by trying to be assimilated as soon as possible and third, by remaining proud of their culture and social identification and suspicious of the values and intentions of the people in the new place. Wolfgang (1972) identifies the fourth way which is having pride in one’s own culture, but also trying to be part of the new culture by learning as much as possible from it. In this way, he argues, students will be able to see the strength and weakness of each culture and incorporate those values that seem appropriate for their particular life-style.

According to Wolfgang, the therapist role, therefore, should be to help the students towards this fourth option, that is, an appreciation of their own cultural heritage and understanding of the university social structure. In fact, this is what many will call true multicultural learning experience. Because acculturation by these students requires new skills in both formal and informal relationships, Pedersen (1981)

suggests that the greater the difference in customs, values and life-style between the new environment and the place of origin, the greater the adjustment problems. It is important for those who are dealing or responsible for assisting these students to understand their special academic, psychological and social needs in order for them to adapt to their new and unfamiliar surroundings. Facilities should be provided which promote the integration of these students into the university setting. One such activity may be helping them through special adapted group therapy offered in a new cultural model.

But on the other hand, Alexander et al (1981) claim that they have found group therapies to have little or no therapeutic impact on non-westerners and that most clients from developing countries find these therapies demeaning and lacking in dignity. They argue that because of these clients' reluctance to share problems with strangers, group therapies prove to be problematic for them. But, through my own experience, I tend to believe that if group therapy is conducted in a culturally sensitive manner, and is modified to fit the expectations and beliefs of Basotho University students by someone whom the clients can identify with, it can be very effective. A very crucial factor is for the group to be relatively homogeneous and to share basic values and norms. Despite all the problems seen by Alexander and his group, a group intervention with Basotho students is feasible if traditional Euro-centric techniques are modified to form a cultural model to fit this group's needs and value orientation. Like many "minorities", as it has been documented in Euro-centric literature (e.g. Pedersen, 1981; Sue, 1981), because of unfamiliarity with the Euro-centric counselling process, this group may bring to therapy the expectations of immediate benefits and concrete results. Facilitative exercises and role-playing have been emphasised in the literature as methods to achieve tangible gains and demonstrate change; therefore I used them in this exercise. The main objective for this group based research intervention therefore was to assist the students to overcome difficulties in cultural adjustment, which may interfere with their academic goal. The research was conducted in accordance with what has been claimed that this group of students presents their own unique requirements for effective counselling.

Too often, groups that are culturally different – from the European, white, middle-class mainstream – have been studied from a white, class based perspective. In fact, the counselling theories were “tailored” for the Euro-centric client. Traditional Euro-centric counselling approaches as they are may not be effective with Basotho clients. At the same time, I realised (as a counsellor employed by the University) that the university environment in Lesotho has become so “westernised” that I wondered whether the students can still be totally receptive to their own traditional and cultural therapies; and whether these methods can appropriately address the students’ problems while they are on campus away from their families who usually provide support. Therefore, new helping and counselling techniques need to be developed in order to meet the needs of these people. There is some evidence that this “foreign tool” can still be transferred and be effective when applied to a different culture, but only if it is applied in a culturally sensitive manner by someone who shares the values and beliefs of the clients. That is, it is imperative for a counsellor to share social values, experiences and cultural beliefs with his/her clients (Pedersen, 1991; Sue, 1981).

Since the early 1970s there has been an increase in literature addressing cultural awareness in counselling (Pedersen, 1988; Sue, 1992; Atkinson, 1978; Lee, 1991), but the emphasis has been placed mostly on the problems arising when the white, middle-class, Euro-centric counsellors attempt to help non-white clients. In this context, cross-cultural counselling is an attempt to present a framework by which Euro-centric practitioners can be more sensitive to different racial and cultural issues that are believed to influence and retard therapeutic process. The approach does not consider the problems occurring when transferring Euro-centric counselling methods and techniques to non-Euro-centric cultures, that is, when both the counsellor and the client come from the same cultural background, but use foreign (Euro-centric) counselling methods and techniques. Thus, a central question which has never really been addressed is whether counselling as it is known in the Euro-centric countries can really be effective or even possible in helping people from other, different cultures. Is it possible for this technique of counselling which emanated from white Euro-centric values to be transferred to cultures distinctively different from that in which it

originated? This research is an attempt to provide a framework for answers to the fundamental questions:

1. *Is it possible to transfer Euro-centric counselling techniques to non-Euro-centric cultures?*
2. *Can one find out whether the Basotho traditional helping techniques could be more effective than the Euro-centric counselling techniques when applied to Basotho university students?*

The main tasks in this work therefore are to assess the transferability, and effectiveness of the Euro-centric counselling theories and techniques, and if necessary, establish ways and means by which the latter techniques could be adapted in the counselling of Basotho students. The envisaged approach is that these techniques should incorporate the cultural dynamics and natural occurring support system of the students at the National University of Lesotho. Even though the Basotho students are not familiar with Euro-centric intervention, I believe that some Euro-centric therapy models such as supportive, educational group models and action research (Stringer, 1996), if modified to fit their cultural needs, could be applicable to Basotho students. The ultimate goal and objective of this work therefore is to assess the possibility of incorporating the Basotho traditional beliefs and values into the Euro-centric counselling interventions in an attempt to develop a more culturally sensitive model for the students at National University of Lesotho. The specific questions of the research can then be summarised as follows:

- *Can the Euro-centric counselling theories and techniques be transferred?*
- *How effective are Euro-centric counselling techniques compared to Basotho traditional helping techniques?*
- *By what ways and means can the Euro-centric techniques be adapted in the counselling of Basotho university students in order to incorporate the cultural dynamics and natural occurring support system of this group?*

CHAPTER 2: REVIEW OF THE LITERATURE: CULTURAL ISSUES IN COUNSELLING

Introduction

The preceding chapter has outlined some of the critical issues in formulating helping techniques for the Basotho. The present chapter focuses on the literature, which addresses some of the difficulties of transferring therapeutic values from one culture to another. Undertaking a comparative study of counselling methods of intervention employed to support Basotho students experiencing difficulties adjusting to the University setting invariably required me to consider both the theoretical and methodological approaches which might be appropriate.

Basotho, like most non-Euro-centric societies, rely on family in times of hardship, and turn to outsiders only as a last resort (Sue and Sue, 1981). They do not act as isolated individuals in relation to the outside world (healers, schools, government etc.). The Basotho views themselves as members of a group, and are responsible to their group for their behaviour, and depends on them for support, and social sanction. Whether an individual should or should not see a healer/therapist, for example, and if so, which one, is a decision, which is made collectively by the family members. An individual is generally not free to make immediate decisions concerning his/her fate. This usually causes some irritation on the part of Euro-centric counsellors who are not familiar with the culture, when a client/patient declines or postpones help until he/she has discussed the matter with the family members. This is so because, the Basotho, like many Africans, often see their problems whether personal, emotional or physical, as a threat to the whole broader social network. As a result, they insist on the kind of problem-solving mechanism, which embraces the whole family system.

Like Asians as seen by Sue (1992), Basotho generally find it difficult to discuss and disclose personal problems with anyone other than family members. Therefore, personal matters which are painful, embarrassing, or which indicate personal weakness, are not, as a rule, discussed with anyone but close family members. Openness as a basis of understanding and "talking out" problems in therapy sessions

may not be possible to the same extent as with someone from the Euro-centric culture. Typically, in Euro-centric counselling approaches, clients are expected to “emote”, to reveal their most intimate thoughts and feelings to a “stranger”. Failure to do so may be interpreted as hostility or resistance on the part of the client (Sue and Sue, 1977).

With Basotho, the problems always are expressed as having external causes, in which case, psychotherapy or counselling, as it is known in the Euro-centric world is not a viable (i.e. able to succeed in operation) mode of solution. As a result, such problems are usually presented to a traditional healer, who is able to commune with the spirits (holy ghosts) on behalf of the client or family. A University student, for example, might come to a counsellor complaining that some other individual, someone back home, or maybe another student on campus, is responsible (magically) for him/her failing his/her exams (that is, he/she is being bewitched). This, may of course, sound as mere “lunacy” to an Euro-centric therapist. But, this behaviour is embedded in traditional Basotho cultural beliefs; it is their way of finding meaning to things, which do not make much sense. As Faberge (1982) has suggested, an illness or a social problem constitutes a person-centred disturbance that is culturally defined and played out in a fashion that expresses the beliefs and expectations of the individual about his or her condition. There is also a cultural or symbolic rationale behind the appearance of a problem. A fundamental task of the helper is to explain people’s cultural conventions about self, body and illness, and how these influence the experience of altered bodily states as well as overt behavioural changes.

To this group, bad things do not just happen unless there is an evil force directing them. Recourse to a supernatural power, whether this is good or bad, true or false, relieves one from tension and provides the necessary psychological release emanating from the conviction that what is happening is beyond their control. The critics may argue that blaming something or someone out there, every time things go wrong, may be a form of denial, which may retard learning and growth. Although there may be

some substance in this criticism, the positive element is that blaming someone else has the advantage of not letting the person internalise the weakness. The person usually believes that all he/she needs to do is visit a traditional healer who will take care of the "evil force" and the person can then go back to being their old self again.

Typically, in Lesotho, people having problems seek out the healer, and go to him much as one goes to an Euro-centric trained practitioner. Like in Euro-centric therapy, the goal of therapy is to remove or modify the problem. The healer or therapist identifies the problem, and implements change based on the expected norms. However, the healing rituals with the Basotho generally include the whole family of the client, sometimes even the larger community. Thus, traditional healing has an integrative function not found in the Euro-centric approaches. This approach serves to reaffirm the social and cultural bonds among the participants, as they unite in seeking harmony with nature. For them, this is the true meaning of healing and good health. The close link, which exists between the everyday world, and that of the ancestors, makes Basotho culture very different from that of the west (i.e. western Europe and America as opposed to the communist countries of eastern Europe, South America, Asia and Africa). Recourse to a supernatural being relieves tension. In the Euro-centric countries, counselling has been able to exist side by side with the family system for many years, each playing its own different role. In Lesotho this is a very new concept, which has been necessitated by the absence of family at the neo-cosmopolitan environment. Counsellors can therefore be seen as a substitute for the family system, as a result they can only impact where the family system is unable to reach.

Basotho students at the National University of Lesotho therefore come from communities where the norm is to rely on family in times of stress, but when they come to the university, they are exposed to new and different values. As a result, they usually face immense problems in social and cultural adjustment. The goals and objectives of the counselling service unit at the National University of Lesotho are to assist the students to deal with personal, social and emotional problems, which may

interfere with the pursuit of their academic goals. But, as I have mentioned, helping one to deal with some of these problems is typically perceived as a function of the family system. The role of the students' counsellor at the university is to facilitate harmony between the students and their environment, by finding means to compensate for the loss of relationships and stability, in this case by forming a system which assumes some of the roles of the family on the one hand, and those of the healer on the other. It has become clear that as a counsellor at the National University of Lesotho I cannot ignore the cultural or social context in which I practice. To be effective, counselling practice with the Basotho students needs to incorporate strategies, which are consistent with the cultural ethos and life experiences of the Basotho. A counsellor then needs to devise new counselling methods; that is, it may be necessary to adapt and modify Euro-centric counselling models so that they meet the values, beliefs and expectations of this group. Indeed my experience with the African students group, at the University of Manitoba (Tseki, 1993), confirmed that they shared special experiences because they lived in an environmentally different place. The discussions also revealed that the "culture-shock" experienced by the students under these circumstances could cause considerable stress. Back home, they usually looked up to the family members for support and help in times of stress, however, in their new environment this resource was lacking.

What this earlier study pointed to was that the specific form of an intervention with the group must harmonise with their broader cultural ethos. It should not violate those implicit values and presuppositions that constitute these people's worldviews. Based on these beliefs, I hypothesised that Euro-centric methods of intervention may not be directly applicable to Basotho university students either, that is, culturally specific conceptions of problems and indigenous forms of therapy could be more effective as means of facilitating treatment of physical, mental or social problems for Basotho students. It was, already, evident to me before undertaking this study that

there was a need among Basotho students for some kind of new technique which would be relevant and help them deal with the stress and other problems associated with living in a new and culturally different environment. Also these students already have their own way of coping, which I as a helper at the university need to employ in order for the students to feel comfortable in this new environment.

Transcultural Issues

Researchers and writers in cross-cultural counselling have attempted to explore indigenous ways of understanding and dealing with social and psychological problems in various non-Euro-centric societies, (Das, 1987; Kakar, 1982; Lin, 1983; Makinde, 1974, to name just a few). They have found that every society has its own attitudes, values, beliefs and ways of dealing with emotions and social problems. For example, some groups feel relatively comfortable talking about their feelings; while others have strong convictions that private, personal or family matters should not be discussed outside the family. Among the latter groups, the therapist is first of all an "outsider". With clients from such societies, it takes more than usual the time and special confidence building measures before any pertinent information can be revealed (Sue, 1981).

Mental, social or physical problems are all the judgement of the interaction of an individual with his environment, that is, understanding of these problems has been developed by people to identify those conditions which they consider should be treated by the therapist. The role of value judgement is explicitly acknowledged in this concept. Therefore what all these mean will consequently vary from one society to another, and the behaviour in one context should not be judged according to the values of another. Illness, for example, is both a biological and sociological phenomenon. A person responds to "sickness" not only biologically but also

psychologically and sociologically by displaying illness behaviour. This “sickness-role” varies from culture to culture, for example people from different cultures may show different responses to pain (for example, there are some traditional ways of showing menstrual pain among Basotho women, where women wear special cream on their face when they are having these pains). Illness involves an incapacity of an actor to fulfil certain obligations of his/her societal role. Consequently there is a breakdown in the functioning of the social system. In this respect illness in its social aspect is a form of deviance. The sick person enters a “sick-role” which entails certain privileges and duties. But what is pathological behaviour in one culture may be normal or even valued in another.

In one study Scheff (1981) investigated the American stereotype of “madness”, as it is reflected in popular beliefs and mass media. A mad person is believed to look different, for example, he/she has glassy eyes his/her mouth is widely ajar, he/she mumbles incoherent phrases or laughs uncontrollably. In other cultures these very same “symptoms” may be seen as sign of bravery and may be very much appreciated. A similar example could be that of a Mosotho traditional healer who during the healing process displays epileptic-like seizures. This behaviour may resemble psychiatric symptoms by Euro-centric standards, but this is not a warrant for assuming that they are in fact psychiatric symptoms. Whatever else it may be, this behaviour is part of the role of a Mosotho healer and hence it may not have any bearing on his personality as a whole, which would qualify him/her as mentally ill in Euro-centric terms. What in the traditional healer’s behaviour may appear hysterical or psychotic to a Euro-centric practitioner, is to the people concerned, an honoured ritual through which healers treat sick people; it is judged to be “normal” by his group because it occurs in a socially defined situation and is understandable in terms of the cultural beliefs. Hence, the “symptoms” of the traditional healer may in fact be the result of learning and practice.

In the last ten years (or so), the counselling profession has come to recognise the importance of considering cultural diversity in the field of counselling (Lee, 1991). It is generally agreed that personal and social problems exist in all cultures. But is it possible to come up with a clear culture-free conception of personal and social problems? In recent years, it has also been agreed by most experts in the field (e.g. Sue, 1981; Ventures, 1979; Wohl, 1981) that counselling theories which are typically based on the Euro-centric culture's beliefs, values and practices are not universally applicable. Studies have been conducted which indicate that mental health facilities in North America are being underused by minorities (Blacks, Asians and American Natives), (Sue, 1977; Trimble 1981). This under-use is not attributed to a lack of psychological and social problems among these groups, but is explained through a variety of factors including preference for helping sources other than Euro-centric mental health facilities, and a value conflict between the philosophies underlying Euro-centric treatment models and those beliefs and traditions inherent in these people's cultures. Also Wohl (1989) has shown a list of researchers and practitioners from different cultures, who contend that their experiences in their own cultures have shown that Euro-centric methods and techniques, cannot be easily transferred to their cultures. As a result, Wohl doubts the possibility of this "technology" being transferred to non-Euro-centric societies without undergoing drastic change.

Counselling has been said to represent technological intervention developed in Euro-centric society as a response to Euro-centric problems (Pande, 1968). Also, Neki (1975) in his study with Indians describes Euro-centric psychotherapy as being best suitable for highly Euro-centralised Indians, and this is probably how this technique can be applied with Africans in general. Indeed, my own experience tends to corroborate the validity of these beliefs, my work with African students in an Euro-centric university, and presently, with Basotho students as a university- students' counsellor. I was able to realise the necessity for counselling, as it is known in Euro-centric societies, to be modified to fit the clients in Lesotho. I am in agreement with Draguns (1975), who views counselling as "a means of helping alienated persons to

return to a better societal participation and functioning”, a position which clearly highlights the cultural focus of this process. This is because people only seek help from counsellors when things are not going “well” in their lives; they want to return to their normal situation as stipulated by their culture.

Corey (1991) simply defines *culture* as the values and behaviour, which are shared by a group of people. He further suggests that culture does not only refer to ethnic or racial heritage that it can also refer to age, gender, life-style or socio-economic status. Culture is however seen by most cross-cultural counselling writers, such as Jones, 1987, and Lee, 1991, as more than this. It is seen as a factor that determines the individual's whole life; how he/she ages, how his/her gender is expressed, and the kind of life-style that is acceptable for the individual. Culture is seen as a way in which an individual's life is modelled by the environment within which he/she lives. Hence the confusion that is usually observed when an individual lives part of his/her life in one society and the other part in a different one. Also, Sue et al (1992) argue that defining the term so broadly to include all the groups as Corey has done, could “dilute” the focus on racial and ethnic concerns. Hence Draguns (1989) eloquently defines culture as part and parcel of our personal reality. It is not explicitly taught nor is it effortfully learned. Rather, it is absorbed in the process of socialisation, and strengthened and amplified in the course of life-long incidental learning. Culture is like the air we breathe. Only when we are deprived of it do we become aware of it. He further defines counselling as the professional techniques and activities that are undertaken to resolve human problems. The goal is usually accomplished by principally verbal techniques in the context of a client-counsellor relationship. The client brings to these task questions, conflicts, choices often accompanied by personal distress, and the counsellor supposedly has the professional skills to facilitate the resolution of these problems. According to Draguns, *Cross-cultural counselling* will be any counselling encounter where the counsellor and the client(s) come from different cultures. Atkinson et al (1993), on the other hand, define cross-cultural

counselling as, any counselling encounter in which two or more participants are culturally different regardless of whether they are both from the "minority" groups as long as they come from different cultures. These can, for example, be a Native American counsellor and an African American client. Atkinson and his group also have what they call *minority group counselling* which they define as a counselling encounter where the client is a member of a minority group, regardless of the status of the counsellor. At a conference on "Issues of Race and Culture" in Sheffield organised by Lago (1994), the Black-British participants defined cross-cultural counselling as any counselling encounter where the counsellor is white and the client is a member of minority group; whereas African participants defined cross-cultural counselling as an encounter where Euro-centric-oriented counselling techniques and methods are employed with non-Euro-centric clients, regardless of the nationality of the counsellor who is applying them. The African definition differs from that which Atkinson and his group call minority group counselling in that, with the Africans' definition, the emphasis is on the techniques and methods which are employed, as opposed to the 'nationality' of the individuals involved in the process. The aim of cross-cultural counselling according to the literature is mainly to assist a counsellor to understand the worldview of the culturally different client. For example, according to Lago (1991) the aim of the development of cross-cultural counselling in Britain is to promote an awareness of the situation of different ethnic groups including the complexity of counselling clients from a different cultural background, experience of racism, and the need to debate about whether counselling should occur between white counsellors and black clients.

According to Lee (1991), counselling in the perception of the *minorities* in Euro-centric societies is a process that the dominant society employs to forcibly control their lives and well being. This as Lee observes, may be due to the fact that the only counselling these people may have received has been forced rather than voluntary.

The unique status of therapy in Africa, according to Nobles (1991), is from the positive features of basic African philosophy, which dictates the attitudes, and behaviour of Africans. In an attempt to identify the value-orientation of Native Americans, Bryde (1971) developed a list of characteristics, which he believes clarifies the basic values of this group. These could apply as well to Basotho. This is because Basotho also have these values in their culture. These values emphasise the importance of a family unit as a source of support, the value of children, and respect for old age. Old people who have lived long are well respected for their wisdom and knowledge. Emphasis is on reciprocal roles. Individual goals are subordinate to group goals. People desire to live an unhurried and present time oriented lifestyle. One lives in the present and is more concerned about the now rather than the future.

Also Zintz (1963), as shown by Trimble (1981), compared the American Native and white (Anglo) cultures in terms of values as follows, for example, American Natives prefer harmony with nature, co-operation, sharing wealth and humbleness, while the Anglo Americans prefer the opposite of all these, like mastery over nature, competition, individualism and aggression. Euro-centric oriented techniques of therapy have been seen to hinder the helping process in Africa. It seems that the Euro-centric trained therapist customarily orients his/her techniques in terms of the system, which he/she has learned during his/her training. One must ask whether there are no other approaches, which need to be explored. Literature has shown that counselling theories and practices often run counter to the traditional development aspects of indigenous helping models found among diverse cultural groups. In addition, Euro-centric counselling practice has frequently failed to meet the needs of non-Euro-centric or "minorities". These people have been shown to terminate counselling relationships after just one session, and this happens more often with this group than with their white counterparts. Literature in the United States and Canada attributes the failure of counselling programmes with the American Natives, in

particular, to the fact that its aims and methodology are not appropriate to meet the needs of the people requiring their services.

It seems, therefore, that the approach to understanding Africans' traditional healing turns from pathology to the broader question of how human life is generally perceived. For if this is not understood, the relationship of pathology to normality cannot be grasped. Illness and social problems are generally not seen by Basotho, in particular as located in a single isolated individual (Machobane 1993). The significance of a problem in any individual is often grasped by this group more in terms of interpersonal relationship or of a possible threat to the group than in personal terms. Treatment may embrace the social context as well as the person. The healer usually thinks of the problems as originating in social tension or stress, which attain indirect expression through idioms of witchcraft, magic and spirits. Treatment usually aims at reconciling personal and cultural demands.

With the Basotho, then, the communal aspect of working with traditional healers serves to strengthen individual and group identity. Mbiti (1969) in his work with West-Africans maintains that for the Africans, group membership is the pre-eminent source of identification in the development of a sense of self. Nobles (1992) also stressed the importance of African philosophical notions of kinship or collective unity as an important foundation for African American mental health intervention. Successful intervention with Basotho university students may thus depend on the understanding of traditional Basotho cultural attitudes, beliefs and values and being able to incorporate them into counselling interventions. The creation of *belonging*, being a member of the student group was perceived as one of the important outcome of this intervention. Imposing Euro-centric techniques on the Basotho students may, in effect, have an opposite impact. For example, Herring (1991) reports that Native Americans who enter Euro-centric counselling often express concern about how conventional Euro-centric psychotherapy superimposes biases onto Native Americans' problems and shapes the behaviour of the client in a direction that

conflicts with Native Americans' cultural life-style orientations. This incompatibility between conventional counselling approaches and indigenous approaches constitutes another possible barrier to effective counselling with Native Americans (Herring, 1991). This is possible to Basotho students who are going through similar transitions. As Sue et al (1992) recognise, counselling does not occur in isolation from larger events in a society, the way people cope, attempt to solve problems and seek assistance is shaped by the social and cultural norms and the symbolic meaning within the culture. Also, a body of literature exists which documents the widespread ineffectiveness of 'traditional' Euro-centric counselling approaches and techniques when applied to different racial and ethnic population (Sue 1991; Sue and Sue 1990; Ponterotto and Gutierrez, 1986). Various researchers have also attempted to tease the influence of differences on how people typically seek help in managing their lives, solving problems or relieving pain or stress (Torrey, 1972; Peabody, 1985; Draguns, 1985; Kleiman, 1980) while expectations among clients regarding what helpers should do and how they should provide assistance has been investigated by Sue, 1981; Westwood, 1982; Atkinson, Morten and Sue, 1993 and Pedersen, 1991.

In the area of counselling many studies have been conducted to determine what role culture plays in the process of helping (Sue, 1981; Atkinson, Moruyana and Matsui 1978). What has been less documented, as indicated earlier, is the universality of Euro-centric helping techniques, especially when applied to African societies. As Wohl (1989) has also realised, what is most problematic in cross-cultural counselling is *the foreign body of theory*. Sociologists have shown that culture provides a repertoire of explanation related to aetiology, symptom recognition, the course of the problem, the assumption of a special role for the sufferer, expectations concerning treatment procedure and a definition of desirable outcome. All these amount to a "cognitive map" which is shared by members of the culture. This explanatory model is part of the conception of the problem that the client brings to the counsellor; that is, recognition of a problem and concept of maladaptation is not value-free, it occurs in a cultural and social context so that the question becomes: "What does the problem mean culturally/socially?"

Euro-centric training typically prepares counsellors to function as 'psychotherapists' (those who treat mental disorder by psychological methods) and to apply conventional strategies of the treatment of interpersonal problems, regardless of the client's cultural level (Atkinson et al 1993). The counselling profession's heavy reliance on psychotherapy has been criticised as being unresponsive to the needs and experiences of non-Euro-centric people, for example, very few Euro-centric counsellors have dared to label one of the counsellors' roles as that of advising. The use of other counselling or helping techniques indigenous to the client's ancestral culture have been proposed by Atkinson, Sue and Morten (1994), as alternatives to psychotherapy.

Most counsellors in the Euro-centric cultures are not trained with spiritual beliefs and values. As a result they often ignore religion and spirituality as therapeutic concerns even when initiated by clients. These issues, as we have shown, play a very important role in the lives of Basotho and failure to consider them in counselling result in less than successful outcomes. When defining "counselling" there is often an emphasis on its non-directiveness, whereas expressing one's view (for a counsellor) might be what Basotho students or African clients in general need for a counsellor to shown concern. With the Native Americans, Trimble and Hayes (1984) emphasise the importance of persistent forms of traditional healing approaches in providing a uniquely valuable form of intervention in matters involving emotional and behavioural problems. Studies done on Native Americans indicate that clients rated counsellors as more credible when they use a culturally relevant counselling style than when counsellors use a non directive style (Dauphinais, Dauphinais and Rave, 1981).

In much the same way clients at National University of Lesotho typically expect, and want, direct guidance or instructions from the counsellor. Being non- directive to a Mosotho student, may be seen as incompetence or lack of interest. But, as Kareem realises, very few therapists are prepared to take up the cultural challenge in counselling. The defence of those who do not take the challenge, according to Kareem, is that they want to treat all human beings as the same, even if societies at large may not yet do so (Kareem, 1992). Dinges et al (1981), in keeping with Trimble and Hayes' perspective, recommend that counsellors ought to attempt to understand

the “cultural context” in which a client’s problem has occurred. All these writers wonder whether it is possible that a client who is steeped in the culture of the nation/tribe can respond to conventional counselling techniques regardless of the theoretical underpinnings. Practitioners, trained as they are to recognise their own biases, are, nevertheless, influenced by individual sensitivity and personality factors and, indeed, their own social and cultural backgrounds. According to Lee (1991), it is very important to discover where the universals lie across cultures and where the differences exist. Knowing more clearly what is perceived as a problem within a cultural group helps the counsellor in understanding and integrating expectations. Lee (1991) further contends that the ideas proposed by scholars from diverse cultural backgrounds that have emerged in the counselling profession in recent years have generated an important new knowledge base. This base include the fundamental concept that differences are real and must be actively considered in mental health interventions.

Like the present situation in Lesotho, some Native American counsellors, who are Euro-centric trained, have expressed some difficulties in counselling Native clients, even those counsellors who work within their own tribes. Also, many of the counselling professionals trained in North America and Europe, when returning to their own societies in other regions of the world, observe that there is a problem of incompatibility when they apply the Euro-centric techniques to their own people. This shows that a non-Euro-centric counsellors, trained in Euro-centric societies cannot readily relate his/her training to her culture by virtue of an irrelevant (not directly applicable) education which she/he has acquired away from home. She is therefore not at ease in applying her training techniques with clients from the traditional setting. Research has shown that individuals holding different assumptions about the world may draw contrary inferences from the same set of experiential events. For example, in working with a Mosotho university student, who believes that his poor academic performance is due to bewitchment, after talking to the student I concluded that the client’s depression was a manifestation of stress brought on by separation from friends and family and living in a new environment with strangers. I also argued that the student's preoccupation with witchcraft could

also be a manifestation of this loneliness, a feeling of insecurity and not belonging in what the student perceived as strange environment. I felt that it would be best to help the student by focusing on "these underlying issues" and discouraging the topic of witchcraft. I therefore recommended the student to attend counselling sessions to address the underlying feelings associated with his recent life changes.

In this case I, as the counsellor, basing myself on the techniques that I was taught in Euro-centric universities ignored the aspects of Basotho culture, particularly the impact of witchcraft on the lives of Basotho. In my intervention strategy I encouraged the student to ignore the beliefs he has had all his life. As a result when working with this student the ability to proceed in a therapeutic relationship was impaired since I did not seem to understand or share the client's perspective. It has long been recognised that many clients, who do not come from the mainstream of North American and European societies, tend to avoid or under use counselling and/or psychological services. There has been a number of suggestions provided by professionals in these fields to account for this tendency. The reasons which have been most often cited include: unfamiliarity with service, psychological interview techniques felt to be inappropriate, and social stigmatisation etc. (Sue 1993; and Pedersen 1975). Hipper (1975), as reported by Trimble and Lafromboise (1987), traces the under use of counselling services by Native Americans to a preference for more traditional forms of healing lodged in magical beliefs about the spiritual world; whereas Trimble (1981) ties the problem of under use of these services by Native Americans to perceived differences in value orientation between Euro-centric oriented counsellors and Native clients; and different beliefs about the aetiology of the problems and the most effective way to deal with them.

Sue and Zane (1987) point out that the therapist credibility is diminished if the therapist conceptualises the problem in a manner which is not in line or is not compatible with the client's belief system or aiming at a different goal. This was shown above, where I was aiming at a different goal for a Mosotho student. The counsellor is required to have the client's world view or belief-

system, that is, they should share what Jackson et al (1991) refer to as philosophical assumptions. As Jackson and his group have realised, most of the literature on non-Euro-centric cultures has been collected by the Euro-centric anthropologists who use their own culture to study others, that is, they use their own culture as the base, and this tends to act as a barrier to the understanding of the culture they are studying; so that wrong conclusions might be reached, or important information might be omitted. Echoing Jackson's words, Setiloane (1976) maintains that each man takes to the study of another culture the assumptions of his own, which conditions both his interpretation of facts, and also the very facts which he sees.

Seral (1976), as quoted by Jackson (1991), points out that there is no absolute reality, nor is there a universally valid way of perceiving and thinking. What individuals see depends on whether or not it supports their view of reality, which is culturally bound. Thus, according to Jackson, to truly understand a cultural group one must know and understand the philosophical assumptions underlying the culture. As Jackson again suggests, it seems that an appropriate starting point would be to look at the nature of reality for a particular group of people to be helped, for it is from this that the other philosophical assumptions are derived, that is, it is important to understand how the group defines reality. It has been shown that people tend to be more individualistic, more self-seeking in the Euro-centric societies than in Africa. In fact, independence is highly valued in the west, whereas membership of, and belonging to a family are more important to Africans. Living alone, for example, is considered a sign of maturity in the Euro-centric societies. In contrast, living alone by choice is viewed as being odd in African societies. A "poor" person in Lesotho is the one who is alone and has no one to depend on, the kind of person who, as we have shown, is seen as "independent" and valued in the Euro-centric culture.

As Asuni (1993) contends, in order to understand illness or antisocial behaviour, or before we label a person as deviant we ought to understand the culture in which the behaviour is manifested. One of the assumptions in the

cross-cultural counselling literature seem to be that “minorities” constitute a homogeneous population and that what applies for American minorities will apply for all non-Euro-centric. These writers seem to believe that “a minority is a minority” and refuse to differentiate between immigrants who have had to adapt to a new life situation because they have moved to a new culture, and those who had been forced to adapt to different values while they were still in their own native countries by their colonisers, as is the case with most Africans and Native Americans. Because of the similar historical experiences between American Natives and Africans, cross-cultural counselling literature based on Native Americans in particular, seems to be most relevant to Basotho and to Africans in general.

There is considerable variation among cultures regarding how punishment, for example, is given to those who defy accepted beliefs and standards about what ought or not ought to be done. Research has shown that there are some culture-bound syndromes such as “Latah” found in Southwest Asia, “Saka” found in Kenya, and “Koro” found in China (Tseng and McDemott 1981). These culture bound syndromes suggest that the existing stereotypes of mental and social problems can shape the behaviour of people who have problems. It can be concluded that people with these problems conform to cultural expectations of how “symptoms” ought to appear, and there is an association between cultural beliefs or practices and the content of the symptoms. For example, “Koro” is defined as an anxiety state in which delusion concern withdrawal of the sexual organs into the abdomen. It is associated with fear of death in a culture where it is believed that the sexual organs disappear from corpses.

According to Leighton and Hughes (1982) one explanation that has been invoked to account for such disorder is that it is “hysteria” which is defined by the American Psychological Association (APA), as “dissociative reaction”. Leighton and Hughes believe that the idea that these disorders are hysteria, should be treated with some caution, and that there is a possibility that it expresses a bias of the Euro-centric therapist who may have some tendency to

consider any seemingly bizarre behaviour as hysteria if there is no organic basis or if it cannot be called schizophrenia (Leighton and Hughes, 1982). These examples open the way for studying social and mental problems through culture and for the belief held by anthropologists and some cross-cultural therapists that personality traits and inclination to symptoms of social and mental problems are associated with growing up in particular cultures.

As Kareen (1992) also realises, the cultural diversity [between Euro-centric and non-Euro-centric] is not confined to certain concepts of distress, dysphoria, or mental illness. There are also radical differences in terms of day to day life notion of family and role of its individuals, in child rearing and ideas of education. There are also radical differences in cultural attributes such as concepts of person-hood, respect or disrespect, loyalty, independence, position of elders in the family, obligations to family and community - the very notion of moral tradition that combine to make a human being a social being rather than an isolated organism. Kareen contends that an understanding of these aspects of human life is fundamental to the success of any therapy. This argument shows clearly the importance of understanding and sharing similar cultural bases by both the counsellor and the client.

As Asuni (1979) suggests, one major difference between the 'psychotherapeutic' mechanism used by African and Euro-centric helpers is that the African uses suggestion, sacrifice, manipulation of the environment, ego-strengthening elements and family therapy. But, none of these factors involve the client's insight into his/her own deeper motives with resulting expansion of self-awareness and presumably, maturation as with some Euro-centric psychotherapies. Euro-centric psychotherapy tends to include problems of living and coping with situations. Such problems are usually dealt with by the family network in Lesotho. They are not necessarily regarded as "illness" except in extreme cases. Coping with, and adjusting to loss and bereavement, for example, are not referred to traditional healers. The social support network, appropriate rituals and ceremonies tend to help the individual concerned to cope with the situation. For example, in a South African mine disaster (Vaal Reeves,

May 1995), where one hundred and fifty people (150) died, out of which fifty four (54) were Basotho, it was reported that the bodies were so crushed that they were unidentifiable. The mine officials recommended that all the corpses be buried in South Africa in a mass-grave, since there was no way that they could be properly identified. Most Basotho families still insisted that their relatives be buried at home (even if that meant just one leg and one arm). This caused a big row, where these Basotho families were called all names (barbaric, impossible, uncivilised etc.) even by other black South Africans. They were believed to be deliberately making things difficult for the mine officials by following "useless and outdated traditions". What in fact these families wanted was an opportunity to bury their own people following appropriate rituals and ceremonies, which normally tend to help the bereaved to cope with such a loss.

At the university, the problems which are referred to a counsellor by students are typically those which would have been dealt with by the family if the students were still at home. In this case, the counsellor at the university plays the role that is typically played by the family members. A growing awareness in mental health professions is that counsellors who want to be effective with clients from non-Euro-centric societies must discover and use non-Euro-centric methods of intervention (June, 1986; Lee 1990). June suggests an aggressive outreach strategy that utilises indigenous helping resources. Smith (1982) argues that counsellors cannot ignore the social context in which they practice. Therefore following up on these arguments, counselling practice with Basotho university students has to incorporate those institutions, organisations and strategies that are consistent with cultural and life experiences.

Traditional healing means the deliberate and creative use of cultural care, knowledge and skills to assist people in attaining their well being and to help them live and survive. It means knowing explicitly cultural-care beliefs, values and ways of life and using such knowledge in culturally specific ways to help people (Leininger, 1987). Belief in the function and danger of witchcraft is deeply rooted in African life, and in spite of modern, Euro-centric education

and religions, it is very difficult to eradicate this belief (Mbiti, 1978). Asuni (1979) provides an example which clearly indicates some of the psychological techniques that are sometimes used by African traditional healers in helping clients.

A woman in a polygamous setting was running into trouble in her home and this threatened her marriage as the husband wanted to throw her out. The trouble centred on constant fighting and violent arguments with one of her co-wives, who appeared to be the more favoured one. The woman went to a traditional healer to whom she told her plight.... She was given a small object.... And was told that on any occasion when there was a quarrel between her and the other woman she should put the object in her mouth and bite on it. The object, she was told, had the other woman embodied in it.... Several weeks later, she returned to thank the healer, as not only was the problem over, but the other woman had been sent away (Asuni, 1979, 69-70).

As Asuni elaborates, the “biting” of the other woman gave the client enough satisfaction that she was fighting back. At the same time this biting did not allow the client to talk back to the other woman as she was unable to bite the object and talk back simultaneously. As a result, the other woman was the only one who was heard shouting and insulting. She therefore fell out of favour.

Ross and Lwanga (1991) argue that witchcraft is one possibility permitted by culture for Africans to find solutions to their problems. The authors also wonder whether the “facts” really matter as long as the therapeutic process is successful. That is, “if it works, why question it?” Basing themselves on the literature (for example, Shapiro, 1980; and Torrey, 1986), they argue that the explanatory structure of therapy does not really matter to its effectiveness. And that, what well matters is not whether the explanation is true but whether it is sufficiently convincing for both the counsellor and the client to be using it. They conclude that each cultural perspective provides a way in which an individual can review the values by which life is lived. Also, according to Virtanan (1982) witchcraft usually provides a client and his relatives with a simple explanation. They can accuse other people for their misfortunes, bad luck is quickly ascribed to an ill-meaning neighbour. Euro-centric therapy may place a far heavier burden on close relatives and parents for their role in children bearing. Mbiti (1978), also sees two main positive aspects of belief in

witchcraft and other traditional beliefs and that belief in witchcraft helps to find explanations when things go wrong. That is, this enables people to reach an answer which appears to them satisfactory and that once a neighbour is labelled a witch, others are likely to refrain from offences like stealing, rudeness and other crimes against the neighbour. Thus, the belief becomes a factor for stabilising relations among neighbours and community. Euro-centric therapies were, as seen by Bavington and Majid (1986), developed and formulated on the basis of an Euro-centric philosophy of life. Which in many respects contradicts the traditional beliefs and ideology, have their roots in the Euro-centric world and were devised from other parts of the world [which] have different religious and value systems (from Bavington, 1992).

As Littlewood (1992) also contends therapy is constrained by its own context, and its evaluation can only make sense in that context and with those meanings. That is, social and political phenomena are powerful forces able to apply pressure not just on an autonomous person but determining the lives of individuals who live in a particular society. The counselling language therefore makes sense within the Euro-centric context. It makes sense to Euro-centric clients and therapists because these people are embedded in that particular context; as people who inhabit a particular shared world, they also share certain concepts and concerns. Because of cultural differences between Euro-centric and non-Euro-centric, traditional Euro-centric methods of psychotherapy are inadequate for helping non-Euro-centric. As Jones (1987) puts it: Cultural diversity [in counselling] has been terribly important in challenging, and correcting, the intolerable problems associated with the 'deficit hypothesis', which is derived from comparisons of blacks and white on culturally loaded instruments. Goals ought to be determined by client's culture. Hsu and Tseng (1972) maintain that goals need to fit the cultural realities or what is culturally possible for the client. They emphasise that the therapist needs to know the client's cultural context very well so that the client can engage in this goal-oriented activity.

The appreciation of diversity has led to a greater realisation of how culture generates among individual members specific behaviour consonant with the main cultural themes and how these behaviours are comprehensive only if one understands, and understands sympathetically, the ethnic culture. It has led me to accept that without the understanding of the cross-cultural framework of individual behaviour - whether symptomatic, attitudinal, or treatment related - change-oriented interventions with culturally different population will be of limited effectiveness. Atkinson, Thompson and Grant (1993) have shown that the proponents of various positions in cross-cultural counselling range from those who argue that the constructs from some existing counselling theories and strategies are universally applicable (Fukuyana, 1990; Vontress, 1979) to those who propose that counselling adopts the helping strategies from the clients' indigenous culture (Cayleff, 1986; Heinrich, Corbine and Thomas, 1990; Torrey, 1970). In between these two extremes, according to the authors, are a number of other positions regarding the need to accommodate counselling theories and strategies to cultural values.

In addition, Wohl (1989) presents an argument surrounding traditional healing whereby some believe that traditional healing practices, such as those employed by Basotho, are useless and ought to be eliminated as soon as possible, since they perpetuate anti-modern, non-scientific views, and therefore, may be harmful to the clients. Others believe that the traditional techniques are useful, but only to an extent that Euro-centric techniques are not available. Some writers acknowledge the usefulness of traditional values and techniques in their own right, and these writers even believe that it might be helpful to work with these traditional healers as they are accepted in their cultures. This group further suggests that since the two systems (i.e. Euro-centric and traditional) are complementary, if both systems are available, people will take advantage of their availability and use one or the other, or both, as they see fit. For example, a Mosotho typically believes that he is "cured" of his problem only when the problem has been removed. If he has received help from a Euro-centric-trained practitioner, which has eliminated the symptoms, he still does not feel that he is actually well or cured until he knows that the

“real” cause of the problem has been identified and dealt with. Torrey (1972) as interpreted by Pedersen (1979) has identified four principles crucial to successful helping in any culture: (1) the counsellor should establish credibility, (2) the client’s problem is identified and named, (3) personal qualities of counsellor are important, and (4) client expectations should be met.

Alver (1982), has suggested that African traditional healing is a relatively “open system”, free to adapt to peoples’ perceptions and needs, while Euro-centric techniques are bound by a narrow range of explanations. Gellner (1973) believes that Euro-centric “scientific” inquiry is constrained by the current dominant paradigm whose hold only weakens at the time of major scientific revolutions. Also, MacCormack (1982) concludes that both African and Euro-centric techniques function with limited explanatory paradigms. He believes that each has its therapeutic strengths and weaknesses, and that the weaknesses in one system can be compensated by the strengths in another. Echoing MacCormack, Staugard (1982) feels that an open minded co-operation between the Euro-centric and traditional health practices in developing countries, such as Lesotho, means a substantial improvement of the comprehensive health care systems. Bavington (1992) concludes that the appropriate response is not to discount altogether the value of Euro-centric techniques for Africans, but to consider what might constitute a more relevant and acceptable form of therapy for the group one is working with. I believe that programs that confront the process of integration without trying to suppress cultural patterns are much more likely to result in success with Basotho students. Counselling Basotho students requires not only an understanding of the theoretical and practical tradition of the counselling profession, but an appreciation of dynamics of Basotho culture and the societal forces which impinge upon their mental health and well being.

Basotho students, even though they seem to be moving towards Euro-centric life-styles when they are on campus, do not go through what Helms (1985) calls “*ethnic identity development*” as he contends is the case with “minorities” in Euro-centric societies. It has been documented that an ethnic minority

individual goes through three identity development stages, where at the early stages of identity development, he/she has the most negative views of self and his/her group, and may even prefer a majority group (white) counsellor. At the middle stages of development, anger and militancy are the key issues in counselling, and the client often requests a counsellor of the same ethnic group who is seen as credible and not a “cop-out”. At the later stages, the ethnicity of the counsellor is not as important a factor as is the counsellor’s overall capacity to appreciate cultural diversity and respect the client’s world view (Helms 1985). Basotho students, as I have shown, are typically from what Edward Hall (1959) calls “high context” situations where there are more social restraints. The students might find themselves almost completely lacking in guidance when they are apart from their families, and away from the social order in which social contact and relationships are structured by socially agreed-upon guidelines. They may not feel quite at home with the freedom that is characteristic of the university life.

Based on my experiences as “a foreign student” in Canada and Britain, I tend to agree with Pederson (1991) who contends that a person's self-esteem and self-image are validated by significant others who provide emotional and social support in culturally patterned ways. Moving to a “foreign” culture suddenly deprives a person of the support system. Based on Peterson’s theory, there is a need for Basotho University students to define a “third culture”, which is neither Euro-centric nor traditional Sesotho. This would be a culture of people who live in a “foreign” environment for a while and therefore must learn some new practices in order to survive, a culture in which people must keep some of the old values from back home, while they are learning new ones. Marris (1986) in his book *Loss and Change*, as quoted by Earwaker (1992), argues that every situation of change could be thought of as an experience of loss and understood on the analogy of a bereavement. This is a helpful idea in that it enables us to appreciate that any change is a shock to the system, and it is possible that the stages of recovery from shock are likely to look similar whether the event impacting upon the personality is loss of a loved one, loss of home or loss of lifestyle. Earwaker believes that people react to

change - of any sort- in fairly predictable ways, and that exactly how people adjust to a new situation will depend mainly on the person's previous experiences; in particular, on the strategies that have worked successfully for that individual in the past. This could be the reliance on others (family members) for Basotho students. Whereas Germain and Gitterman (1979) have realised that people go through specific life transitions, the notion of life transition includes human development in stages, moving from rural to urban setting and transition common to people's lives. These authors place an emphasis on culture because it determines patterns of interaction and gives meaning to events. Forssen (1982) warns us, that, because an individual in African situation is accustomed to seeking help as part of the family or community, the solution of his/her problem situation does not reinforce individual growth, in the Euro-centric sense of the term. But the main issues, as it has been emphasised is that "individual growth" is not necessarily what the Basotho need, what they need is belonging, being a member of a group and social support based on traditional values.

CHAPTER 3: CRITICAL ANALYSIS OF MAJOR COUNSELLING APPROACHES AND TRADITIONAL HEALING PRACTICES

As I have stated, the use of Euro-centric psychotherapeutic approaches with people from different cultures is increasingly being challenged. In this section I re-examine the philosophical assumptions underlying five major Euro-centric counselling approaches in order to built up a profile from which to evaluate their relevance, applicability and appropriateness when applied to Basotho university students.

The many and different types of Euro-centric techniques of counselling makes comparison between methods and research in this field very difficult (Moorhouse 1992). A survey of different Euro-centric approaches by Messer (1986) reveals that no common philosophy seem to unify them. Many of the theories have different views of human nature and different concepts of therapy that are rooted in those views. For example, the different philosophies of classical psychoanalysis and behaviourism do not seem to merge at all.

Psychoanalytic Approach

The psychoanalytic perspective which originated from Sigmund Freud's theory of personality, identifies three parts of personality: the *id*, *ego*, and *superego*. Freud believed that the forces responsible for behaviour occur mostly at an unconscious level and that these associated with personality structure, are the basis of all behaviour, normal as well as abnormal (Nelson-Jones, 1982).

The *id* is believed to be directed by the pleasure principle, which demands immediate impulse gratification and tension reduction. The *ego* on the other hand is governed by reality principle. It mediates between the individual and the external world. It also controls *id* drives. Its activities include reasoning, judgement and problem solving. The *superego* is the moral part of personality. It comprises both conscience and *ego ideal*. The conscience is the punishing aspect that inhibits behaviour through guilt and shame. That is, whereas the person whose *id* process is relatively uncontrolled seems impulse-ridden, the

person who is overly dominated by his/her superego becomes moralistic and unable to be comfortable with pleasure.

At the centre of conflict is the ego, whose task is to find a compromise solution. The ego employs defence mechanism to resolve conflicts, but if the defence mechanisms are inadequate or excessive, the problems may appear. According to Freudian view, conflict and anxiety are normal aspects of human life, and the difference between normal and abnormal behaviour depends on how well the individual copes with conflict and anxiety. According to Freudian personality theory, therefore, the process that regulates normal personality and development is the same as those that regulates abnormal personality. But in normal personality, energy is properly distributed in all three processes, whereas in abnormal personality it is distributed improperly, with the results that either the id or the superego is too strong and the ego processes are unable to control desire or conscience (Corey 1986).

Typically, during analysis, the client lies on a couch, with the therapist out of sight, the therapist reveals little, if at all, about his/her own private life or personal views. The goals are to modify the individual's character by bringing the unconscious to the conscious and to strengthen the ego so that behaviour is based more on reality and not so much on the demands of instinctual cravings. Freud believed that neurosis was caused by the *repression* of disturbing feelings and emotions associated with conflicts established in early childhood.

During treatment, involvement and co-operation of the person undergoing treatment is required. There is a deeper probing into the past in order to develop self-understanding that is assumed necessary for a change of character. Thus the therapist focuses on the client's past, asking him/her to talk freely about childhood experiences. This is based on the assumption that personal problems are the expression of underlying psychological conflicts. Freud believed that everyone pushes painful arousing experiences, desires and conflicts out of consciousness. Although the conflicts are repressed and

unconscious, they are nevertheless considered to influence social and interpersonal behaviour. People are therefore unaware of the real reason for what they say and do. The general goal is to get insight into the unconscious material, to make the client aware of them and release him/her from neurotic disorder. Freud believed that unconscious motives or needs, when acknowledged, could be dealt with in a more realistic and adaptive way. The role of the therapist is to discover the repressed memories and conflicts that are presumed to determine the client's behaviour and make him/her aware of them and then help him/her deal with them in a more appropriate way.

Psychoanalysis is based on the belief that the need for people to protect themselves against pain is one of the major forces that would restrict the individual's functioning and cause neurotic symptoms. The Freudian view of human nature is essentially pessimistic and deterministic. According to Freud, human beings are determined by irrational forces, unconscious motivations, biological and instinctual needs, drives and psycho sexual events which occurred during the first five years of life.

The psychoanalytic approach is largely suited for people with neurotic problems in contrast to psychoses or other kinds of severe problems. Also, in order to apply this approach, problems ought to be experienced as something orienting within oneself (Burns, 1983), which is hardly the case with Basotho, who usually perceive problems as being caused by someone else. As Burns argues, psychoanalysis forces the client into a preconceived theoretical structure. If the client disagrees with the therapist's explanation of his/her problem he/she may discontinue therapy, in which case a therapist will regard this as showing resistance, rather than seeing therapy as being inappropriate. Psychoanalysis tends to place the counsellor as an expert who directs or even confronts the client at times. Therapy incorporates a value system, for example, it is considered perverse for an individual to be dependent (a behaviour which is seen as a norm in Basotho culture). That is, clients undergoing Freudian psychoanalysis are in fact moulded into what is acceptable and the norm in the eyes of the therapist.

In practice, the psychoanalytic approach stresses an impersonal and anonymous role of the therapist that puts him/her in the role of diagnosing, formulating and conceptualisation of the client's history, and determining a treatment plan. This is a long and costly procedure often requiring months of analytic sessions usually aimed at major personality changes and investment of lots of money. This approach is therefore beyond the role of the university counselling service which is not equipped to provide treatment required by this approach, and whose role is mainly to help students to deal with everyday problems which interfere with the pursuit of their academic work.

Also, psychoanalysis emphasis as insight and understanding of the past, which is supposedly achieved through the therapist's skilful interpretation of dreams and early childhood experiences. This approach may be in conflict with expectations of being able to cope and getting rid of the problem at hand, but may in fact be appropriate for disorders for which an in-depth therapy is necessary. Thus, although psychoanalysis may be of great help to those who can afford it, it is limited as a general treatment strategy.

Some psychoanalytic proponents, in fact, claim that their therapy is superior because it cures the underlying problem, while other approaches (e.g. behaviourism) are superficial. This argument rests on the basic assumption, as disclosed above, that social and psychological problems are grounded in deep early childhood experiences that must be worked through in order for change to occur. However, evidence (e.g. Smith and Glass, 1977) suggests that many so-called superficial treatments are quite effective in helping clients overcome their everyday problems.

Jung's Analytic Psychotherapy

While Jung used the same basic techniques as Freud, particularly "free association" and a continual assessment and re-assessment of the transference relationship, he also supplemented them with his "active daydreaming" technique and amplification. Active daydreaming is Jung's modification of free-association. The client is encouraged to daydream to give free rein to his

imagination so that the images are not volitionally (i.e. using one's will) determined, but come spontaneously. The client must then behave as though the images were real. The therapeutic value of this technique lies in this behaviour, the activity not in the imagination. Jung did not think that the imaginative activity, in itself, had any therapeutic value, but it was a way in which the conscious client could interact with unconscious material and process it (Gendin, 1975). Jung is associated with an approach to psychodynamic therapy that, relative to the Freudian approach, placed little emphasis on the role of sex and sexual impulses, and focused instead on the hypothesised deed, inherited "collective unconscious" with its universal idea or images, the "archetypes". Jung's analysis is of the deep variety and concerns itself with rich interpretation of symbols and makes extensive use of dreams.

Psychodynamic Approaches

Freud and Jung conceptualised the mind in terms of a basically biological model, and were analytical in their approach, identifying different and often opposing structures and forces in mental functioning. They are therefore referred to as "psychodynamic theories", and the therapies they stimulated are the psychodynamic therapies, the most well-known of which is the Freudian classical *Psychoanalysis*. Psychodynamic is a label used freely for all psychological systems and theories that emphasise process of change and development and those systems and theories that make motivation and drive central concepts. In short psychological theories that deal with that which is "dynamic" are all included.

This approach can also be developed as a short-term psychotherapy. Its conception was encouraged by some weaknesses which were seen in psychoanalysis. Much of what was viewed as "strengths" of psychoanalysis have been incorporated into this new approach, making it a derivative of psychoanalysis (Jacobs 1988). Even though the theories within this approach differ from each other on specific issues, they all share the basic assumption about social, personal and emotional problems and their treatment. They all still attribute these personal and emotional problems mainly to internal psychic conflicts.

All psychodynamic theories pay equal attention to the importance of the early experiences, as promoting the foundation of later personality strength or weakness. Hence the importance that a psychodynamic therapist attaches to the experiences and feelings in the client's past. According to this approach, human beings' early perceptions and understandings are gradually modified by the experiences of wider reality as they grow older, but these perceptions are never totally lost. As a result, adults sometimes still view the world through the eyes of a child within them. This happens particularly during times of stress, when they can be driven back (*regress*) to their old ways of thinking, feeling and behaving (Jacobs, 1988). Transference, whereby the client transfers to a counsellor feelings formerly attached to a significant figure early in life is seen as particularly important in that the client is able to re-live some of his/her unconscious feelings. Also, the counsellor is able to directly observe the problems, rather than having the client describe them. In general, the following are the assumptions held by the psychodynamic approach:

- *Problems are thought to be caused by unconscious mental activities, therapists seek to uncover unconscious conflicts in order to restore the client's health. It is assumed that symptoms will be relieved when the client gains adequate insight.*

- *Events in the early years of life are critically important to personality development and mental health. Problems in these early years are thought to disrupt personality, social interaction and emotional growth.*

- *The approach is often referred to as **insight therapy** because its goal is to enhance the individual's self-understanding.*

- *It places greater emphasis on the curative power of the therapeutic relationship itself than did the classic psychoanalysis.*

- *It places less emphasis on change through reconstruction of the past and more on change through re-living significant early childhood relationships issues in the context of therapy.*

- *It allows the therapist to be more flexible than in classic analysis and encourages the therapist to provide empathy and to use self-disclosure, when appropriate, in order to prevent resistance.*

- It emphasises work by a much more focused exploration of certain themes rather than by endless exploration of the past.

-The contracts in psychodynamic are generally shorter and less expensive than in classic psychoanalysis.

- And finally, it has abandoned some of the Freudian beliefs, such as the idea that much of what we do somehow involves sex.

Psychodynamic therapies were able to realise the short-comings of classic psychoanalysis, and were, as a result, able to sieve through it in order to see what could be retained and what needed to be left out. This precedent serves only to reinforce the philosophy behind this current undertaking. If anything, this new approach stresses the importance of the past to shape the present, and this seems to be true regardless of cultural beliefs and values. The approach also cautions that what a client presents as a surface problem may not always be the real issue. That is, it is always worth while to explore further in order to discover some of the underlying issues in helping clients.

Comparison of Euro-centric Technique to Basotho Traditional Healing When Applied to Basotho University Students (How they fit the healer-counsellor role)

Psychoanalysis/Psychodynamic

Merits

1. Tends to place the counsellor as an expert or authority who knows all, directs and occasionally confronts the client. A Basotho is likely to find the counsellor as an expert more reassuring since it is more similar to what he is used to in his own traditional healing.

2. May be suitable for the university students who are relatively articulate, and do not come to the counsellor for serious mental problems.

3. The importance of early experiences in development and in the creation of personality.

4. A belief that what a client presents may be just a surface problem and that it is worthwhile to explore further.

Limitations

1. Problems being experienced as something originating within oneself, whereas Basotho usually perceive personal problems as being caused by someone else.

2. Belief that change results from verbal discourse, the expression of feeling and insight. This may be in direct conflict with the Basotho cultural values which stress interpersonal and environmental focus.

3. Basotho usually expect the healer/helper to provide help immediately after hearing about the problem. Whereas psychoanalysis is typically a long process designed to help get rid of buried conflicts.

4. The process is long and costly, usually aimed at major change involving long-past childhood experiences. Therefore, it cannot help with student's everyday concerns.

The Humanistic Person Centred Approach

The essence of this approach is the freedom of the person to shape and reshape his or her own life and personality through process of growth. According to the humanistic approach, if early childhood events are still influencing a person (as claimed by psychoanalysts), it is because the person, as the author of his/her fate, is still allowing (often unconsciously) or letting them to do so (Bohart and Todd 1988).

According to this approach, every person is able to do whatever they want, that is, the best they can do in the life given to him/her. People usually make self-defeating choices because they are unaware that they are the ones who are making choices. For example, Basotho university students may still cling to their traditional, cultural values and beliefs because they accept these as given and take them as ultimate truth, unaware that they are the ones who are choosing to follow them.

From the humanistic perspective, people deny their ability to choose in order to avoid anxiety, unaware that anxiety is unavoidable. According to this view, to live is to choose and thereby face up to the basic uncertainty (but the reality all the same) of life. Psychopathology, they claim, results from an attempt to deny choice. The ultimate goal for humanistic therapy, therefore, is to help the client to confront himself/herself and what he/she has been avoiding in order to become aware of his/her goals in life and make authentic choices. To help the client become aware, the therapist uses two basic tools: first, that of empathy and non-judgmental attitude towards the client; and second, that of authenticity, which shows the client that he does not have to pretend. This attitude first has to be modelled by the therapist in order for the client to adopt it.

This approach tends to reverse the roles between the client and the counsellor, with the client having to accept more responsibility. It has the premise that individual goal setting is essential for progress, that a person's intentions and goals are important factors in his/her behaviour. Its philosophy emphasises self-awareness, and freedom to decide one's fate. The goal is to maximise awareness, personal growth, and the direction of one's own life. Like psychoanalytic therapy, this approach also stresses insight and awareness, which the client is believed to gain through direct experience rather than through the therapist's interpretation. The client is expected to decide what will be explored during therapy sessions, and make fundamental choices which will shape his/her life and therefore reclaim his/her life in the process.

In addition, this approach ignores cultural and traditional obligations and influences. For the Basotho people with whom the family or even the whole community comes before the self, such beliefs as putting the self before everything may be seen as disruptive rather than enhancing. In addition, as mentioned before, Basotho usually place faith in the authority of the healer, which would make them uncomfortable with the approaches where they are expected to challenge the therapist or take a major responsibility in the therapeutic sessions as expected in humanistic-existential approach. Also, among the Basotho there is no clear distinction between physical, social or emotional problems. When a client goes to a healer/helper, he/she typically expects the helper to come up with and provide a “remedy” after hearing about the problem much as a Euro-centric physician would do.

Evaluation of the Humanistic/Existential Approach in relation to Basotho University Students

Merits

1. Its focus is on understanding the client's phenomenological world including cultural back-ground.

2. The client is expected to talk and decide what will be explored during the therapy session. (This is different from the Basotho traditional healing, but can be easily adapted when working with Basotho students)

Limitations

1. This approach tends to reverse the roles between the client and therapist with the client having to accept more responsibility. This is in conflict with Basotho who usually place faith in the authority of a therapist/healer.

2. Putting the self before everything (as this approach advocates) may be seen as disruptive rather than enhancing.

Client-Centred Therapy

Another individualistic model is client-centred psychotherapy. The first premise of this theory is that there are many possible personal realities. The founder of

this theory, Carl Rogers, argues that no one is in a position to judge someone else's reality as being less correct, more distorted, or less adequate than someone else's reality. The second premise argues that if the personal reality of an individual is respected, and a basic trust is shown towards the individual by others, then growth will move in a positive way (Bohart & Todd, 1988). Rogers believes that there are multiple realities. To say that someone is out of touch with reality, is to say that there is one correct way of viewing reality. He believes that reality is relative to each person's point of view (which is usually influenced by culture), therefore, no one can determine a "correct view" for another person.

The proponents of this approach reason that people believe that somewhere out there exists reality and that there is one correct way of viewing it. Psychoanalysts, for example, adopt the concept of defence mechanisms which means distortion or misperception of reality. However Bohart and Todd (1988) wonder whether, following Rogers' premise, therapists could end up supporting acts seen as negative such as rape or child abuse. But, despite this criticism, the authors are aware of Rogers' assertion that individuals who are prized and trusted will naturally choose pro social values. He also explains that to accept or trust another person's reality does not necessarily mean to agree with it or to approve of it. It only means to listen and acknowledge non-judgementally, what the other actually perceives, without necessarily supporting or encouraging the behaviour that follows from it (or interpreting it as the psychoanalysts typically do).

The client-centred perspective does not see problem behaviour as the result of anything that has happened through childhood trauma, inappropriate learning or stress in the family or environment. Rather, it views human beings as born with an innate drive to "actualise" themselves, that is, to make the most of their unique talents and enjoy good relationships with others. Dysfunctional behaviour, then, is a failure to achieve the self-actualisation of which we are capable. This theory is then based upon the assumption that the individual is inherently capable of understanding what has caused his/her problems, and is

able to reorganise his/her life in such a way as to overcome it. Abilities that have been blocked by faulty assumptions and emotional conflicts can be reactivated if the therapist merely establishes a warm, accepting, and understanding relationship with the client. The immediate objective of therapy therefore is the removal of faulty assumptions, thereby freeing the individual to accept his unique self to grow and change in his own natural way.

Rogers' general philosophy is that individuals create the reality to which they respond. His theory places full responsibility upon the individual. Rather than attempting to provide insight into repressed memories of the past, the client-centred therapist tries to help the clients accept all aspects of themselves in the present. Emotional problems are seen as stemming from a lack of self-knowledge, denial of certain feelings, and an inability to experience all feelings fully. Based on the idea that the change and growth come from within the client, during the therapy the therapist does not give specific advice about solving problems or strategies for living, he/she does not judge or condemn and he/she does not try to develop a treatment plan for the client.

This model clearly argues against the practice of imposing theories based on Euro-centric values and beliefs, on people like Basotho university students who do not share these values. It argues that people see the world through their own context. Therefore, to understand and be able to help people from other cultures, it is crucial to know their cultural niche and their frame of reference. With its emphasis on the importance of each individual's experience of the world, this perspective lacks a precise, universal theory and rejects the idea that a single set of "formulas" can be applied to all people. Instead, the client-centred therapist tries to attend closely and respond systematically to each person's problems and to see the world from the client's point of view.

The model differs from the others in the importance it assigns to individual responsibility. In other therapies, a person may blame his/her problems on some external cause (as typical of Basotho) and sit back expecting the therapist to effect a cure. Client-centred therapy insists that each person

assumes responsibility for his/her own life. But it has become fairly widely recognised that the non-directive approach advocated by this model may be less effective with African clients whose upbringing leads them to expect clear answers and guidance from older people or people perceived as having authority, because with the client-centred approach, the origin of control resides inside the person rather than within the family or community system.

As Holdstock (1988) realises, one would expect an understanding of culture in client-centred therapy, since this is a technique which claims to accept and respect the reality of another person. Holdstock again realises that even though Rogers travelled widely, he remained surprisingly uninfluenced by divergent cultural perspectives. Rogers' emphasis on individual views of reality leads to the rejection of authority and group dependence. As Holdstock realises, in the client-centred approach, empowering the individual is the focus through which societal change can be brought about. It is believed that if enough individuals were to change, societal change would then follow. Ho (1985) as quoted by Holdstock (1988) describes Carl Rogers as one of what he calls modern prophets of individualism. Also, even though Farson (1971) considers Rogers to be one of the most important social revolutionaries of our time, he points out that Rogers has paid little attention to the role of culture among other things. Sampson (1985), sees psychology's focus on individual as a closed rather than an open system, as one of the main factors that prevented the discipline from developing meaningfully. Rogers views functional individuals as autonomous and self-directed. This view is again in contrast with the Basotho cultural beliefs, as I have repeatedly shown. For Basotho in general, the family honour and tradition are more important than the individual. To be a real, normal human being in Sesotho is to belong, to be part of a family and the community.

The client-centred approach highlights the experiencing of a client and his/her subjective world. According to Corey (1977), this approach is based on a philosophy of human nature that holds that humans have an innate striving for self-actualisation. Rogers believes that it is the relationship with an accepting

and empathic helper that serves as the agent of therapeutic change for the client. This view seems to emphasise the attitude of the therapist, rather than his/her knowledge, that is, the therapist uses himself/herself as an instrument of change to establish a climate that facilitates the client's self-exploration and growth and encourages clients to find their own solutions. As a result, the critics of this approach argue that it has no distinct and unique identity, but is simply a means of providing a psychological climate in which other approaches can be applied.

This theory places the primary responsibility for the direction of therapy on the client. Again this is an extreme departure from the Basotho culture, where, as I have shown, the client always places faith in the authority of the helper. Client-centred theories emphasise values which are typically of the Euro-centric world such as individualism and the centrality of the self. This observation indicates how different it is from the Basotho outlook. The client-centred approach conceptualises the individual, and it is difficult for this theory to be applied as it is, even with Basotho university students, whose lives are in transition.

A recent approach (1970-80) which has evolved from client-centred therapy is *holistic therapy*. Unlike client-centred therapy, this approach "emphasises an increased involvement of the therapist as a person with thoughts, values, and feelings who is willing to use them fully in the therapeutic relationship" (Corey 1986). This is in contrast to earlier views of client centred therapy which stipulate that counsellors should refrain from voicing their own views during the helping process. Holistic therapy sets less prohibition and allows the counsellor greater freedom to participate more actively, including expressions of opinion and feelings. Both humanistic and client-centred therapies emphasise personal relationship between the client and the counsellor, active listening, respect for clients and not getting ahead of them with interpretations, as is the case with psychoanalysis and the Basotho traditional healers.

Client-Centred Approach in relation to Basotho Students

Merits

1. *People see the world through their own cultural context, and respect different realities.*

2. *The importance placed on active listening, respect for clients, and not getting ahead of them with interpretation (different from Basotho traditional healing, but can be adapted)*

3. *Rather than attempting to provide insight into repressed memories of the past, client-centred therapist try to help the client accept all aspects of themselves in the present.*

Limitations

1. *The idea that change and growth come from within the client, therefore, during therapy the therapist does not give specific advice about strategies of living or problem solving.*

2. *Individual goal-setting is essential for progress. For Basotho whose extended family comes before self, such values may be seen as disruptive rather than enhancing.*

3. *The primary responsibility for the direction of therapy is placed on the client*

The Cognitive Behavioural Therapy

Unlike psychoanalysts who believe that neurotic symptoms are an expression of unconscious internal conflicts that need to be resolved in therapy, behaviourists stress that dysfunctional behaviour is maladaptive behaviour that we have learned just as we learn other things. They argue that most social problems are the results neither of organic dysfunction nor of unresolved psychic conflicts. Instead people who have dysfunctional problems have them because they have failed to learn adaptive behaviour. The therapist makes the assumption that dysfunctional behaviour can be learnt in adulthood as well as during the developmental period, and that such behaviour is not a symptom of an underlying disorder, but the behaviour itself *is the disorder*. Therefore behaviour is a primary and legitimate target of therapy. Therapists take thoughts and feelings at face value rather than as symptoms of unconscious conflicts.

To behaviourists, a person's actions and thoughts are subject to the same principles as overt behaviours and therefore equally open to change. Their therapeutic techniques consequently concentrate on present behaviour, with little regard for causes. The goal is to help the client unlearn old habits and learn new ones. Behavioural therapists have tended to emphasise methods and techniques over interpersonal relationships between therapists and clients. Behaviourists also believe that the environment plays a crucial role in determining behaviour and that problem behaviours are specific to given types of situations. Therefore, behavioural assessment requires accurate descriptions of observable behaviours and environmental situations that accompany them. The following are the assumptions entailed in the behavioural approach:

- *All behaviour is learned by the same principles, regardless of culture, values, and beliefs.*
- *Behaviour can be unlearned and changed by applying experimentally verified principles of behaviour, and*
- *The outcome of therapy is evaluated empirically with measurable behaviour changes (Bohart and Todd 1988).*

With this approach, at the beginning of therapy, the therapists typically explain their procedures and theoretical rationales to the clients. The therapeutic goals are always cast in behavioural terms, that is, the type of behavioural changes that will result from the techniques and procedures employed. The rationales behind them are kept extremely guarded. The behaviourists' interventions involve the deliberate manipulation of reward contingencies so that desirable behaviour is increased by reinforcement and undesirable behaviour is decreased by extinction. Their therapies differ from other approaches in that behaviourists concentrate their techniques mainly on the specific overt actions of the client (which other techniques regard as only symptomatic). Behaviour therapies attempt to bring about change by modifying these actions in a more adaptive way.

Behaviourism has been criticised by psychoanalysts and psychodynamics for not treating the underlying unconscious conflicts, but just superficial symptoms; and by humanistic approaches for being mechanistic, impersonal and not emphasising therapist-client relationship. In this way, behaviourism is again similar to Basotho therapy where the evaluation of the success of the intervention is seen when the problem has or has not disappeared, without trying to find out the underlying sources of the problem in the first place. In fact, proponents of behaviour therapy technique argue that their procedure is applied in all everyday social situations, the only difference being that with their procedure, the judgement as to which behaviour to reward and which not to reward is made explicit. That is, behaviour therapy is just an ordinary social practice made conscious and deliberate. Behaviour therapy is essentially a co-operative enterprise between a therapist and a client. The client defines the treatment goals and the therapist describes and explains the methods to reach them.

The behaviourists appear to be directive and more educational than confronting their approach. Their orientation suggests that change comes from the rules of learning which in turn have been "scientifically" derived. Yet as Suinn (1985) argues, science can have different meanings to different cultures. For example, in Lesotho, the prescription of herbal medicine or a ritual by a traditional healer are all known as sciences to Basotho people. But the rules guiding science in such societies may well be incompatible with the rules defined by the science of behavioural therapy. In fact, according to Suinn there is now recognition that the rationale given by counsellors to their clients about how change is brought about by counselling is very crucial. To date the rationale has been couched in Anglo-European concepts. For such approaches to be appropriate to Basotho, the communication must be made appropriate to the Basotho culture.

Haughton and Ayllon (1965) illustrated how, given the same set of behaviour, different observers may arrive at different explanations of the behaviour, based on their own cultural values and beliefs. The difference in the conception of

“science” between the Euro-centric people and Africans, for example, is quite clear in a now classic example, where an African elementary school student, in a mathematics class, believes that if *one* bird from a group of *four*, is shot and killed, no (*zero*) birds will be left (because the rest will fly away), instead of the “correct” answer of *three*, which is derived from four minus one equals three. Parham (1993) cited a number of incidences in which misleading conclusions were reported. As a result he ended up being biased against minorities. For example, he cited Mischel’s study (1961) in which Mischel concluded that ghetto children did not have the capacity to delay gratification. In this study, the children were asked to choose between a small reward to be presented immediately by the experimenter or a larger, more valued reward to be presented at a later point in time by the experimenter. Black children tended to opt for immediate gratification. Inherent in this theory is the belief that the ability to forego immediate smaller gratification for larger, delayed gratification reflects healthy, adaptive psychological functioning. An alternative interpretation for Mischel’s results, as Parham argues, could be that these children were only acting adaptively to their situation. Strickland (1992), also investigated the effects of the promise-maker race (nationality) and found that black children in her sample preferred the immediate reward, but mainly in a white (western European) experimenter condition. Parham explains that depending on who is conducting studies and research on “minority” issues, wrong conclusions might be reached, or important information might be omitted.

Behaviour therapy is more concerned with change in observable behaviour rather than with subjective dimensions of human experience. The client determines the goals, but the therapist must be expert enough to develop a specific treatment plan to help the client realise the desired changes. There is an emphasis on action, rather than on accurate verbal communication. This may in fact be compatible with Basotho therapy where verbal expressiveness and introspection are de-emphasised. Behaviour therapies, in general, are quick and inexpensive, which make them more desirable for people such as university students, who are eager to get results.

A Mosotho traditional healer, like the behaviour therapist, is expected to assume an active role in treatment. The healer has special knowledge for discovering solutions to human problems, therefore, he/she is able to prescribe curative procedures. But, as discussed above, behaviourism is more concerned with specific and observable behaviour. It emphasises objective assessment and efficiency of procedure and, it will be difficult therefore to use this approach with problems such as social adjustment, which is the main problem at the University of Lesotho.

Therapists who “subscribe” to *cognitive* psychology (e.g. Beck, 1991) challenge behaviourism’s view that connection between the environment and behaviour is direct. Cognitive psychologists hold that what a person thinks, believes and expects influences how he/she behaves. That is, if mental events are changed, then behaviour change will follow. As a result, cognitive therapists, unlike behaviourists, look for the cause of the problem in order to help the client. For example, if a Mosotho university student is failing his/her examinations, they typically attribute this failure to external forces (that someone is bewitching them) as opposed to internal attribution, that he is not smart enough. The advantage of this external attributions (blaming someone) is that the student does not internalise the weakness. He/she believes as I have shown, that he/she still is smart, all he/she needs to do is to go to a healer who will remove the evil force that is making him fail.

Behavioural Approach in relation to Basotho University students
Merits **Limitations**

1. *Procedural and theoretical rationales are explained fully to the client. (again, different from Basotho traditional healing, but can easily be adopted by counsellors at the university).*

2. *Therapy is successful if it works, without trying to find the subjective underlying feelings and experiences.*

3. *Verbal expressiveness is not particularly important.*

4. *Therapy is quick and inexpensive*

5. *The therapist assumes an active role in treatment, for the therapist has special knowledge to discover solutions to human problems.*

1. *Changes are believed to come through the rules of learning which in turn have been scientifically derived. As a result there is more concern with specific and observable behaviour.*

2. *Therapy does not incorporate the family, who may not value the clients' newly acquired assertive style.*

3. *Because of its emphasis on objective assessment, it is difficult to employ with problems such as social adjustment, which is the main problem for Basotho students*

4. *Emphasis is placed mostly on the methods and techniques, and less on the relationship between therapist and client.*

Feminist Therapy

Feminist therapy uses the more assertive action oriented techniques which I have discussed, such as cognitive restructuring, assertiveness training, and modelling. Its reason for being is to challenge and to question the attitudes towards women of the prevalent psychological theories, which were largely developed and practised by male theorists and therapists. Feminist therapists believe that those theories advocate the maintenance of the *status quo* of a male-dominated hierarchical society (Chaplin, 1985).

There are two major differences between feminist therapy and more conventional types. Feminist therapy is based on the relationship of equals between helpers and clients, who view women's problems as being inseparable from society's oppression of women. The second difference is an emphasis on

social, political and economic action as major aspects of the helping process. Feminist therapists believe in stating their values at the beginning of the helping relationship and using those values deliberately in modelling and interpreting. The kinds of helping goals commonly ascribed to feminist therapy include *androgyny* (the complementary coexistence of feminine and masculine characteristics within both males and females), equal-in power relationships between men and women, acceptance of one's body image "as is", and the choice of non sex-biased careers (Dworkin,1984). Other non-sexist therapies (such as Corey, 1986) differ from feminist therapy in believing that each individual client needs to determine for herself or himself what sex-role options represent the best personal choice, and that clients should be exposed to feminist values but that the choice of values should be free and individual.

Feminist therapy cuts across the affective, cognitive and behavioural domains. It has experienced an ongoing development of theory with the emergence of senior female behavioural science theorists such as Gilligan (1982), Miller (1984) and Hare-Mustin (1983). More attention is being devoted to the study of female development and to types of helping particularly applicable to the female experience. The variety and diversity in the roles and status of women in different countries testify to the influence of culture and structure in fashioning the social order. This variety argues against a simple biological determinism. Society, through its interpretation of what is meant to be a female or male, and through its establishment of patterns of appropriate behaviour for women and for men, transforms biological potential into social actuality. Thus the culture and social structure of a society determines the implications of sexual distinction for its people.

Being born female or male endows an individual with an unalterable biological makeup, but the definition of what it means to be a female or male is given by the culture. In some cultures, femininity has been deemed compatible with a wide range of economic, social and political roles whereas in others, like Lesotho, femininity is associated almost entirely with domestic functions. The boundaries of male-female relations depend in large part on the perceived

differences between men and women and whether a true community of interest transcending sexual consideration is possible. Norms infusing the division of labour affect the extent to which gender figures as an important consideration in assigning sex roles and in sex-typing various economic functions.

According to Smock (1977), images of women's sexual makeup and inclination have ranged from the Muslim belief that women are driven by uncontrollable sexual impulses to the denial of women's sexuality in Europe and America. In most cultures, sexual fulfilment has been considered to be the prerogative of the male, irrespective of the presumed interest of the female. The recognition in most parts of Sub-Saharan Africa that the sexual dimension is but one component among many in women's nature, and the African acceptance of women's sexual needs as natural and legitimate, stand in marked contrast with attitudes of most other countries. Until very recently, it has generally been assumed in many countries that sexuality and spirituality, were two diametrically opposed elements for women, but not for men.

The overwhelming evidence so far is that virtually no society in the world provides women with equal status with men. Although anthropologists have found that women are given considerable social recognition and power in some societies, no society exists in which their publicly recognised power exceeds that of men. After reviewing women's studies in a number of societies, Rosaldo and Lamphere (1974) conclude that:

Everywhere we find that women are excluded from certain crucial economic or political activities, that their roles as wives and mothers are associated with fewer powers and prerogatives than are the roles of men. It seems fair to say then that all contemporary societies are to some extent male-dominated and although the degree and expression of female subordination vary greatly, sexual asymmetry is presently a universal fact of human social life (p.73).

In many societies there are some outstanding characteristics of the man-woman relationship. These are the characteristics in Lesotho:

1. *They are headed by a male ruler,*
2. *Men dominate women and consider them property,*
3. *Men are entitled to several wives, whereas women are restricted to premarital charity and marital fidelity,*
4. *Almost all occupations are male prerogatives and women are confined to housework,*
5. *The value of women is correlated with her ability to bear children (especially male children).*

In more recent cross-cultural study of women in thirteen societies, Matthiasson proposed a different major factor to explain equality between the sexes: the role of women in economic production. She found that in a group in which women participated little in agriculture, they have a low public status. By contrast, in regions where women are heavily employed in planting and harvesting, the status of women is relatively high (Matthiasson, 1974). The pre-colonial African women engaged in trade, agriculture and control of property before the "colonial master" taught them the middle-class ideal that a woman's place is in the home.

The repeated lowering of women's status in most countries calls for some explanation which could be that the position of sexes has changed with each stage of social evolution. In the literature on feminism, all countries share a striking historical theme: women's status was high at some earlier time, then passed through a period of constriction. One would expect that with South African men who themselves suffer discrimination because of their culture and humanity (apartheid), they would understand and appreciate the way women feel when being discriminated against. Smock (1977) reports that some men have sought to legitimise their continued leadership roles by arguing that male dominance are rooted in biological heredity. One such case, according to Smock, claims that differences in male and female hormones enable men to be more aggressive and that these sex-linked genetic factors account for the historical and contemporary prevalence of men in leadership roles.

American women of the seventeenth and eighteenth centuries apparently participated more freely in the economic life of the nation than did those living just after 1800, when women were excluded from newly developing professions and institutions of higher education. Scholars are now in considerable agreement that women's status is relatively high in "simple" societies, based on hunting and gathering or cultivation of small shifting plots (e.g. Kung of Africa). Women's status is high where they share in complementary productive activities with their husbands. Sanday (1973) and Reiter (1975) report that women have high status where they have control over the fruits of their labour and opportunity to participate in communal decisions.

With advanced agriculture, however, women's status appears to drop sharply. The most frequent explanation is that women lose their place in production. Plowing is heavy work, the furrows are long, and the fields sometimes distant. Tending of draft animals and prolonged absence from the home under such conditions is thought by many scholars to be less compatible with child-bearing and therefore leads to the withdrawal of women's labour from production (Martin and Voorhies, 1975). There is disagreement about what happens next. Some claim that modernisation may actually narrow women's options by removing them from production to a purely domestic or ornamental role within the home, or by overburdening them with dual responsibilities as both paid workers and homemakers (Sacks, 1974; Boulding, 1974; Tinker, 1975). However, others claim that the creation of factories, the move to the cities, and the broadening of educational opportunity gradually add options and remove the barriers faced by women in the previous agricultural era (Patai, 1976; Goode, 1986). In the simplest societies, men's and women's freedom of choice (their life options) are more nearly equal than in somewhat complex societies. In fact, it seems to be the intermediate level of societal complexity that is most deleterious to the status of women. When societies pass through this middle stage to become even more complex, the position of women seems to improve again.

Earlier studies suggest that one of the central facts to examine in each society is women's role in production compared with men's, and the effect that this division of labour has on the structure of family. The family is a crucial factor in the relative life options of the sexes. For though it confers similar status with respect to caste or social class, it usually gives men and women quite different status with respect to their gender roles. Although women's heavy participation is not alone sufficient to ensure high status, it is a necessary basic ingredient in the complex of female activity (control over produce, value placed on female produce, female political participation and female solidarity groups) which Sanday (1973) finds associated with the development of female status.

The family tradition of Ghana (Smock, 1977) gives the best example of women's relatively high status in pre-agrarian economies. In Ghana, where there has never been an agricultural tradition dependent on a field system, plough, and large draft animals, women traditionally held land independently and participated in trade and cultivation. Their activity was not confined to the family system nor directed by a male head. Thus, relations between the sexes have been based on productive contributions by each. Even though women and men specialised in different kinds of crops or trade, each have a stake in production. This foundation gives a basis for greater equality than the agrarian systems of Europe, Japan or the Middle East, where women are much more heavily dependent on male productive efforts.

In certain cultural traditions, husbands have greater sexual latitude and opportunity. Men control property and pass it on to sons. They have rights in religious authority and public office. By contrast, women are regarded as unequipped for management or control of public and private affairs, though they may be loved and revered within the family and may be accorded a surprising degree of informal authority there. Because men are primarily responsible for production, their roles are highly valued. Control over resources is put in their hands. Women retain considerable power, but primarily in the emotional domain. Women hold a few high offices in almost every government. Personal status

laws that assure a woman the right of divorce, control of property, and custody over children are all clearly established in modern countries.

At the same time, some modern societies consider some jobs more appropriate to women because the work roles are either thought more suitable to the female nature or are subordinate to jobs held by males. Bangladesh and Egypt openly segregate women in certain occupations for reasons based on their Purdah system. Yet the United States, France and Britain, though they have official ideologies promoting sex equality, clearly extend ancient beliefs about women's duties inside the home to the related functions of teaching, nursing and social work that now take place outside the home. In the Euro-centric world, married couples are much more isolated from sources of support, whereas the two types of marriage in African countries (traditional where marriage is arranged and the church or western oriented style) give official place to the indigenous form and the colonial influence. While the Euro-centric world accords women more independence and latitude in family matters, they nonetheless show strikingly similar concern with a woman's role as mother. Although women in Britain and America enjoy considerable educational and occupational freedom, they are expected to take time out from their work to be at home with their young children.

Feminist Cross Cultural Therapy in Relation to Basotho University Students

Merits

1. The counsellor is believed to help the woman client to explore alternative life options in addition to the culturally defined gender role. Beside marriage and motherhood, he or she acknowledges the importance of other activities in both creating and solving women's problems.

2. The counsellor realises that women do not bear the total responsibility for the success of marriage and for childbearing.

3. The counsellor recognises the existence of social bias against women and explores with the client the possibility that her problems may be based in society's definition of women's role rather than entirely within herself.

4. While respecting the right of the helper to determine the appropriate therapeutic strategy for a client, he or she is sensitive to and avoid the use of theoretical concepts that serve to reinforce the female stereotype of dependency and passivity, or limit the woman's personal development.

Limitations

1. In Lesotho people seem to get along quite well without the formal and elaborated system of psychology.

2. The clinical and subjective experience of some women problems are not viewed in the same way by Africans and Euro-centricers.

3. To search merely for approximate parallels to Euro-centric therapies, identifying something akin to them in other societies and then to claim that therapy as it is known in Euro-centric society is universal involves what Kleinman and Sung (1979) call a category fallacy.

4. Emphasis is placed mostly on the methods and techniques, and less on the relationship between therapist and client.

Basotho Traditional Healing Approach

In this section I examine some of the literature concerning healing in Africa, and more specifically healing as practised by Basotho traditional healers and contrast these with the Euro-centric counselling approaches. Politically the Basotho form a very compact group, and their culture is remarkably homogeneous throughout the country. Originally they were split, like all other Africans, into

different tribes most of which had their own slight peculiarities and characteristics, but owing to the wars and upheavals of the nineteenth century and to the statesmanship of their famous chief Moshoeshoe I (the founder of Basotho nation), these units were broken down and then fused into a single national group. Nevertheless, their culture is not entirely uniform and, although it possesses a distinctive basic pattern, a few variations occur. These are due partly to the persistence of some of the old tribal differences, but mainly to geographical differences and varying degrees of contact with "European civilisation".

The old culture is least changed in the remote mountain areas, whereas the greatest changes have occurred in the low lands, where European influence has been greater. There many of the old customs have been modified, and some have even been abandoned and replaced by Euro-centric modes of life. Old ceremonies and artefact (such as traditional schools) have suffered most and have now disappeared. Other aspects have lasted better and have survived by adapting themselves to new conditions and often by adopting, assimilating and modifying new ideas and customs. One of the most vigorous of these is the Basotho's belief in and practice of traditional medicine, magic and witchcraft. In the face of so many years of Euro-centric education, missionary influence and economic change, this aspect of culture might well have disappeared or have been modified beyond recognition. But on the contrary, Basotho belief in these things is still practically unshaken, and the practices of medicine and witchcraft is universal. (Every person I know or have talked to always blame someone, a witch, whenever they have problems).

Traditional healing remains an important aspect of the culture in Lesotho. For example, the formal health care institutions have provided office space for traditional healers, and the Euro-centric trained practitioners have begun to work co-operatively with the traditional healers. Euro-centric-trained health care professionals hold regular meetings and workshops with the traditional practitioners. Parallel training of traditional healers and collaborative consultations has also taken place in Lesotho (Letsie, 1992, 1993). It is easy to

ridicule such thinking, but it is becoming increasingly clear that many of the so called “witch-doctors” or traditional healers are able to heal certain psychiatric disorders more easily than their Euro-centric trained counterparts. Many Basotho doctors will now freely refer their patients to the traditional healers if they believe the problem to be primarily psychosomatic.

Types of traditional healers in Lesotho

There are three types of traditional healers in Lesotho. A Mosotho herbalist is the type that is seen by most Basotho, and also in this study as pre-eminently Sesotho.

*(1) **Traditional Basotho healer**- diagnoses and prescribes remedies for the ordinary ailments and diseases, alleviates and prevents misfortunes, gives protection against sorcery and accident, and brings luck and prosperity. He is expected to help in practically every situation which people cannot control by their own unaided efforts or where they feel insecure.*

There are other alternative local healing practices, which have been borrowed wholly or in part from other Southern African nations such as the Nguni, Xhosa or Swazis these are:

*(2) **Mokoma** -Is a person who has undergone the ritual and treatment required to cure an illness called **motheketheke**. This is an unaccountable sickness, which often continues for months. It is accompanied by fits, fainting, loss of memory, shooting pains in the head, and finally cause the person to wander about the country as if in trance or dream (**phaphatheha**). This illness can only be cured through special ritual treatment through which the “patient” acquires healing powers and is placed in contact with **balimo** who reveal medicines to him and teach him how to doctor. This is believed to have been introduced to Lesotho by the Nguni of South Africa (Ashton 1949).*

*(3) **Faith healers** - are often leaders of revival sectarian churches which have mushroomed in the country since independence. Apart from church services, leaders of these churches operate healing sessions. They use Bible and Prayer sessions to help clients who come to them.*

A traditional healer, for the purpose of this work, is defined as a Mosotho who is recognised by the community in which he lives as being competent to attend to 'sick' people, to provide good health. He uses herbal remedies, substances of both mineral and organic origin and other methods based on the social, cultural and religious ethos, prevalent in the community to treat physical, mental and social ills (Twumazi, 1994). A traditional healer is one of the most important persons among the Basotho. He is expected to diagnose and prescribe remedies for the ordinary ailments and diseases, to alleviate and prevent misfortune, to give protection against witchcraft and accidents, and to bring luck and prosperity. In fact he is expected to help in practically every situation which people cannot control by their own unaided efforts or where they feel insecure. To do this he relies on his medicines and special bones (*litaola*). According to Hazam (1983), one factor which led to the awakening of interest in traditional healing in African countries in general, (i.e. after it was discouraged by the missionaries and colonisers), is the return of political control to indigenous Africans. He believes that independence led to a resurgence of African nationalism and the reaction of an African self-image, which encouraged their own medical system. As Hazam has realised, to be ill, whether physically or emotionally for Basotho represents a departure from the norm which is "good health" (*bophelo bo botle*), more literally translated this term means "good life". In this more comprehensive sense, it encompasses not only biological well-being but the well-being in every aspect of one's life, including family, community, animals and crops. Almost all problems in Sesotho have magical origin. Witchcraft is regarded as a cause of many health and social problems. It is believed that Euro-centric therapy is virtually powerless when it comes to witchcraft, hence the reluctance to seek help from Euro-centric oriented practitioners for these problems. Witchcraft (*boloi*) and ancestors (*Balimo*) are factors in traditional Sesotho explanations of illness and other problem causation. In Sesotho, there is no distinction between the terms "sorcerers" and "witches" which mean "*baloi*". These are people who use medicine for anti-social purposes and to cause harm, by means of mystical powers. They are believed to leave images of themselves deceptively at home and fly off on their brooms to join the nightly revels of fellow witches. There,

in defiance of decency and normality, they dance naked and communicate all the while in secret language of witches, exchanging techniques.

Sesotho legend holds that these witches often employ or change themselves into animals such as cats, monkeys and crows as a matter of disguise and also to assist them in accomplishing their aims. The most feared of these animals is "*thokolosi*" which is described as a very short, fat, manlike creature with a monkey face and a hairy body. By means of "*thokolosi*" a witch is able to reach a student at the National University of Lesotho and cause harm to him/her from her village many miles away (*ho neella*). Traditional belief holds that this animal is created from a mixture of sorghum porridge and a secret medicine. Basotho believe that witches teach their children, (and others who happen to know about their "profession" and are interested) the practice of witchcraft. Village residents can readily identify families of such witches. Through his evil passions, the witch can cause all kinds of misfortunes, even death. In contrast to socially esteemed characteristics such as friendliness, generosity, civility and good will, the Basotho impute to witches the socially unacceptable characteristics of rudeness, greed, cruelty and jealousy. For example, when I was growing up, one woman who had a reputation of being a witch was also known to have beaten her children so brutally that they were removed from her care by her relatives. If, as Wilson (1971) suggests, "what men continually sought in traditional society..., what they worship... is life, vitality and fertility" (p.63), witchcraft represents the antithesis of these, the goals and objectives of the witch stand in direct opposition to those of society. For example where society values life, the witch brings death, where society establishes order, the witch brings chaos, where society encourages right conduct and good interpersonal relations, the witch sows the seeds of discord and hate, and by virtue of this antisocial stance the witch threatens all that is healthy, wholesome and natural in Basotho society.

It is reported that Moshoeshe 1 (founder of Basotho nation) in 1855 issued a proclamation which prohibited the killing of people accused of witchcraft, which was the practice then. Since the proclamation, so many years ago, public

accusations of witches have ceased. The missionaries and the 'colonists' who emphasised the need for "scientific proof" to such accusations apparently also encouraged this proclamation. As a result in Lesotho, unlike some "tribes" in the Republic of South Africa, (for example, the Zulu's, where persecutions of witches are still rife), it is a crime to persecute someone on the grounds that he is a witch. Notwithstanding these prohibitions against "witch hunting", witchcraft beliefs and fears have always remained. Healers are consulted by those who are worried by some illness or misfortune. Sometimes specific allegations are made in private by the healer during a visitation by a client that "so-and-so has bewitched you", naming a specific person. Usually, the healer contents himself with vague insinuations hinting at a witch, such as: "the person who is causing you this trouble is 'hit' directly by the sun on the forehead when she goes to draw water".

The critics argue that because the healer usually has a good idea of what trouble and disputes there are in the village, it is not difficult for him to make guesses which can readily be interpreted to confirm the client's own suspicions. Since there cannot be public accusations, all the client can do is get medicine to protect themselves. In fact, the healer will always be the one to suggest what should be done, for example, he might tell the client that keeping the visit a secret and pretending not to know anything would be a condition for the medicine to be effective and the "spell" can be reversed. People are quite satisfied to believe that there is a natural cause for disease and problems and even if they do not happen to know what it is, they are not greatly perturbed by their ignorance. They know that they are liable to illness, but they are also convinced that every illness is curable by use of the appropriate medicine. But as soon as an illness appears "queer" or unusual, knowledge of its causes and especially knowledge as to whether the cause is natural or not, becomes essential, because the treatment must be varied accordingly. For instance, ordinary colic or constipation is attributed to bad food or poor functioning of the organs concerned, and is treated with various medicines, including emetics, laxatives or enemas, which aim at cleansing and strengthening the system. But if it is due to sorcery, worms and snakes may

have been introduced into the stomach, or unassimilable food may have been eaten, which cannot be treated by ordinary enemas or emetics (stomach cleaning); special medicine (from the healer) must be used, both to cleanse the stomach, by means of emetics etc. and also to neutralise the effects of the witchcraft. Psychological or mental problems, or sterility can be curable by ordinary medicine, but it will come back as soon as the client is well, unless the sorcery is also overcome. In such cases a separate medicine may have to be used in order to deal with the latter.

The medicines which are really "medicinal" are those which can be judged effective from the frequency of their successful use where cause and effect can be closely linked. Magical substances on the other hand, are those which can be shown, in terms of the "Euro-centric materialist ideas and knowledge" to be incapable of producing the results expected of them, either because they have no such properties, or because the expected results are unobtainable by those methods. These include rain-making medicines, love potions, medicines for strengthening a student academically and bringing luck. These may be called magical for the reason that the physical laws controlling rain and hailstorms are not open to being influenced by the waving of a wand; love, miraculous as it is, is not believed to be engendered by a spell of potion, fortune is not believed to be controlled by a handful of herbs. Moreover, if these were subjected to laboratory experimentation they would prove that the percentage of failure is so high that it precludes any possibility of causal connection between the use of the medicine and the happening of the desired situation. To Basotho, however, there are two kinds of medicine, good and bad: the good being that which achieves the results it is set out to produce, the bad being that which fails; and not two types of agents, the medical and the magical, the one acting by "natural" means and other being held to act by "supernatural" means. This latter distinction to them is meaningless; either a medicine works or it does not, and if it works it does so by means of the power as do all other effective medicines.

The Basotho believe that the appropriate medicine can control every natural phenomenon, except death. Consequently, the only problem of which they are conscious concerns the discovery of what medicines are appropriate to the control of different phenomena. They are not bothered with the same demands of "intellectual honesty" as are the scientists who are responsible for narrowing the limits. Basotho are, however, not afraid of admitting that their medicines are not infallible, but they do not go so far as to deduce from the repeated failure that they are invalid. Consequently they are not driven into explaining the continued use of certain medicine, which is regarded as invalid and therefore as magical by Euro-centric scientists judgement. For instance if their medicine fails, they try another, if it also fails, they may revert to the first one, if it fails again and again, they may even abandon it. But, they do not conclude that because some remedies fail, their illness is incurable by means of medicine. To take another example, if a healer fails to make a university student pass his exams, either the healer tries some other medicine, or the service of another healer are engaged; if both fail, then their remedies are condemned as weak and worthless. But these failures are not accepted as proof that medicine can never make a student pass exams.

There are several reasons for these assumptions. In the first place, the Basotho experience recognises cases where rain followed the use of rain-making medicine and, it is believed on account of it. Secondly, as has often been shown in anthropological literature (e.g. Machobane, 1994), success greatly outweighs failure, so that it takes many failures to destroy faith in medicine, whereas faltering faith is rapidly strengthened by occasional success. Thirdly, failure is often explained away by attributing it to counter-medicine, witchcraft or sorcery, failure to observe the conditions governing the use of that medicine, or simply to bad-luck, that is, by attributing it to anything but the medicine's own inherent impotence.

As Goody (1962) has realised, explanations which Euro-centrics would find natural and adequate to explain misfortune would be considered insufficient among Basotho. If a Mosotho meets with what she/he considers a "misfortune"

(*bomalimabe*), the question that follows is always “why me?” and “who is responsible?” Causality is always sought and found in the wilful conduct of agents who act not indifferently but in response to consciously perceived personal motives. The agents of causality as I have indicated are typically, the witch or ancestors. And just as a Euro-centric achieves a measure of satisfaction in the general diagnosis of a rash as measles or chickenpox, the Basotho find the same satisfaction in the diagnosis pronouncement provided by the healer.

Attitudes Towards Traditional Medicine

It is difficult to estimate the extent to which people believe in and use traditional healers. The traditional healers say they are in “great demand”. As they naturally tend to exaggerate their own importance, it is impossible to check their own claims through them. Moreover since much of the traditional healers' work, particularly in regard to “protective” medicine, is done in secret, and this secretiveness is increased where Christians are concerned (since dealing with traditional healers is frowned upon by the Christians missions), it is difficult to observe or get accurate statements of what actually happens. Nevertheless, since in these small communities most people know what others are doing, gossip and hearsay, supplemented by few direct statements, afford a fairly good guide to what actually goes on. The data also supported previous research (Gay, 1993; Gay and Gill, 1993) indicating that the Basotho place a strong value on traditional healing. The data further suggested that Basotho professionals working in counselling-related arenas want counsellor training that meshes counselling practices with indigenous healing practices- creating a professional environment of collaboration and co-operation among helping/healing professionals- a kind of approach that is pluralistic in its scope of practice.

Among the Basotho, the belief in medicine as a means of controlling natural events is very strong. The Basotho still adhere very closely to their original beliefs. It could be said that everyone, educated or uneducated, Christian or

pagan, uses medicine as well as charms or protective medicines and that most people, with the possible exception of more eminent and strict Christians, consult traditional healers. The Basotho start with the knowledge, and this is fundamental, that medical substances can control certain natural phenomena. This theory deduces that the appropriate medicines can control every natural phenomenon, except death, since this was ordained by God. Consequently the only problem of which they are conscious concerns the discovery of what medicines are appropriate to the control of different phenomena. In maintaining their belief in the omnipotence of medicine, they are not bothered with the same concern and demands of intellectual honesty as are scientists who are responsible for narrowing the limits. That their general belief is not shaken may also be shown by the fact that some Basotho discredit Euro-centric criticism as insincere and as another attempt by Euro-centric to break down Basotho customs and weaken the nation. [They point to Euro-centric trained practitioners who openly practice their own form of medicine, which in "appearance" is identical with that of the Basotho traditional healers and they say that Euro-centric lightning conductors, or use of fertilisers are means similar to their own, of coping with particular situations]. Today Basotho medicine is sold in drug-stores together with the Euro-centric drugs.

In general, most people, especially in the rural areas, do not think much of Euro-centric practitioners and their therapy, and certainly not in regard to curing what they consider to be typical Basotho illness caused by witchcraft. And, as I have shown, their own remedies and rituals exist and there are also "specialists" who administer them. Minor illnesses, like headache, are treated at home by family members and friends through the use of Basotho medicine, the knowledge of which is very intensive and quite impressive. Many medicines and remedies are part of the common stock of knowledge. Nature, herself, is the "drugstore" with healing herbs, roots and leaves available for those who know how to gather them and how to use them. There are medicines for common cold, there are those which are applied to the body to make men lucky with women and women lucky with men they want to be liked by, there are those which will calm down a jealous and violent husband,

and of cause, those which will assist a student to pass his exams. The most difficult to resolve problems are presented to a traditional healer, who is able to communicate with the spirits on behalf of the person. Help is effected either by direct intervention of the spiritual power or through the spirits telling the healer which herbs and other techniques to use.

Traditionally, Basotho also believe that a living person is composed of two elements - the body (*mele*) or flesh (*nama*), and spirit (*moea*). Although the human body is seen as temporary and subject to decay, the spirit is immortal, thus permitting the dead fore-fathers (*Balimo*) to continue in somewhat altered fashion their participation in the affairs of living descendants. Basotho, generally, believe that after death persons pass to another world from which they are able to oversee and control the lives of the living. Because of this belief, the spirits are respected or worshipped. Thus, through dreams and "visions" people maintain communication with departed ancestral spirits upon whom they rely to provide information and assistance needed to resolve difficult problems. As Berglund (1976), eloquently puts it, Basotho and their ancestors communicate with each other very intimately. Also, King Moshoeshoe reportedly told the missionaries: that Basotho adore the spirits of their ancestors and they ask of them rain, abundant harvests, good health and a good reception amongst them after death (Casalis 1871).

The Basotho, always and without exception, employ the plural for ancestors which is *Balimo*. Thus, even when a Mosotho dreams of a single specific ancestor, he will likely report: "*The Balimo have spoken to me*". This standard application of the plural suggests that for the Basotho even a single ancestor represents the totality of one's ancestors and reflects their collective wish. The missionaries were prompt to anchor their own concept of God to a kindred Sesotho term *Molimo* a term which Casalis claims is applied to every being to whom the Basotho render adoration and respect (1871). That is, the missionaries borrowed the term *Molimo*, (which is grammatically correct singular form of *Balimo*), to represent their own concept of God.

Disasters, epidemics and droughts are usually attributed to *Balimo* (rather than witches) being sad and angry at the abandonment of customs. Similarly, trouble occurring in a village, such as fights, series of deaths or accidents, is regarded more as personal attack on the chief than as an attack on particular persons. In contrast, witchcraft is always aimed at individuals, whom it may harm directly by causing misfortune, illness or death or by harming his family. The ancestors are then believed to be the ones who heal or cure these problems, and the healers are seen as instruments of the ancestors in a similar way that priests are seen as the messengers of God.

Basotho healers, unlike Euro-centric therapists, do not specialise. The distinction between mental, social or physical problems such as the Euro-centrics imply when they separate counselling from other clinical domains is usually not seen as relevant by Basotho healers and clients. They have always believed that the physical body and the psyche compliment each other to an extent that one cannot be totally understood without the other. The problems which their herbs and rituals are expected to cure extend to many health and social fields. Individuals consult healers to discover the cause of ill-health or ill-fortune, the identity of witches, the desires of the ancestors and the success of future or business ventures. Medicine is not only used for "healing" among the Basotho, it is also used to bring luck and to help in difficult enterprises. Objects are often worn for protection against potential danger and misfortune (such as failing examinations). They are also expected to provide strength, wealth and good fortune, these may be worn on the body, placed among the personal belongings or buried at special places. In Lesotho, healers are mostly herbalists and these are classified into categories according to their knowledge of both diagnosis and prescription of medicines. Healers work by means of direct communication with ancestors and by "throwing bones" (*litaola*), which is the mode of healing regarded by most Basotho as pre-eminently *sesotho*. *Litaola* is a set of special bones which are used by healers during the healing process. These are made from special bones of animals such as cattle, sheep, baboons and many other animals indigenous to Southern Africa. These bones are usually threaded on a string and kept in a special bag.

According to Damane (1983), *Nkhekhe*, for example, is a healer who throws bones and wears costumes that distinguish him (for they are mostly men) from the rest of the people in the community. He usually wears a hat made of baboon skin, he also wears horns containing powdered medicine around his neck, and carries a sharpened stick for digging herbs. And as Asuni (1993) argues that the paraphernalia and the equipment of the African healers are supposed to give the image and status of power in a similar way that Euro-centric practitioners may have their offices adorned with impressive professional certificates. *Nkhekhe* is usually employed to doctor a family or village. These healers claim powers which Euro-centric society would label supernatural and unreal. It is believed that he can turn one into a beast through the power of his medicine. Consequently, he is much feared and respected because of his powers. He is also much sought after by people who wish to become rich or influential in society. This is the type of healer who can be sought by students who wish to get "smart" and pass their exams; the medicine he provides would either make the students readily remember the answers in the exam room, or they would prevent the lecturer marking their papers to examine the answers too closely and therefore give them generous marks. In fact success is typically attributed to the effects of medicine rather than to intelligence or ability by the rivals. A successful student is usually rumoured to have a powerful *Nkhekhe* by his side. During the healing process with *Nkhekhe*, the bones (*litaola*) are typically thrown onto the ground and the healer then interprets the position of the fall (*leoa*) which the bones assume. As Damane continues to explain, the following is the procedure that is typically followed during diagnosing and healing process.

One who comes for service must first "sweep" the ground where the bones will be thrown. This can be done metaphorically by paying some little money. Then the healer unties the bones, spits on them (to wake them up) and hands them to the client who tosses them into the air so that they fall on the ground. The healer examines them to ascertain their position. He utters special praises about the position of the fall. (p.107)

According to one traditional healer (Tuoane), when all this praising is going on the healer is at the same time dancing and shaking according to the rules the healer has learned from other healers which have been handed from times immemorial. It is on this account that the language used in the praise of these bones consists largely of words of ripe wisdom and experienced advice. The client is not supposed to tell the healer directly the problem he/she has brought. This, the healer must "read" from the position of the bones. He will then convey the diagnosis to the client through the praises of the fall. The sceptics have always argued that what the healer actually does is to watch the client's face while he (the healer) is singing the praises to see whether the client accepts the diagnosis or not. Usually if the client does not accept it he will look indifferent, in which case the healer will suddenly change the theme of his praises, until the client indicates, may be by smiling, that the healer is on the right track. The varied sides on which the bones fall and the positions they assume relative to one another as they are thrown serve as the major key to "interpretation" of the problem. According to Damane, the name that is given to the position of the bones is generally related to the name of the plant that will be used as a remedy for the problem revealed by the position of the bones. With Basotho healers, the arrangements are such that the real payment (other than small consultation fee of a sheep or goat to "open" the bag or to feed the healer while he is still working), is made after his healing techniques have proved successful, that is, after the cure has been effected and the client is satisfied.

Typically healers get trained by following and working as the "apprentices" (*Mahlahana*), for a practising, well established and popular healer, usually a relative (father, grandfather or uncle). At first, as an assistant, he collects the master's fee and carries his bag. In return for his service, he is gradually introduced to the principles of the trade by being shown where and how to dig for roots and herbs in order to prepare medicines. According to Mr. Tuoane, the dosage and concentration of the medicine typically depend on the seriousness of the ailment. As time goes on, the assistant is gradually tutored in the art of diagnosis and to cure diseases and handle other aspects of the

art. In Lesotho, there are no restrictions on the collection of wild vegetables and herbs. Therefore, after a few years working as a helper, the assistant can then work as an independent healer. Sometimes, potential healers receive reinforcement for their vocation in the form of a personal and specific "call" to heal. This call, as I have mentioned, generally, takes the form of a dream, vision or other altered state-of-consciousness in which ancestral spirits (*Balimo*) command or order their descendant to accept the role of a healer. The person chosen in this way, is believed to be someone with special qualities, whom the spirits have designated as their choice for the role of intermediary. For example, in an interview by Hazam (1983), a traditional healer named Mofolo gave this description of his experience:

I became ill with a mental disorder. I suffered loss of consciousness and emotional breakdown. Finally, in a dream my old grandfather, whom I had never met told me to go to the forest and dig the root of a particular herb, and when I treated myself with that herb I became whole again. (p.49)

As Hazam argues, not only did this dream provide Mofolo with tangible remedy, but it also served as a therapeutic purpose. Hazam contends that Mofolo could have been ready to be cured, in which case, the dream provided the symbolic cure necessary to rectify his illness. Or, as a Euro-centric - trained Mosotho psychiatrist reportedly suggested, the dream itself may have served as the instrument of recovery, and faith in the messenger and remedies may have functioned to heal the sick Mofolo (Hazam 1983). Also, according to Machobane (1995), becoming a healer is sometimes a preventive measure for mental problems. He reports that among the Basotho, people who show some signs of mental "instability" are usually convinced by others that the signs (symptoms) are the message of the ancestral spirits telling the individual that he/she has healing powers (Mofolo, in this case would fall under this category). Machobane claims that this type of healing is institutionalised and plays an important part in medical and religious aspects of Basotho culture.

When those who had been to the traditional healers were asked about the effectiveness of the treatment they had received, they confirmed that they had

received a satisfactory treatment or a satisfactory guidance from the traditional healer. The type of help that most of them reported to have sought from the healers was related to psychosomatic problems. They go to seek good luck charms, treatment for infertility, impotency, and the provision of confidence to help overcome personal and social problems. In a typical treatment, a healer in addition to prescribing a medicinal preparation may also prescribe various moral codes to be followed. Thus at times, when treatment fails, it is often difficult to blame the healer or the actual treatment. The client may even absorb the blame by remarking that he had to blame himself/herself because he was not able to follow the moral codes. In situations of this kind it is often difficult to apply the scientific methods of analysis, to further explicate such cases.

What one needs to note, is that the scientific methods of analysis into traditional healing cannot be appropriate since non quantifiable means (spiritual) and procedures of healing are applied. It may only be possible to use the scientific methods to analyse and test the clinical activity of herbal preparations. But, even in this situation, many herbalists claim that in addition to the herbal preparation itself, spiritual procedures are applied in order to obtain the full potentiality of the herbal treatment. This means that spiritualists' knowledge is not readily open for scientific scrutiny. In the course of time, successful healers run a regular practice and have a list of regular clients. There would usually be a standard fee paid by the heads of families. In return, the healers keep the families well supplied with medicine which is needed periodically to protect the crops from hail and storms or the family from lightning or even attend to immediate medical (therapeutic) needs of members of the family who are ill or in trouble. For example, a student may need to go home towards the examinations time or when things are not going well, to get a supply of medicine from the family healer. It is rumoured that Basotho Christians, who are discouraged by their churches to use such protective medicines, sometimes disguise their use of medicines by smearing them on the walls of their huts in patterns which resemble traditional decorations rather than application of medicine.

In some cases, a person who has been seen by the Euro-centric therapist may seek the services of a traditional healer to complete his or her healing. The theory is that while the Euro-centric practitioners might be well able to treat symptoms or the illness, they do not have the expertise to treat the underlying source of the problem. Much as traditional healing in Lesotho has undoubtedly been affected by the social changes brought about by modernisation processes and interaction with the Euro-centrics. Basotho continue to utilise traditional local health care systems operating at the village level, to the extent that in 1988 the Ministry of Health created an office for traditional healers: *Lesotho Universal Medical-man and Herbalist Council*. According to Mr. Tuoane, (the chairman), the main duty of the council is to regulate the practice of traditional healing, he reports that the members of the council felt that there was a pressing need for the official recognition and for the registration of the real traditional healers so that they may be distinguished from the charlatans. The council itself registers a healer on production of a letter of credentials from his chief, testifying that the candidate has been practising by working with an established healer for more than five years. As a result, it is presently unacceptable to practice traditional healing without a license (even though many still do). The following are the functions of the council as shown in the government gazette No 43:

- *To promote and control the activities of medicine- men and herbalists.*
- *To provide facilities for the improvement of skills of medicine-men and herbalists and*
- *To bring together all medicine-men and herbalists into one associated group.*

According to the Ministry of Health and Social Welfare, 2,600 registered traditional healers were operating in Lesotho in 1994. It is also estimated that an equally large number, probably more, are still practising without the required license, which cost 20 Maloti (approx. £4). In the same year, only 70 Physicians and 377 registered nurses were employed in Lesotho. These figures serve to show clearly how important the traditional healers are to all Basotho

people. Finally, according to Gluckman (1955), concepts of Euro-centric scientific therapy and African traditional healing fulfil different functions, for example, Euro-centric therapy explains **how** a given process occurs as in the course of a "sore throat", whereas African traditional healing generally explains **why** the process occurs at all, that is, why one individual and not the other contracts the illness. From the Basotho's point of view, modern Euro-centric therapies are extremely deficient in explaining the full scenario especially with regard to those problems which are considered to be typical Basotho illnesses caused by witchcraft.

The effectiveness of most Basotho medicine has become accepted. There has been detailed scientific evidence both through bio-chemical or pharmacological testing that, for example, *lesooko* has curative properties for colds, and *seholobe* is a purgative. Many herbs that have been found to be effective in the treatment of certain diseases are now being analysed for their active ingredients by scientists in Lesotho and South Africa. A number of these medicines have been found to possess genuine therapeutic properties. On the other hand, there are many medicines (and rituals) which have been determined to have no "therapeutic" properties (because they do not possess the necessary properties or because their claimed results are unobtainable by "scientific" means) but which are effective, maybe for psychological reasons, in curing illness, giving confidence or even causing trouble. The main point is that they work or at least they appear to work. In contrast to Dieterlen's argument, as quoted by Ashton (1949), that Basotho medicines "favoured by ignorance and fear, they occupy the place that ought to belong to [Christian] religion". I agree with Ashton who contends that:

Both Christian belief (which originates from the west) and Basotho medical belief share the fundamental characteristic of ignoring the conventional limits of "natural" causation and of going beyond and behind materialistic explanations. Both postulate an omnipotent [power] who created and, at the same time can over-ride the normal relationship between cause and effect; whose help can be solicited by man in situations beyond his own normal control. The use of medicine [and ancestral powers] is not inconsistent with prayer and many Basotho regard it as entirely a matter of personal preference whether one uses one or the other or both. (p.160)

In conclusion, it should be mentioned that the Basotho do not see any essential conflict between Christianity and the use of Basotho traditional medicine. As shown above both share the fundamental characteristic of ignoring the conventional limits of "natural" causation and of going beyond, if not behind, the usual materialist admission. Christianity, as Basotho interpret it, postulates an omnipotent God, who can, at will, override the ways and means by which "things" ordinarily happen, and whose help may be solicited by human beings in situations beyond their ordinary means of control. Basotho dogma also postulates such a Being, but claim that He has endured material substances with powers which may be exploited by man to control his social and physical environment. In other words they say that God has placed at the man's disposal far greater powers than the Christians admit. They believe that God has given man an instrument he needs for dealing with nature and society and he should use them rather than keep running to the fountain-head of power.

In fact, many writers (e.g. Ringgren and Strom, 1972) argue that magic is closely allied to religion, and that in spite of fundamental differences, it is often difficult in practice to distinguish between them. Also, Sharevskaya (1973) realises that some investigators, especially those with clerical affiliation not only distinguish between magic and religion but stand them in opposition to each other. Yet, as Sharevskaya wonders:

Why should the sprinkling of the fields with holy water by a priest at times of drought come under the category of religion, when the spraying of the air with water by an African rain-maker is consigned to the sphere of anti-religious magic? (p.16)

According to Sharevskaya, religion and magic have always been inseparably interwoven among all the people known to anthropology. As it has been emphasised throughout, illness is generally not seen by Basotho as located in a single isolated individual. The significance of a problem or illness in any individual is often grasped by the Basotho more in terms of interpersonal relationships or as a possible threat to the group than in personal terms, and therapy (healing) may embrace the social context as well as the person.

Healers therefore look beyond the individual who is presenting with the problem to his social group and see the latter as an integral part of their field.

Summary and Formulation of Proposed Action

What is it that makes these Euro-centric techniques self-contained, that is concentration on the individual? The assumptions of the above Euro-centric counselling and therapy techniques reflect the social, economic and political context of the Euro-centric cultures in which they were developed. But their dominant cultural assumptions are not universally applicable. As Pedersen et al (1989) realise, the field of counselling is growing larger than the Euro-centric context in which it was developed. Non-Euro-centric alternative modes of helping are gaining prominence, as it is happening in Lesotho. They realise that the multicultural and international perspectives has highlighted a cultural bias in counselling based on dominant Euro-centric assumptions that do not apply outside that cultural context. In Lesotho, as we have shown, the self is by philosophical definition the "WE" instead of the "I". The philosophical position of the *tribe* is the set of guiding beliefs which prescribe the survival of the *tribe* as the first order. All behaviours are based on culturally learned expectations. Consequently, the cultural perspective is essential to an accurate assessment of behaviour for counselling.

In general the Euro-centric techniques' position is that there is a fixed state of mental health whose observation is obscured by cultural distortions and which relates cultural behaviours to some *universal* definition of normative behaviour. This position assumes that there is a single, universal definition of mental health, whatever the person's cultural origin. While a contrasting position views cultural differences as clues to divergent attitudes, values and assumptions that differentiate one culture from another in a comparative framework based on cultural specific perspective. This perspective assumes that different groups have somewhat different definition of mental health as a result of their own unique cultural context. Euro-centric techniques, in this sense, tend to link social characteristics and psychological phenomena giving only minimum attention to the different cultural values. Typically, they apply the same interpretation to

the same behaviour regardless of the cultural context in which that behaviour was displayed, where, for example, the family might come before the self in Lesotho. There is some increased agreement in the literature that counselling therapy should be shaped to fit client expectation which as we have shown is lacking in the above Euro-centric techniques (Gomes-Schwartz, B. Hardley, S. W. and Strupp, H.H. 1978; Higginbotham 1977, 1979).

As discussed, the above Euro-centric therapies clearly take a different direction from one typically expected by Basotho students who come for counselling. The focus of many of these therapies emphasises an intrapsychic process for personal change rather than consideration of social causes of problems/illness and issues of community cohesion. Our goal should be to maintain the natural support system in the clients' environment to mediate mental health.

Many of the basic assumptions of counselling and therapy reflect the social, economic, and political context of the Euro-centric culture in which they were developed. I recommend that helpers need to use principles, concepts and techniques from a variety of different theoretical viewpoints and therefore have an *eclectic approach* when helping Basotho students. This approach requires some flexibility and versatility on the part of the helper, as it is not a pure approach based on a single Euro-centric theoretical construct. A helper who uses an eclectic approach must always strive to be consistent and comprehensive in integrating the different approaches. He/she must also carefully select approaches that are appropriate for the Mosotho student she is helping. This approach requires heightened self-awareness, so that the helper understands why certain viewpoints and approaches appeal to them and others do not. The eclectic approach presupposes that helpers are continually open to and searching for more effective techniques, which implies that they are actively involved in continual professional training. It is no longer considered a "cop-out" to declare oneself eclectic in human relations. Still, in some circles, it is probably more prestigious to claim allegiance to a specific school of thought.

It is clear that the above Euro-centric helping theories were shaped by clients and the professionals who invented them, and these were all Euro-centric. As a result, the theories took a Euro-centric shape. It is also clear that these theories may not be directly applicable to Basotho students unless they incorporate the use of culturally-based styles to complement these formal Euro-centric counselling techniques. These Euro-centric theories are all oriented towards an individual as the focus of therapy, Basotho culture emphasises a view of person that is interrelated with not just the family but also the larger society and the ancestors. Only through others does one learn his duties and responsibilities towards himself and others: "*I am because we are, and because we are therefore, I am*" (Mbiti 1970). As a result, Basotho insists on the kind of problem-solving mechanism which embraces the whole family system. In this manner, it is similar to the Euro-centric *Family therapy*, where treatment usually embraces the whole family system. Family centred therapy has been defined as a model of therapy which locates the family in the centre of the unit of attention. It grows out of the basic premise that, human beings can be understood and helped only in the context of the intimate and powerful system of which they are a part. The main difference between these two, however, is that in Euro-centric therapy, family is usually translated as "nuclear" whereas for Basotho this would be the whole extended family. At one extreme counselling is "guidance" with its components of providing information related to education (i.e. careers and schooling). At the other extreme is "psychotherapy", which focuses on changing behaviour and personality and promoting more adaptive functioning. The difference between counselling and psychotherapy is not sharp, and quite often the same professional practices both under either or both titles (Draguns 1889). From the start counselling has been imbued with a strong sense of "respect for self-determination". Appraisal of Basotho guidance at any given period in history requires an understanding of the attitudes surrounding education at that time and a knowledge of the cultural and environmental conditions from which those attitudes stemmed. Adequate insight into the problems of Basotho guidance also requires understanding of the interrelationship of the facets of the total Basotho situation. Education or guidance properly used can perform, and has performed,

an important role in reconciling cultural differences and in developing mutual respect between Basotho and their Euro-centric former colonisers. Education introduces new attitudes and behaviour. Cultural barriers have been removed for countless number of Basotho through education and association with Euro-centrics. Education, we agree, is not the only force behind the change, but unquestionable it is a powerful force. Education is as old as human society, and every human society has its own particular ways of making its children into full-fledged adults participants in its culture. Basotho have given education informally through parents, other relatives, customs, hunting and wars. Education provided by the others for Basotho has always been aimed at teaching the Euro-centric culture or at least some elements of it, to the people who have been reared in different culture. But since independence, it has been designed as a supplement to the tribal or traditional education rather than a rival or a replacement for the traditional education.

Recognising the need for psychotherapy for people like Basotho is a problem encountered by a great many practitioners. And the culturally different or atypical client may be bewildered and confused by the counselling services offered. Consequently such a client does not benefit from counselling and unfortunately, the responsibility for these failures are often attributed to the client. The consensus among cross-cultural counsellors is to accommodate culturally different clients instead of rejecting them and conflicts are now more constructively understood in light of their context and structures, these contextual variables are inevitably embedded in culture, that is, conceptions of helping process are cultural as they are approved modes of self-presentation and of the communication of distress

Literature has shown that all societies make distinction between desired and undesired states of being, and that *problems* and *therapy* are universal. But, as I have shown, what constitutes both problem and therapy is contained in shared values and beliefs within a culture. The Euro-centric approaches assign certain erroneous universal meanings to actions and events. For example, when a client refuses to look the counsellor in the eye, it may be assumed, in Euro-centric

context, that he/she has something to hide. Whereas, in Basotho context, it usually indicates respect towards the person who is talking.

As mentioned earlier, counsellors in the non-Euro-centric societies (such as Lesotho) are mainly trained in Euro-centric countries and they usually encounter problems when applying the techniques and methods which they have learned to their own people in their own countries and cultures. For example, it is emphasised during training that when helping students during career counselling, it is more important, to proceed along the lines of ability and personal goals; whereas with Basotho, it might be necessary to take into account the family and the cultural expectations. For example, one student at NUL opted to do a two-year diploma program, even though he qualified to do a more "prestigious" four-year degree program, in anticipation of his younger sister completing primary school and entering a relatively expensive high school program (which their parents could not afford). His plans were such that he should be working and earning some money and able to pay for his sister's high school fees.

Counselling Basotho university students demands a re-thinking and re-orientation of the existing helping techniques and concepts, so that they meet the needs of this group. New ways have to be employed in order to provide service which takes into account their indigenous values. It is also important that these new ways are employed in a manner which is congruent with the Basotho belief system and changing ways of life, as generally perceived. For effective counselling, it is important to apply a technique which does not necessarily fit just one theoretical orientation, but one which derives its strength from therapy that is meaningful to both the client and counsellor (Corey, 1977). Care has to be taken to make sure that changes suggested or implied in the course of therapy are acceptable and do not clash with the family and traditional expectation. The concept of "togetherness" to Basotho is synonymous with strength, closeness, sharing and mutual responsibility. Whereas in Euro-centric societies, as shown by the different models, the belief seems to

be that the extended family is a burden and an obstacle in the individuals' quest for personal achievements.

The basis of the research is to combine features of these Euro-centric therapies and the Basotho traditional healing so that an "eclectic" technique which works for the Basotho students at NUL will emerge. This will require making some changes and modifications to both Euro-centric and Basotho traditional systems, in order to fit the needs, beliefs and expectations of these students. The above analysis of Basotho traditional healing offers insight into the role of healers and their methods of treatment. I have given examples of such pertinent issues as the importance of supernatural theories of causation, the connection between illness causation and therapy selection, the distinctive nature of client-healer relationships, and the holistic philosophy structuring Basotho medical system. The analysis also demonstrates that social and mental problems ought to be viewed as a cultural phenomenon. The study of their components, the illness, response to it, individuals experiencing it and treating it, and the social institutions relating to it, provide fruitful material for the understanding of Basotho cultural therapies. What has been said so far demonstrates that African therapy in general cannot be understood simply as the "traditional equivalence" of Euro-centric therapy. One must accord it a much broader scope, and also understand that it is inappropriate to differentiate mental problems from somatic medicine and social services in the way that Euro-centric traditions dictate.

Finally, Basotho derive their most fundamental self-definition from several cultural and philosophical premise which they share with other Africans. In exploring the character of these premises which are basic conceptions of the nature of man and his relation to other men and his environment, we hope to establish a foundation upon which ways of helping Basotho students can be constructed. It follows that insofar as the African ethos is distinct from that of the prevailing Euro-centric ethos (upon which counselling was founded) then African psychology based upon the African ethos must also be uniquely different from Euro-centric psychology. It is this principle that allows African philosophy to take its place as the foundation for African psychology, that is,

we are aware that Basotho students as particular people in this work cannot be meaningfully investigated and understood if their philosophical assumptions are not taken into account. I argue that the counselling theories and techniques criticised in this work were probably meant for Euro-centric, which makes it more understandable that I, as a Mosotho who has been trained in Euro-centric contexts on the basis of Euro-centric culture, might indeed have problems when I returned to Lesotho and tried to apply the learned techniques. But because of the absence of students' family at the university, I adopted some Euro-centric techniques, only to discover that they are not directly compatible with their culture. Kluckhohn and Murray (1953) in their book on personality and culture, as quoted by Sundberg (1976), said that "*every person in different ways is like all persons, like some persons, and like no other persons.*" (p.107).

CHAPTER 4: CONTEXTS OF COUNSELLING INTERVENTION: THE PLACE, THE PEOPLE AND THE SETTING

LESOTHO

To understand the significance of life in educational institutions such as the National University of Lesotho, it is necessary to refer to the historical and contemporary experience of the Basotho people. The contemporary data draws on interviews with local people and the interventions with the students counselling groups. Lesotho's political roots date from the early nineteenth century when Moshoeshe I, a Mosotho chieftain and eventually the first king of Lesotho, began consolidating the Basotho and other ethnic groups, all of which had been severely decimated and scattered by local warfare. From its very beginning, Lesotho experienced significant loss of territory to European explorers and settlers who made their way into Southern Africa. By 1833 the first Christian missionaries had established themselves among the Basotho. Basotho lost their independence in 1868 during a debilitating war with the Afrikaners of Orange Free State. As a result, Moshoeshe had to seek British protection in order to prevent further loss of land. For nearly a hundred years Basutoland (as it was then officially known) was subjected to British rule. It remained a British *protectorate* until the achievement of independence in 1966 when it emerged as the independent kingdom of Lesotho.

The kingdom of *Lesotho* today remains a very small mountainous country, entirely surrounded by the Republic of South Africa (It is the only country in the world completely surrounded by another country). All the country's inhabitants refer to themselves as *Basotho* (each is a *Mosotho*), and their language is *Sesotho*, a term which also designates their customs and practices. Because of the high altitude, the climate of Lesotho is healthy, though sometimes too cold. Rainfall varies considerably between the years and the country is subjected to extremes of temperatures. The coldest months are June and July; particularly in the mountains where the temperature often falls far below freezing and may be as low as -15°C. The high peaks are typically

capped with snow from May up to August. Large areas in the highlands are hardly accessible by vehicles at this time, and are often cut off from the rest of the country by severe summer rains or heavy winter snow, and their inhabitants threatened by starvation and lack of other urban commodities. Given its geographical position and climatic conditions, Lesotho is one of the poorest countries in the world.

The country is divided into three zones. The lowlands (consisting of about twenty percent (20%) of total area), the foothills and mountain areas. With the population of about 1.8 million, more than two-thirds of Lesotho population live in rural areas, in small often isolated villages, averaging several hundreds inhabitants. Most of these villages are located in lowlands and the foothills, whereas, the mountains, the largest zone in area, are sparsely populated. This scenario illustrates the intense scrambling for the country's very limited land resources. Even though the foothills and lowlands are typically dotted with fields of corn, sorghum, wheat and other crops, productive activities on the land have long ceased to provide adequate livelihood for the large majority of Basotho. In Lesotho, only thirteen percent of the land is arable, yet, eighty percent (80%) of its inhabitants are heavily dependent on agriculture for their survival. Contrary to the former prime minister's assertion, in the country's second five-year development plan (1971), agriculture "supports eighty-percent of the population, and it is the backbone of economy" (p.6) only in the residual sense that there are very few other employment prospects within the country. For the most part, individual land holdings today are very small, fragmented, eroded and exhausted all which result in ever decreasing harvests.

Being unable to support her own population, Lesotho remains economically dependent on her neighbour South Africa. Most Basotho men can only find employment as migrant workers in South African mines. Even though they spend most of their adult-lives working in South Africa, according to immigration laws of that country, these men cannot take their families to live with them in South Africa. As a result a large number of Basotho men between the ages of seventeen and fifty spent most of their lives absent from

their homes or "oscillating" between their homes in Lesotho and the South African mines. These men are usually visitors, strangers in their own communities; their ability to hold on to the membership of a particular household, during this period can only be expressed in terms of a continuing obligation to contribute towards its welfare. Finally, when these men reach a stage in their lives when they cannot work anymore because of old age or disability, they then return home to settle permanently. They can then depend on the support of their children or of other next of kin for their survival. Defining a family in Lesotho to include the absent migrant labourer, whose prolonged absence can sometimes turn out to be permanent, the absence which in any case undermines the nuclear family structure, can be paradoxical in view of the fact that this absence, as a migrant labourer, is a condition of the survival of the very same family.

In effect there are some similarities and differences between these migrant workers and the students at the University of Lesotho, for example, they both live away from home therefore they miss the family relationships and closeness, in both institutions (i.e. mines and university) the people are both physically and spiritually removed from the societies which surround them, that is, miners attend to work and the students attend to classes and they both reside on hostels that form self-contained communities, segregated from the areas where they were raised, and often detached from the main urban centres as well. Both groups are prevented from bringing their families with them to the institutions, by being accommodated in compound housing. By breaking for long periods of time the fundamental unit of human community, this compulsory systems in fact destroy the fibres that hold society together. This separation encourages the growth of prostitution and homosexuality, and poses grave difficulties for bringing up of children. But on the other hand, men being away from home is the predisposing factor for enabling students to be away to the university, that is, men work in the mines so that their children could go to schools and universities. Finally, the educational system now used is largely based on Euro-centric culture and is a deliberate attempt to change and hopefully improve the family conduct, ideas, skills and quality of life which

both these groups are looking for, university education has moulded the students into people who are expected to perform roles that are vastly different from those played by their fellow citizens.

Family Structure and Position of Women

By what criterion then can Basotho family or household be defined? Families are cultural organisations, and as such, they vary considerably in their ideologies and principles of organisation in different parts of the world. In industrialised Euro-centric societies, the ideal standard to which many families now more or less conform is the "isolated" middle-class, nuclear family (Falcon and Brudner-White, 1983). In these families husband-wife tie is seen as the "dominant dyad" whereas in Lesotho where the husbands are absent most of the time the dominant relationship is placed more in the extended-family/dyad than in the husband-wife dyad. Thus, in Lesotho, there is a broader meaning to the term "family" as Murray has observed, the definition of which may include the following:

(a) The agnatic lineage, comprising the descendants in the male-line of an ancestor about three generations above the living generation, or

(b) An aggregate of people variously related to a particular individual who gather on occasions such as ancestor-rituals, marriage feasts and funerals, who may also participate in process of dispute resolution or form a pool of co-operative labour (Murray 1981, p 16).

In this way, not only are fewer demands placed on the marital partners when other adults are around, but even when something goes wrong in a marriage, for example, the difficulties may be "repaired" by mediators within the family, particularly so because "formal divorce" is not a common practice. Most Basotho families are comprised of resident members (usually women, children and the elderly), who occupy a homestead in a Lesotho village and one or more absent male members who are contributing to its livelihood. These men, therefore, depend on their wives and mothers who remain at home and assume primary responsibility for food production in the fields, socialisation and nurturing of future generation, where as those at home depend on their migrant

fathers and husbands for financial and economic support. In this way there are similarities between Basotho mine workers and university students, in that they both miss family relationships and closeness, and different in that mine workers being away from home is the condition enabling their children to be away to the university (i.e. men go to work in the mines so that their children could go to the university). This assertion is based on conversation, over many years with men from Lesotho whose need for money to support their families has forced them to become migrant workers.

Migrant labour has become a fact of life in Lesotho, to an extent that it has become the normal part of life. Families have adjusted very well to it; wives, children and other dependent relatives function relatively well in their husbands' and fathers' absence. The mining industry has always been dependent on migrant labour and this system of employment suits both the industry and the labourers themselves. The opportunity to work for short periods on the mines and then to return home enables the natives, essentially agriculturists, to preserve their traditional way of life and at the same time, provide themselves with the wherewithal to withstand the vicissitudes of farming, which are common the world over but more particularly in Africa. Much of the vigour and excellence of the aboriginal agricultural efforts actually depended upon the presence of men. None the less women are quite capable of carrying on alone, with the help of good rainfalls they could meet the basic requirements of the household while the men are away working for Euro-centric companies in South Africa. Thus the withdrawal of a high percentage of the men from the villages has never seriously threatened the ability of the population to survive and reproduce.

Thus, the extended family acts as a buffer (protection) against the effects of the separation (Gottlieb 1981), and relatives take over the responsibility of the absent migrant. The mining has always been dependent on migrant labour and this system of employment suits both the industry and the labourers themselves. Anthropological field studies in areas from which the mining industry draw its "Black workers" indicate that the export of labour enables the rural Basotho

community to feed a larger population, or maintain a higher standard of living than it would otherwise be able to do. (Bulletin of the inter-African labour institute 1957). But this adjustment does not negate the fact that migrant labour has disruptive consequences on family life. It is clear that this practice tends to undermine the development of the necessary intimacy between family members. The complexity of the family structure in Lesotho can then be understood in the context of these factors. Thus, in Lesotho there is some substance to the criticism of kinship analysis based on the imposition of Eurocentric categories such as that of the nuclear family. In a society like Lesotho, where thousands of husbands and wives are forced to live apart, many children are reared by grandparents or other relatives in multigenerational households and the father's absence is a condition for the family's survival.

Typically, in Lesotho, a man is expected to set up a "household" a year or so after he gets married. Usually, this would not be far from his parents' homestead and this "new household" assumes the structural form of the nuclear family. But, as it was pointed out earlier, a man and his wife and children actually living together by themselves is an irregular phenomenon. For example, without the income from migrant earning such a household may cease to be viable. The household similarly ceases to be viable if the livelihood which is sustained or generated by the man's earnings stops because of death for instance. (Deaths due to accidents in South African mines are fairly prevalent). In such a case, a woman may be forced to go to work herself, or she may be supported by the husband's relatives. If she goes to work, the children often go to 'reside' with the late husband's parents or other next of kin.

The following story, which happened in my own neighbourhood, illustrates what typically happens in Lesotho as a result of marriage dissolution due to death or desertion. A man aged thirty lived with his wife and three young children, semi-independent of his father's household nearby, the latter household consisted of his father, his mother and his younger unmarried brother. This man died in South Africa following a mine accident. As a result, the widowed

wife had to leave to seek for work in order to support their children who went to reside with her in-laws. Meantime the younger brother left his parents' home on his first mine contract. Thus, from what had been two "independent" households not a long time before, each of nuclear-family form, and containing three and five members, respectively, emerged a single three-generational household containing five members, with the middle generation absent. This situation was triggered by the sudden death in this case, but, as it has been pointed out, any kind of marriage dissociation would have precipitated a similar outcome. In any case, this example illustrates the vulnerability of the nuclear family form of household in Lesotho.

In modern industrial societies, there are governments and community agencies to which an individual can turn to for assistance in times of need. In Lesotho, the individual needs are met by the appropriate relatives (extended family) to whom the individual in turn has duties and obligations. The extended family consists of several generations held together through the male-line. Such a family may occupy a common residence which is usually huts grouped together. Authority is placed in the hands of the oldest member of the extended family, usually the grandfather. These relatives play an important role in the training and socialisation of children. The children spend most of their early years with their grandparents where they are taught not only skills but also traditional lore and values. Young mothers in Lesotho are usually occupied with matters of economic importance, like gathering fire-wood, or working in the fields. Parental roles are given to grandparents. As a result, relations between grandparents and grandchildren are particularly close. In Lesotho, children live and mature within a wide circle of relatives. Discipline and other parental functions are carried out "publicly" by all adults; aunts, grandparents as well as other relatives. Hence, the absence of excessive punishment leading to what might be labelled "child abuse" as it happens in "developed" countries where discipline of children, especially physical punishment, is done in the privacy of one's own home.

In the communities, the elderly have high status, and are greatly respected because they are repositories of lore and wisdom. Also, in a society where the dead are presumed to influence the lives and fortunes of the living, the old people are on their way to become ancestral spirits, and as such, they are an important link between the living and the dead. These attributes often offset the handicap due to failing health and strength of the elderly. Grandparents are usually surrounded proudly by their grandchildren, and for the young generation, to be related to someone who is vested with so much wisdom brings prestige and pride to the whole family. In a society where culture is relatively stable and simple, the cultural expectations tend to be clear-cut and predictable. Whereas, in modern urban societies culture is more complex, for the child is exposed to confused and contradictory expectations (like being encouraged to speak his/her own mind on the one hand, and being condemned for talking-back on the other).

A family is, without question, the fundamental social unit. Its universal importance appears to lie principally in the function of primary socialisation of children (Eichler 1983). However, it has been established that apart from educating children and satisfying the basic needs of its members, the family also satisfies basic psychological requirements such as security, love and acceptance. It also acts as a vehicle by which culture, lore, values and belief systems are transmitted from one generation to another. In addition, to all these universal functions of the family, the extended family, in particular may also act as a social security medium providing other types of assistance to members. Basotho men and women usually continue to live with their parents until they get married. Following marriage, women then go to join and live with their husbands' families (while men continue to live with their families). After some period of adjustment the young couple may set up a semi-independent household not far from the man's family home. Despite the problems already mentioned, relating to migrant labour, the family institution in Lesotho is still very strong. It is true that the family in Lesotho, like everywhere else, is undergoing some changes, as I have already noted, but these changes are not towards "Euro-centric norms of a family", as some

anthropologists (for example, Gay and Gill, 1993) have argued, but rather toward the creation of new Basotho family patterns in which the old patterns and the new ones are blended into more functional forms. What has remained the same is that Basotho are probably still more family oriented than the majority of societies. As Anthony Baker (1993) eloquently noted, the African heritage enshrines a broader, more noble concept of family than that of the west. The extended family has provided a marvellous security for those who otherwise there was no security at all. The extended family is a net big enough to gather the child who falls from the feeble control of neglectful parents, it receives the widow, tolerates the mentally ill, and gives status to grandparents.

On the basis of his World War-Two study, Hill (1949) concluded that the process of adjustment involved in reunions after prolonged family separation could not be properly understood without taking into consideration the culture, social norms, the family history as well as the family dynamics. The similarities between "military families" in the Euro-centric societies (Hunter and Nice, 1978; also McCubbin, Dahl and Hunter, 1976) and the migrant labourer's families in Lesotho are so overwhelming that it is very difficult to ignore. Both types of families experience prolonged separation as a result of husbands who have gone away in order to provide for the same families. The parallel can be made here between the families of military men in Euro-centric countries and those of the miners in Lesotho and to point out the function served by the extended family in Lesotho which is believed to make the lives of the wives and children left behind in Lesotho more tolerable than those of wives and children of the military men in Euro-centric societies. It is interesting in this context to note how the Basotho men coped with their separation from their families, especially, in the atmosphere of their not so long ago racist neighbour, South Africa, for economic survival. The overriding consideration is what can be learned from such relationships that may be of value to other families such as the Euro-centric military families for example, who face similar predicaments of having to be separated from families and loved ones for extended periods of time.

Studies concerning families of returned military personnel in the Euro-centric world have stressed family problems associated with prolonged separation, and the importance of these factors in determining how families adjust after reunion. These studies have emphasised that problems unique to these families, as a result of prolonged absence of the father/husband, have contributed to the development of behaviours and attitude which might actually lessen the probability of a successful post reunion adjustment. The waiting wife, functioning as head of the household, often matures, develops greater independence and self-confidence and provides a life-style for the family in the absence of a husband/father (McCubbin, Dahl, and Hunter 1976). The authors argue that this experience of husband/father absence necessitates a reshuffling of roles within the family, sometimes to the point of closing out the man's role completely during his absence. They also content that it is through necessity that wives had functioned independently as heads of households in their husbands' absence. They report that this acquired independence lessens the probability of successful reunions, as wives became too anxious over the anticipated difficulty of their husbands' adjustment to the shifts in the family roles which had occurred during the separation period. In fact, most wives, according to the authors, expressed less satisfaction with the marriage immediately prior to the husbands' return.

In another study (Hayles and Nobles, 1977), most military families reported that they adapted to new responsibilities with modification in family roles accompanied by related anxieties, frustrations and feelings of insecurity engendered by the husband/father's absence. The majority of wives reported the lack of husbands' companionship as the most difficult problem with which they had to cope. Difficulties with feelings of loneliness, making decisions alone and lack of suitable social outlets were mentioned as additional problem areas. Disciplining of the children, handling of the family finances were also cited as additional family problems. It should be noted that the above concerns are the areas where the help of the extended family in Lesotho is most evident. In addition, emotional and psychological adjustment appeared (in this study) to be an even greater area of difficulty. In fact most wives reported that

they were taking or had taken tranquillisers during their husbands' absence, and a significant number was either receiving treatment for emotional problems, or had been in treatment at some time during the husbands' absence. Social and interpersonal adjustment of the children were also areas of concern to the mothers, since they had to play the dual mother-father role.

Evidently, the functioning of the families in both studies was influenced profoundly by the stress brought about by the months of waiting and also the lack of support from extended families. During the husband's absence, in the Euro-centric world, the wife functions in the role of a head of the household and as a result becomes independent and develops a new style of living for the family without a husband/father. Whereas, families in Lesotho experience similar separations from the husband and fathers, but the position of the "head of the family" is always held by an elderly family member, not necessarily the migrant husband. Therefore the absence or presence of the husband would not particularly make much difference as far as the allocations of power and duties and the boundaries and roles are concerned within the family. The concept of "family", to Basotho, is synonymous with strength, closeness, sharing and mutual responsibility. The family in Lesotho, therefore, provides a kind of sanctuary for its members. The older members of Basotho families are a critical source of psychological support, especially in dealing with crisis and family transitions. They are often the storytellers in the family. Getting old in fact in traditional Sesotho is associated with being wiser. Basotho families have to deal with husband's/father's absence by using a variety of resources. The extended family provides a broader range of role models to children of both sexes. Child rearing in Lesotho, as I have shown, is a shared enterprise and each member of the family benefits both by being a recipient of expansive range of assistance and by participating in mutual rewarding family network. The Euro-centric military families, on the other hand, have been shown to deal with parental/spousal absence by expanding the roles and duties of the parent who is present. It is uncommon for the families in the Euro-centric culture to draw upon an extended family to fill different kinds of roles.

Forms of Structural Power

The status of women in Lesotho is one of the topics in which Euro-centric views and the Basotho cultural views run parallel. As a result, it seemed appropriate to include this issue when talking about the Basotho cultural beliefs and values. For example, in Lesotho, there is a hierarchical ranking of people in the society. Males are culturally seen as "superior" to females. The culture is dominated exclusively by men. Women play a dependent, submissive role, and they are officially classified as "minors".

Lesotho has made tremendous progress in providing "modern education" for her citizens and occupies a unique position in Sub-Saharan Africa, as the only country where there are more "educated" women than men. According to the educational statistics for 1986, there were 174,701 females compared to 139,302 males attending primary school. The literacy rate was 54% for women and 34% for men. This unique trend whereby women obtain more education than men, may be due to cultural and economic factors. For example, by the time a Mosotho girl is old enough to be economically viable (that is, weeding and harvesting in the fields), she would, in most cases, have completed her primary education. A boy of the same age is considered old enough to herd livestock and be involved in other important activities such as farming. When a boy reaches sixteen years he is ready to go and work in South African mines for wages and take care of the family. Thus boys have limited chances of being at school.

As I have shown, when men go to work in the mines, women stay home to continue raising children and carrying out subsistence farming. This is because, typically, only men find employment in the South African mines and industries. Very few Basotho women are employed outside the home. Therefore more than 80% of Basotho households are managed by women (International Labour Organisation [ILO] 1994). This results in relative security on the one hand, to bitter frustration on the other. As such, women have no reliable means of obtaining money. They are therefore perpetually dependent on their

working husbands for cash. Even though the women are the ones who are responsible for farming (because they stay home, while men go to the mines) they have no control on the production. Men are the "official" household heads and they own the land and therefore the crops which grow on them. In any case, due to poor soil conditions and farming methods, and because of the small size of arable land, the yield is hardly ever enough even for consumption, which means there is usually no surplus for marketing. But even on those rare cases where there is a surplus, a woman still does not have the power to sell what she has produced. She has to get permission from her husband first, which still makes her dependent on the husband.

As Gill (1994) realises, discrimination in Lesotho is not felt by women alone. In many respects men are also discriminated against. This is seen mostly in the field of education where, as I have shown, women tend to achieve a higher level of education than men. This means that women often have access to the more skilled jobs, although they are still not likely to become senior managers. Women are just as likely if not more likely, to run their own businesses in Lesotho. The majority of women undertake the day-to-day management of their households with little interference from men. However, the law, both customary and common, discriminates against women. Hence, although a woman may *de facto* own a business she does not own it *de jure*. Similarly, although she may *de facto* manage a household she does not manage it *de jure*. This situation has led to a mismatch of law and practice. The law has been left behind and the practice has changed to accommodate modern realities. It could be argued that this does not matter much, which is how most Basotho women see it, but it does mean that a woman has no redress in law when her security or her possessions are threatened. The discussion on this issue in both groups revealed glimpses of a culture under pressure- families disrupted by migrant labour, teenagers whose Euro-centric values violate their parents' expectations. That is, the stereotypic portrayal of African woman as the "epitome of strength" with limited individual needs. In other words, contemporary university students are caught in the "double bind" of attempting to assume the mantle of strength and to function as the idealised strong

woman who confronts all trials on behalf of those she loves, and this seems to be agreement for both male and female students.

Legal Position of Women

The dependency of women on their husbands is also partly a result of colonisation which emphasised the granting of title deeds in land to men only. The Lesotho Federation of Women Lawyers (FIDA) is actively working on proposals to review the existing laws that apply to women at present. According to the law, a Mosotho woman can gain access to land and other productive means only through her husband. Only upon the death of her husband can a woman own land, and this is usually temporary until her children (sons) are old enough to take over. Under the customary law, a woman is a perpetual minor, without full legal capacity. Usually she is under the guardianship of her father or the oldest male member of the family, then her husband upon marriage and her eldest son or a male customary heir upon the death of her husband.

Lesotho has a *dual* legal system: customary law and Roman-Dutch common law, which was introduced by the British during the colonial era. These are two parallel systems of law operating side by side. This fact makes the Basotho legal system very complicated and impracticable for most women on account of legal illiteracy and legal costs. In the areas of marriage, inheritance and property, customary law applies to the "traditional population" of society, while the common law regulates the affairs of those very few Basotho who claim to have adopted the "modern life style". When there is confusion about which law to apply, the life-style of the people in conflict is taken into account. Section 3 (C) of the administration of states proclamation, states that:

Roman-Dutch Law does not apply to estate of Basotho except those who are clearly proved to have abandoned the customary way of life and adopted a Euro-centric way of life.

The “model of life test” is established on certain criteria, for instance whether the litigant sits at a dining table with fork and knife, or whether he drives a car. But, in reality, all Basotho still follow some customary practices, for example, all Basotho men still pay “lobola” (brideprice) when they marry their wives. They still make ancestral ceremonies to communicate with their dead relatives (*ho bua le ba fat'se*). They wear a mourning cloth (*thapo*) when a relative has died. The consequences of legal minority status of women, as shown in the paper by the International Labour Organisation (ILO 1994) may be summarised as follows:

Women possess no legal capacity to enter into contracts, unless they are assisted by husbands or guardians. This position is clearly reflected when a woman needs to acquire property and have access to credit.

Women do not have the capacity to acquire and own property unless assisted. This is true in terms of ownership of fixed property and movables.

Women have no locus standi in judicio; that is, they cannot be sued and sue in their own names.

Status of Women

The status of women in Lesotho can be meaningfully comprehended by reference to customs (based on my knowledge and observation on Basotho culture and customs, which were gained also through my group interventions and discussions with key informants). This makes the subject rather difficult to understand, especially for someone who is not a native, and who does not know the Basotho customs. Basotho are a highly patriarchal society. The chief institution of patriarchy is the family. Mediating between the individual and the social structure, the family effects control and conformity where political and other authorities are inadequate. As the foundation unit of patriarchal society, the family serves as an agent of the larger society. The family further encourages its own members to adjust and conform, and this the family achieves through customs in Lesotho.

There are two complementary aspects of the position of women in Sesotho customary representation. As a daughter to one family and daughter-in-law to another, a married woman is marginal in respect to her status within both families. As daughters, women are regarded as irrelevant to the perpetuation of their own agnetic family and they are often omitted in the genealogical record (history of their ancestry). That is, once they are married, as they are expected to, women become official members of their husbands' families and they will no longer be thought of as the members of their own agnetic families. Yet as wives and mothers, women are the modal reference points in the diverse temporal process of family constitution. The father-child link (paternal dyad) does not really exist (so to speak) in Sesotho customs, but derives from the overlap of husband-wife link (conjugal dyad) and mother-child link (maternal dyad). This point will be elaborated later.

In Basotho tradition, a woman starts married life as a subordinate daughter-in-law in her husband's family. Upon her marriage, a woman moves from her natal place to reside at the home of her husband. The presumption of this movement upon marriage is evidenced by one case where a man whose wife had died went and stayed elsewhere, with an unmarried woman whose close relatives had also recently died. People were saying that the woman had married him. The absurdity of this idea is conveyed in the reversal of conventional syntax by which a man *marries* (*nyala*) and a woman is *married* (*nyaloo*) and never the other way round.

When a woman takes up residence at her husband's place she is no longer known by the personal name of her childhood and adolescence. Instead she is given a new name which usually takes the form of "mother-of-so-and-so", in anticipation of her reproductive fulfilment. Ideas about the proper conduct of a daughter-in-law are reflected through the *avoidance* or *prohibitions* (*hlompho*) which require a married woman to refrain and avoid calling the names of her father-in-law and other senior male agnates of her husband. In addition, a male child is often named after his paternal grandfather, so that it is not uncommon for a woman to be unable to call her son by his own name. She will either

call him "father" (*ntate*) or use a nickname. As some critics argue, the function served by this practice of avoidance is dramatising hierarchy within the agnatic family, by which the son may also learn his position in relation to his mother and all women.

Although a married woman is progressively incorporated into her husband's family, she never totally loses the membership of her natal family (although she may be regarded more as a child than a grown woman). Throughout her married life she may claim protection by her own kin. For example, she has the right to return to her own home following a marital dispute with her husband. If her husband is found to be at fault, he should approach his in-laws with a conciliatory gift of a sheep to precede a request for his wife's return. This shows how a woman is portrayed as a "property" of her father who decides whether she could return (at least in theory). The fact that a woman has a right to return to her natal home if the marriage fails, necessitates the paying of "bride price" (*lobola*). Since a woman is always depended on men, as shown earlier, (first, her father or brother, then her husband, and finally, if the marriage fails, her father or brother again) the "lobola" may be seen as an assurance that the agnates will have the means to support her, if she ever returned home.

When a man dies, his widow wears black clothes (*thapo*), throughout the period of mourning (normally six months or more), after which there is a ritual to remove the "filth" caused by death attached to the man's widow. A sheep is slaughtered, and the widow is washed with the animal's blood. This ritual is not performed with a widower when his wife has died. According to Basotho customs, women give birth and they are also chief mourners. In this way they control both entry into and exit from the world. Therefore, it is appropriate for them to serve as mediators of mystical influences between the world of the living and the world of the dead. Maybe it would have been better if women had power because they are believed to control birth and death. But in Lesotho, this means that a woman is susceptible to mystical attacks and misfortunes, since she is the accessible target through which the

ancestors can exert moral pressure on those who are reluctant to fulfil their obligations.

Sexual behaviour, which one would expect to be a factor in relationship when most men are absent for long period of time, does not seem to be a serious factor in relationships, this may be because this factor (sex) is a taboo in Lesotho and therefore it is not written about in papers and books or discussed openly. On the other hand it could be, as it has been shown, because of the strong family relationships, or because of the authority placed on the hands of the members of the family, the absence of the husbands does not make much difference since the whole family is watching what the others are doing.

So, in general, the customs that govern marriage in Lesotho arise from the acceptance of three basic rules. First, while a woman may have only one husband, a man can have more than one legal wife at a time, if he so wishes. Second, as I have shown, a woman is supposed to move from her own natal place upon marriage. The third rule is that marriage is brought about by the transfer of "lobola" in the form of cattle (or money these days) from the husband's family to that of the bride. By this transfer, certain rights over the woman and consequently over any children she may bear are transferred from her father as a representative of her family, to her husband and his family. As it was mentioned earlier, the principle which governs the allocation of rights of paternity (that is, "*the children belong to the cattle*") is essentially a neutral one. If "sufficient" number of cattle have *not* been paid the child's legitimate place is with the mother's family. If "sufficient" cattle have passed, the child is legitimately affiliated to the father's family, that is, the paternal dyad is dependent upon the overlap between conjugal and maternal dyads. By paying "sufficient lobola", the husband and his family acquire legal control over all children born to the woman regardless of who actually fathered the children. The man who fathered the child (if not the legal husband) may have to pay a fine for adultery, but he cannot claim guardianship or paternity rights over the child. This way of denying the paternal rights from the father who is not the

husband may be another way of protecting the child, or the mother who has committed *bad* sexual behaviour.

The greatest threat to the continuation of lineage lies in barrenness on the part of the woman. In which case, a sister (or cousin) of the woman may be assigned to become a second wife. It is argued that in failing to bear children, the wife and her family have not fulfilled one of the major purposes for which the marriage was initiated and therefore no *lobola* is paid for the sister. FIDA (Federation of women lawyers) has continually shown that there are patterns to Basotho social interaction and also that everyday relations between men and women of Lesotho are political and hierarchical in nature. FIDA further argues that by being continually reminded of their "inferior" status in their interaction with others, and continually compelled to acknowledge that status in their own patterns of behaviour, Basotho women learn to internalise society's definition of them as inferior so thoroughly that they are often unaware of what their status is. Inferiority becomes habitual and even desirable. Other critics have pointed out that Basotho men, who make the rules and customs, view a woman as a being without respect. She is not perceived as a "real person", but simply as an object whose function is men's political expression and sexual gratification. A woman is seen as a "tool", one which is dispensable or replaceable, and whose only aim in life is to provide her husband with children and heirs to continue his lineage. She can therefore be "sold" by her father to a suitable buyer (the husband).

In Lesotho, as it has been shown, both women and animals such as sheep are involved in the rites of communication with the ancestors, they both serve as mediators of mystical influences between the living (men) and the dead. In addition, both women and animals exchange hands between the woman's and her husband's families in legalising a marriage. A man owns a woman in the same way that he owns a horse. He has control over her as well as the control of the production of her labour both at home and in the fields. He has legal rights over her children as he does over those of his cattle. What is even sad, as FIDA argues, is that Basotho women have come to accept this

situation as normal. That is, these qualities are idealised as heroic and evidence of the outstanding character of women as they stand by their men. These same attributes are perceived by Euro-centric counsellors as being negative and unfeminine.

There is a "birthright" priority whereby males rule females, and through this system an "interior colonisation" has been achieved (ILO 1994). The social structure is organised so that women are heavily dependent on men economically. In Lesotho, marriage involves politics of power-structured relationships and arrangements whereby one group of persons is controlled by another. It is a status category with political implications. Therefore FIDA feels that it has to be restructured. But the question is: given the economical dependence of the country on its neighbour South Africa, where do they start? What can Basotho women do to change their status? How can they be helped to deny social and cultural beliefs? Their husbands are definitely enjoying the situation.

The above is the argument that is heard everyday from FIDA and other educated women. But, there is also a counter-argument to the above from the others, not-so-educated 80% of Basotho women. As we have noted, the culture of Basotho is found least changed in the rural areas where these 80% of women live. Some changes have occurred in the lowlands, where the Euro-centric influence has had greater impact. While independence and gender equality may be something that Euro-centric women and "highly Euro-centricised" Basotho women strive for, to most Basotho women, both urban and rural, having their husbands as the heads of the families is a type of "oppression" they seem to enjoy. Maybe this is because they have indeed learned to internalise society's definitions of them as inferior, as much as they have internalised other cultural definition such as the importance of ancestors and traditional healers, despite being ridiculed by the "civilised" societies.

Basotho women enjoy their position relative to that of men, to an extent that the "femininity" of any woman who seems to have equal or more power than her husband is usually questioned. The Basotho legal system seems to be very

discriminatory and unfair to women, but the question is which women and judged by whom? It is true that some women, especially educated women lawyers, take the "equal rights" view that is the hallmark of most Euro-centric cultures. As a result they are now "fighting" to change the laws. They are fighting for all "oppressed" women, they argue, ignoring the fact that in the eyes of these Basotho women the laws are perfectly reasonable. Like traditional healing, this brings us back to the question of "what is right, and for whom?" Similar to the case of Euro-centric trained health and social practitioners, Euro-centric trained women lawyers now find themselves in a position where they have to question some of the traditions and cultures. It is surprising however, given the number of women lawyers in Lesotho, to realise that in 1994 only thirteen ante-nuptial (occurring or relating to contracts before marriage) marriages contracted by Basotho were registered. I tend to agree with ILO (1994) that most Basotho women perceive an ante-nuptial contract as a curse on the stability of the marriage.

To an outside observer, the rituals that are done on women, as we have shown above, may be seen as signs of oppression, but to Basotho women themselves, there is more to these rituals than meets the eye. For example, one ritual that seem to irritate some Euro-centricised women, is that when a husband has died a wife has to wear black clothing for a period of time, while husbands do not wear this when their wives have died. The explanation that has been given to me by some knowledgeable elderly people is that the basis for this practice is that women are more vulnerable than men. (This, they claim, is a biological fact). It is therefore harder for them to accept death of a loved one. As a result people around the woman need to be aware, wherever she goes, of her situation and treat her accordingly. Another ritual that has been condemned is the "lobola". Critics argue that it is the price for which the husband buys his wife from her family. What these critics overlook is another ritual where a bride is expected to bring expensive "dowry" (*Phahlo*), when she goes to the husband's family. The idea of "lobola" therefore, as explained by these knowledgeable people, is to enable the new inexperienced woman with her own

mother or other blood-relatives being there to help her collect appropriate articles that she would need to start a new family.

In Lesotho, a woman has her own social roles which include bearing children and raising them. Men also have their social roles which include supporting women and children by making sure that they have food and shelter, by protecting them from the harassment of court cases, for example, and being responsible for the whole family's welfare. They need to have 'special' means in order to take care of these women. All these the Basotho women understand simply as a "division of labour", which has always been and they believe should always be, rather than "oppression".

Finally, the above description of Basotho women's legal rights clearly indicates the oppression of Basotho women by men. In fact this description points out two important factors that need to be considered in counselling Basotho people. The first is that these people have a number of unique characteristics that distinguish them from Euro-centric people. These women may have internalised their "inferiority status", but since they have indeed internalised these beliefs, if the above rituals (which seem to oppress them), are not performed, these women experience the mystical problems that I mentioned above. The second factor is that counsellors, in order to be effective, must adapt their counselling styles to accommodate differing world views, and not interpret them as oppressions or other terms. In order to effectively help Basotho students, a counsellor needs to understand the Basotho laws and customs, and how Basotho women themselves interpret them. Basotho university students, who have been raised in traditional world, are caught between two worlds where they now live in a different, more Euro-centric inclined environment and being helped by "strangers" with different beliefs and practices. They now live in a different environment at NUL where they are expected to reveal their personal problems to a stranger (counsellor) with different, more Euro-centric views, while they still hold the customs and beliefs they grew up with.

Education in Lesotho

A pattern of systematic education was firmly established in Lesotho long before the nation was exposed to the Euro-centric influence. This original Basotho educational system was aimed at instilling practical activities in the home and in the fields. The learning process took place in a formal, albeit, traditional initiation school, whose tutors were local leaders, traditional healers and wise elders. In these schools boys and girls learned separately cultural values and philosophy, mastery of various skills, personal and family responsibilities, and duties to one's country and people. The skills which were acquired by boys and girls were different, reflecting the specific roles that they would play as adults. Traditional education was compulsory and free. Every competent adult served as role model or teacher. But I agree with Sebataane et al (1982) who contend that appreciation of traditional schools does not suggest complete return to traditional education, that our society today has different needs and that we are now part of evolving world order. But Sebataane and his group do realise that it is still important to reflect on those characteristics of traditional education. Today formal schools have largely replaced the traditional system. The first Christian mission school for infants and an adult reading centre were established by missionaries in 1838. The primary focus of the centre was the acquisition of literacy, the study of the bible, the spiritual teachings of the church and participation in the Christian community. Euro-centric cultural values and behaviour were also emphasised through such practices as Euro-centric eating and living habits, taking an English name at baptism and wearing European clothing. The reading centre was transformed into a normal school in 1869. This concentrated on the teaching of religious studies, as well as Sesotho writings, English, Geography and Arithmetic.

At the turn of the century, formal Euro-centric education was well established in Lesotho. In 1901 there were about 175 schools owned by three main Christian denominations in the country; the Paris Evangelical Society, (now Lesotho Evangelical Church) had 146 schools and 10,000 students, the English Church Mission (now the Anglican Church of Lesotho) had seventeen schools

and 1000 students and The Roman Catholic Church had twelve schools and 600 students. Almost all these were primary schools. In addition to the general schools, there were six teacher training and vocational schools. The central purpose of the schools was to develop Christian characters, not necessarily to offer vocational training. Teachers were evangelists first and pedagogues second, and their character counted more than their knowledge in the assessment of their work. The colonial government supported mission education from the earliest days. By 1900, approximately one-third of all education expenditures were covered by government grants-in-aid. The education department, originally established in 1927, undertook the formulation of a uniform syllabus and a system of school inspection, a standard examination for primary and post-primary schooling, brought a new element into the mission-based education system; the use of formal, standardised qualifications and credentials. These credentials became the key for obtaining employment in the colonial civil service and the teaching force.

Independence in 1966 stimulated an increased determination by Basotho to restructure the educational system so that it provided training relevant to the country's economic development. Before independence the system did not prepare Basotho for commercial, managerial or technical positions, nor did it enable them to apply their knowledge and skills to improve the rural environment and to increase agricultural production. Since 1966, there has been an enormous growth in school enrolment; a number of important new education and training institutions have been established. Primary school offers a 7 year program for six to twelve year olds. It starts with standard 1 to standard 7.

In 1994 primary school had a total enrolment of about 85% of girls and 65% of boys aged six to twelve (official primary school age). About 34% of the children in primary schools were older than twelve years. A number of children whose families reside in South Africa also go to schools in Lesotho. With the over-age children, and those coming from South Africa, the actual enrolments in primary schools exceed the number of the six-to-twelve year old children in the country. Almost all the primary school teachers are Basotho, of

which 36 percent do not have teachers certificates. To assist in the improvement of the quality of the teaching staff, an in-service upgrading program is operated jointly by the National Teachers' Training College (N.T.T.C.) and the Lesotho Distance Teaching Centre (L.D.T.C.). At present 500 of the non-certificate teachers are enrolled in the in-service program. Secondary and high schools offer a five (5) year program starting with form 1 (or form A) up to form 5 (or form E), at the end of which an international Cambridge Overseas School Certificate (COSC British model) examination is written.

The curriculum in secondary schools (form A-C) has been revised so that there is continuity between secondary school to high school (form D-E). The core subjects taught at this level include English language and literature, Sesotho language and literature, Mathematics, Science, Social Studies and a practical subject. Different schools also offer other subjects, such as religious knowledge, bookkeeping and commerce in their curricula. A number of vocational training institutions have been established since independence. These include the Commercial Training Institute (CTI) which started in 1978 and trains approximately 300 persons per year in secretarial skills and business studies (accounting).

In 1978 the Lesotho Opportunities Industrialisation Centre (LOIC) began its training program that concentrates on providing high school leavers with training for specific skills and provides career counselling. Formal vocational education is offered in several secondary level schools by the churches under the ministry of education. These are for girls only, and offer home economics as a three-year course after primary school. Others are for technical training, here students enter for a three-year course after following successful completion of form C examinations.

Higher education includes the National Teachers Training College (NTTC) opened in 1975, which provides a common base of training for primary and lower secondary school teachers in the country. The college offers a variety of three-year programs, including a second-year teaching internship. High school

teachers (BA & BA. Ed) are trained jointly by the faculty of Education and Social Sciences whereas B. Sc. Ed students are trained jointly by the faculties of Education and Science at the National University of Lesotho. NUL, at Roma, offers courses in the Agriculture, Education, Humanities, Law, Science, and Social Sciences. In the academic year (1995-96) the university has enrolled about 1853 students, of whom 1611 are full-time degree level Basotho. In addition to the students studying at Roma campus, about 500 are sent abroad each year for the diploma, undergraduate degree and graduate level studies in the fields that are not offered by the university. It needs to be noted that in all institutions the language of instruction is English except for a Sesotho course which cannot be taught in another language. The normal entrance requirement to NUL for a degree course is at least a second-class pass at COSC, with a "credit" in English language. Different faculties have different specific requirements for admission into their departments. There is also a Mature Age Entry Scheme (MAES). This scheme assists applicants who are at least 25 years of age, who are viewed as "especially" talented people lacking requisite university entrance qualification. Almost all Basotho students who qualify for entry at the National University of Lesotho also qualify for financial assistance from the government (The National Manpower Development).

The origins of the National University of Lesotho go back to April 8, 1945 (50 years ago), when a Catholic college called Pius XII was founded at Roma, approximately twenty-two miles from Maseru, the capital of Lesotho (then Basutoland), by the Roman Catholic Hierarchy of Southern Africa. This is in an 80 hectare site in a broad Roma valley surrounded by a barrier of rugged mountains which provides magnificent scenery. The South African government had declared its intentions not to admit African students from outside South Africa into the universities and colleges after December 31, 1953. Although this ban was relaxed for Basutoland students until 1958, "the writing was on the wall". Around 1964 when conditions of Basotho and other black foreign students to enter universities in the Republic of South Africa became increasingly difficult, the Pius XII college was upgraded and became the University of Basutoland, the Bechuanaland Protectorate and Swaziland (UBBS),

these were the countries which were administered by the same British High Commissioner who was residing in South Africa. The university was equally funded by the three governments. The fact that there were students from Lesotho and other countries who were studying in South African university shows that the university education was needed in these countries, and in other countries, I believe this was because the Basotho needed to upgrade their styles of living. As I have shown, working in the fields as Basotho used to do, is not profitable any more and I believe this is why paying jobs have become so important for many people and why the University has grown so much.

With the dawn of independence for the three countries, the name of the University was changed accordingly in 1966, to the University of Botswana, Lesotho and Swaziland (UBLS). From a total of 188 students in 1964, the university grew to 402 students in 1970 of whom the majority were from Lesotho (145 students) and smaller numbers from Botswana, Swaziland, Rhodesia (now Zimbabwe), South Africa and elsewhere. The number of academic staff also grew from 31 in 1964 to 78 in 1970. The UBLS conferred its first four-year undergraduate degrees in April 1967. These were in Arts (Social Sciences), Education and Sciences. Law courses took five years to complete two of which were taken at the University of Edinburgh, whereas students seeking specialised degrees such as medicine, engineering etc. proceeded to other universities outside Lesotho after completion of part 1 (first two years) in science. The University continued to grow steadily, both physically and academically, being supported by the three governments' subvention and by international organisations. In time, other campuses of the university were established in Botswana and Swaziland. Ten years after its development the UBLS showed some serious problems, especially in the area of administration and the co-operation between the three governments and campuses was not always consistent. As a result the decision to establish the National University of Lesotho (NUL) was undertaken on October 20, 1975. Today NUL still occupies the same site, grounds and buildings as its predecessors (Pius X11 college, UBBS and UBLS). "It is a growing institution striving to meet the

needs of the nation through producing competent and skilled graduates who can easily take-up the call to assist in the development of Lesotho.” (National University of Lesotho calendar 1993-94). Student enrolment at the National University of Lesotho is also rising steadily, as shown by an ever-increasing output of graduates depicted below in a table of graduates for the last five years.

Table 1
Degrees Awarded in the last five years by year and faculty

	1990	1991	1992	1993	1994	Total
Agric.	-	-	-	-	05	005
Educ.	29	35	36	59	88	247
Hum.	52	56	68	60	72	310
Law	33	26	35	36	33	166
Sci.	36	31	54	37	88	246
Soc. Sc.	70	66	109	102	83	430
<u>Post. Gr.</u>	<u>08</u>	<u>07</u>	<u>07</u>	<u>14</u>	<u>27</u>	<u>063</u>
Total	228	221	309	308	401	1467

*The table above does not include certificates and diploma
(Information supplied by NUL Examinations office)*

Presently there are about 88 expatriate academic staff members at the National University of Lesotho. The University is aware that in order to train the highest possible number of national staff, a substantial increase in the expatriate staff will be required during the present 5-year Development Plan. This additional non-Basotho staff will enable the training of future Basotho staff to be stepped up at the University. Most Basotho NUL employees have gone elsewhere to improve or upgrade their education and this is why the University needed the expatriates to remain until the Basotho returned. It was the expressed desire of NUL (as shown in the 1992/96 development plan) to increase the total enrolment of the University students to 2000 by 1995/96 academic year, to

reduce expatriate staff and to increase the number of local staff in the institution by the end of 1992/96 Development plan. The University also expected to minimise the present staff/student ratio to 1:10 in Science and Agriculture and 1:12 in all other faculties.

Table 2
Statistics of Academic Staff - 1994

<u>Faculty</u>	<u>Expatriate</u>		<u>Local</u>		<u>Total</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Agric.	12	01	04	02	19
Educ.	05	00	06	08	19
Hum.	12	00	11	12	35
Law	08	00	03	02	13
Sci.	16	02	23	09	90
Soc. Sc.	17	00	12	11	40
Post Grad.	00	00	00	01	01
Libr.	03	01	02	08	14
Inst. of Ed.	00	01	02	04	07
IEMS*	03	00	08	08	19
ILS**	00	00	02	00	02
ISAS***	01	02	05	04	12
NULIS****	<u>01</u>	<u>03</u>	<u>00</u>	<u>11</u>	<u>15</u>
Total	78	10	78	80	246

* Institute of Extra-mural Studies

** Institute of Labour Studies

*** Institute of South African Studies

**** National University of Lesotho International School
(Information supplied by NUL Appointments office)

THE UNIVERSITY INSTITUTIONAL LIFE

The Students' Support Structure

Students' support services at the University cannot be discussed without taking the setting of the University into account. The nature and the environment of the University where the Basotho students (the subjects of this thesis) live bear crucially upon the students' need for help or support. This section will therefore briefly discuss the kind of living situations that Basotho students generally face while they are at the University away from their families.

Because there is only one University in Lesotho, students come from high schools all over the country. In fact, the University is twenty-two miles from the nearest town. This means that for most students there is a need to leave their homes and come to live at the University a considerable distance away from their homes, families and cultures. They must somehow adjust to the university life in order to realise their academic potentials. When these students come to live on campus they usually find an array of beliefs and values based on the different nationalities and cultures present at the University. For example, Basotho students at the University still have to come to grips with the notion that they can "solve" their problems by talking to some "stranger" (counsellor), a person other than their relatives back home. Their lives at the University are very different from the lives they lead back home. But, it is also different from those of Euro-centric university students who have social support networks that are familiar to Euro-centric trained counsellors. The majority of the families of Basotho students probably cannot even truly appreciate the experiences the students are having at the University. This

situation is similar to what Hoggart (1960) realised about the British undergraduate entering university after World War Two;

They have a sense no longer really belonging to any group...they are at the friction-point of two cultures. With them the sense of loss is increased precisely because they are emotionally uprooted from their class, often under the stimulus of a stronger critical intelligence or imagination, qualities which can lead them into an unusual self-consciousness before their own situation (and make it easy for a sympathiser to dramatise their "Angst"). Involved with this may be a physical uprooting from their class through the medium of the scholarship system. (Hoggart, 1960 p242).

The University environment is considerably more complex than it was even a few years ago and the rate of change has never been greater. Increasingly, students have to learn to cope with ambiguity, uncertainty and value confusion, all these at a time when higher education is becoming the norm for the average young Basotho. The university years are ones of change and discovery. But, this particularly exciting time is not without upsets, disappointments and feelings of confusion. Difficulties come in various "shapes and sizes". Worry about exams may be the cause of stress for some students, while adjustment into the university environment seem to be the main problem for the majority of students. Our educational system serves a competitive society while it seems to leaves little time for reflection of feelings and personal growth (Peril, 1978). This compounds frustration arising from inability of the Basotho students to adjust to the requirements of the "foreign" and unfamiliar environment. As one group member remarked to me during a counselling session:

I am really lonely, I don't have any real friends. I get up in the morning, go to classes come to my room, go for supper, alone, come back to my room, try to study until I fall asleep, get up in the morning and start it all again. I am so bored, my school work is not as good

as it used to be when I was in high school, I feel weird, I think I'm really losing it.

At the National University of Lesotho, even as recently as six years ago, such problems were still scoffed at and seen as trivial. If they were present to any significant degree, the students identifying with these problems would have been encouraged to consider leaving the University and to pursue their interests elsewhere. Fortunately, there has been a remarkable change on the part of the University authorities towards these problems. By establishing the counselling service unit in order to help these students, they realised that these students can be helped while they are still on campus, instead of being sent away. Recently, the authorities have come to realise and accept that much can be done within the university structure through the counselling service unit to help these students cope. Today students come to the University at a very young age (for the first time in its history a fifteen - year old student was admitted to NUL in 1991-92 academic year). The transition from high school and home to the University represents a particularly abrupt alteration in status and life style for Basotho university students. From a position of dependence and guidance by family members and teachers, the students enter a community where emotional support and guidance from authority figures are virtually absent and where on the other hand, pressure from one's contemporaries (who are all like him/her, dealing with new independence, in an unfamiliar environment, with anxiety) can be extreme.

Basotho students at the National University of Lesotho come from communities where the norm is to rely on family in times of hardship. But when these students come to the University they usually face immense problems in social and cultural adjustment. As Kealey (1990) has realised, people with well developed interpersonal skills, like Basotho, place high value on the people in

their lives, and he argues that moving to a foreign culture cuts these people off from friends and families. As a result they experience stress from this sense of loss. Back home, these students would look to the family for support and help in times of stress, however, they lack this resource in their new environment. It is therefore necessary to create some form of compensatory mechanism to combat this loss of relationships and stability. At home, if the family support is not adequate, the assistance of the traditional healer may be required. However, the decision to see a healer is always made collectively by the family members. The students at the University live in a different and relatively "modern Euro-centric oriented world", where they live side by side with foreign students and Euro-centric lecturers, and where the expectations regarding social conduct and other forms of behaviour are different - perhaps more Euro-centric inclined. Even the language of communication is different. Before coming to the university, English was only a "subject" that was taught in a classroom, just like History and Science. But in the new environment there are foreign professors, lecturers and their families, and also students from other countries who do not speak Sesotho, therefore the need to speak English becomes increasingly demanding. English has, in fact, become the language of communication around campus. The type of diet has also changed, without the traditional food like "papa" (traditional corn meal) that they are familiar with. Meal-times are strictly adhered to, to an extent that if a student misses a meal, he or she may have to wait until the next mealtime to eat. Ways of dressing change dramatically. New fashions have to be followed in order to "fit in". Most girls begin to wear pants/trousers for the first time when they come to the University (pants are usually a men's dress back home). In fact, some girls wear pants only when they are on campus and leave them behind when they go home during term-breaks. The students under the university environment lead a dual lifestyle; as "Euro-centrics" and Basotho. Most students still attempt

to retain their traditional values, but are constantly under pressure to adjust into a “new culture”. This dualistic life places stress and strain on the students.

Goffman (1961) describes the culture of the total institution by examining several aspects of its social organisation, the position and experiences of its members and various types of patterns of “inmates” accommodation to institutional life. He shows typical behaviours and expectations of the inmates in the institution and of those who run these institutions. Although Goffman’s essay draws heavily on the involuntary institutions such as hospitals and prisons, so many of the characteristics of these institutions are also seen in voluntary institutions such as the university residential communities. The National University of Lesotho may be cited as a case in point. There are regulations governing occupation of a room in the university halls of residence, and refusal or non-compliance with these regulations is sure to send a student out of the university residence. The unfortunate student would soon find himself/herself staying in a single room outside campus, without electricity or running water and also far from library and other university amenities. The following are some of the standing regulations: students are supposed to report to the warden for their absence from the university, time for visitors of opposite sex is stipulated, drinking of alcohol and holding parties are also controlled.

Breach of residential regulations can lead to suspension or expulsion from the hall of residence. It is up to the students to make sure that they know all the rules that govern them. It is even written in bold letters in the student handbook that: “*Ignorance of the rules and regulations shall not be regarded as an excuse for violation thereof*” As I have shown, almost all students live in university accommodation under supervision of wardens in co-operation with house committees elected by residents of various halls of residence. As

Goffman realised, people who live in the institutions have very little choices but to adapt to the social environment of the institution. They realise that conformity is essential for their welfare. They are aware of their inability to resist the institutional rules (Goffman, 1961). The invasion of personal rights in the institutions, according to Goffman, starts at the very beginning when the person is asked to fill out a form about his or her personal history, health etc. In the institution, privacy is entirely non-existent. People have to share rooms, bathrooms, and toilets with total strangers, exposing what for most people outside institutions would be their private lives.

The university environment in Lesotho has become so different from the family set-up from which these students originate, that I wonder whether the students can still be totally receptive to their own traditional and cultural therapies: that is, whether the traditional methods can adequately address their social problems while they are on campus away from their families who usually provide the support. This argument tends to support the need for the development of new special and relevant counselling techniques to meet the needs of this group. These students experience adjustment problems, internal personal conflicts which create serious dissonance in the individual. They are confronted with an adjustment demand, as the old habits must suddenly be counteracted and replaced, during the crucial period when the drive for academic excellence is even greater. Fromm (1976), who has written extensively on social problems, views rapid social changes as creating many problems of adjustment. He realises that a person does not relate to his environment by instinctive adaptation, as do other animals, and he/she depends on the traditions of his/her culture to guide him/her. A person also uses standards of his/her culture to solve his problems and meet his needs. But when traditions are rapidly changing (as they are at the university), the cultural supports become unstable. Conflicts between cultures, as exist between the home culture and the university culture for Basotho students, confront the individual with difficult choices.

The University counsellors are educators who aim to create, through the exercise of their skills, an environment in which students can face and explore their own feelings without fear, learn how to cope more effectively with decision making and examine their values and objectives without risk of condemnation (Newsome, Thorns and Wyld, 1973). It has been realised that the Basotho university students are concerned to pursue their education, which forces them to leave their more traditional homes to come and live in a new and different environment away from the people who usually provide assistance. They now have to seek help from counsellors, who according to the students culture, are strangers, but are now the people who can help these students in the absence of the family. It is important therefore for a Euro-centric-trained Mosotho counsellor to recognise some of the issues which identify Basotho university students and to offer some specific ideas for dealing with common Basotho students' problems. These students are considered to be in transition, they have come to the University campus away from homes and families to accomplish their educational goal. They have left their home-culture and must somehow "adjust" to the new environment, so that they can realise their academic and other objectives. Questions of purpose and identity are more complex for people in transition. Most of these are based on assumptions that many Basotho students do not share.

An aspect of the "mastery-over-nature" view point that prevails in Euro-centric culture is the rejection of the notion that "fate" - or some other external uncontrollable forces- determine an individual's destiny. Kohls (1984) stresses that most of the world's people assign "fate" a large role in what happens in their lives. Many Basotho students do not have the notion that if they have problems they may solve them by talking with a counsellor as many Euro-centric people are likely to believe. Basotho students believe that their problems

are due to sorcery/witchcraft. As a counsellor working with these students, I might have to begin by working very hard to convince my clients that something can be done about their problems. Basotho students typically believe that their problems arise because they have been bewitched and that only a traditional healer can help to get rid of the problem. As a Mosotho myself, I am aware of how Basotho students feel in their new world. To the degree that counsellors are seen as "older and wiser" than the students they are helping, Basotho students are likely to expect them to do most of the talking in counselling sessions, to express their opinion and to offer their suggestions. They are not likely to expect counsellors to sit back and listen most of the time, since such behaviour is not concordant with their notion about the way people who are older and wiser - people with such a title as "counsellor" or helper - are expected to act.

A more recent framework for comparing cultures is reported by Hofstede's study (1984) of organisations in countries around the world. Hofstede identified four dimensions along which culture can be said to vary. One of these is individualism/collectivism. In a more individualistic culture, people identify themselves as separate, operating on their own and responsible for themselves. In a society with a collective orientation such as Lesotho, people see themselves more as members of groups, families and tribes than as separate individuals. This collective way of survival where people depend and also responsible for others can be encouraged at the National University of Lesotho. Basotho university students live quite far from their families and friends. In fact they are so far from their families back home that the family members cannot understand and appreciate the experience the students are having. Although all aspects of communicative style are in play during a counselling session (and anywhere else), some aspects are likely to be more salient than

others. Among the salient ones are ideas about what topics are appropriately discussed with people outside one's family, the degree of directiveness with which topics are discussed, and eye contact. Even the way the chairs in the counsellor's office are arranged can affect the client's response to the interaction.

During my training in Euro-centric society, I realised that I can assume that people who come to me as clients believe that it is possible to get help from a person who is a "professional helper" and that they are expected to talk openly about their situations and their feelings. Together the counsellor and the client will achieve an improved understanding of the genesis of the client's problem and will devise a way to gain improvements. Basotho students are unlikely to share all these assumptions. They need some explanation of the counselling process, the counsellor's role, the client's responsibility and the way the counselling progresses. There is a general agreement that new students at the National University of Lesotho need a period of time to learn how to manage their daily lives in their new and different setting and to realise their academic objectives.

Dealing with new-found freedom may be challenging for young Basotho university students who are living away from home and parental control for the first time. Basotho students, who are from what Hall (1959) calls "high-context" culture in which proper behaviour is culturally prescribed, find themselves almost completely lacking in guidance when they are first apart, not just from their families but from a social order in which such matters as student-teacher relationships, male-female relationships and young person - older person relationships are structured by socially agreed guidelines. These Basotho students may be uncomfortable and not welcome this freedom and change.

There are doubts about the appropriateness of conventional Euro-centric approaches to counselling when applied to Basotho, that is whether a counsellor is an adherent of a particular approach to counselling or therapy (psychoanalysis, rational-emotive therapy, behaviour modification, client centred etc.) or has an "eclectic" approach, she is likely to harbour doubts about the appropriateness of any approach that clearly arises from the Euro-centric values and ideas. For example, the non-directive approach advocated by Carl Rogers may be less effective with Basotho clients whose upbringing leads them to expect clear answers and firm guidance from older people or people perceived as having authority, while Freud's ideas are often considered applicable only in the Euro-centric environment and perhaps only among certain groups of educated Euro-centric people. How should a counsellor approach a Mosotho client who is convinced that her low academic performance is due to witchcraft? Typically Euro-centric approaches might not readily apply to such a case. Situations like this have raised questions about the applicability of Euro-centric models of counselling when working with Basotho students.

Some of the basic questions concerning the counselling of non-Euro-centric people still need to be empirically addressed. The questions include: is Euro-centric counselling appropriate for Basotho University students, compared to traditional healing? If so, what counselling strategies are most effective and with what types of problems? The review of the literature was very useful for seeking answers to these critical questions. Cultural adjustment is a psychological process. The psychological process focuses on the attitudinal and emotional adjustment of the individual to the new environment. The social process focuses on how the individual integrates into the social interaction of the new culture (Church,1982; Martin, 1984).

There are many students at NUL, who do not adapt easily to the university environment, and as I learned from these students they may even return home without completing their academic programmes. Those who stay and complete their study programmes feel vulnerable throughout their stay at the University. These students suffer from "culture shock" when dealing with other students and the university system as a whole. They also suffer what might be called "status change or loss": from the most brilliant and favoured student in high school at home, they suddenly have to face an intense competition at the university. "Culture shock" is the popular label for the negative aspect of cultural adjustment. However, according to Thomas and Athen (1989), culture shock is commonly viewed as a normal process of adaptation to cultural stress that involves such symptoms as depression, anxiety, helplessness, irritability and a longing for a more predictable and gratifying environment. Oberg (1960) believed that culture shock is precipitated by the anxiety that results from losing all one's familiar signs and symbol of social interconnection, while Redden (1975), in developing the culture shock inventory, defined culture shock as a psychological disorientation caused by misunderstanding or not understanding the cues of the new culture. Furnham and Bochner (1986) suggest that there are four traditional features of culture shock that describe the relationship between geographic movement and mental health. The first focus is on grief and bereavement because of the loss of the familiar. The second concerns the individual's sense of personal control over the environment. "Education shock" is the term used by Hoff (1979) to describe what frequently happens to foreign students trying to adjust to academic life in the United States. She defines it as a state in which a substantial portion of the learning situation is both new and distressing.

I argue that it is important for counsellors working with Basotho students to be aware of the many ways in which culture shock and adjustment stress can manifest themselves in students. Stress occurs when the body stays in a constant state of readiness, even after the arousing stimulus is no longer present and the initial excitement has been replaced (Barna, 1983). Selye (1975) suggests that people only have a finite amount of adaptive energy that is both physiological and psychological in nature and that becomes depleted with continual stress. In discussing his concepts of the General Adaptation Syndrome, Selye identified three stages; the alarm stage, in which the person is ready for fight or flight; the resistance stage, and if stress continues, the person enters a stage of exhaustion in which depression often occurs.

In my study of Basotho University students, the most common problems reported by students were homesickness and problems with the adjustment to social norms. It was rare for Mosotho students to initiate discussions of personal or emotional problems with a stranger (counsellor). Personal issues were rarely presented to an outsider. It usually takes me, working as a Euro-centric trained counsellor, some time to get past the presenting problem to the real counselling issue.

Many authors, e.g. Oberg (1960), Smalley (1963), Adler (1975), have described stages of adjustment that people go through while in a foreign environment for an extended time. For example, in the first stage the individual is excited by the experience and generally finds things interesting. This is often referred to as the "honeymoon" stage, and is usually the case with new Basotho university students, during orientation programme. The second stage is characterised by confusion and disintegration as the individual confronts new values, behaviours, beliefs and lifestyles. This is the stage at which the

negative aspects of culture shock are experienced most profoundly and can be termed the "crisis stage". The third stage is the one of recovery, and the individual experiences an appreciation and understanding of, and sensitivity to, the new culture. That is, at this stage the individual tries to accommodate both the positive and the negative aspects of the new culture. Oberg (1960) added a fourth stage that he called the "adjustment stage", the individual begins to enjoy the new culture, even though there may be occasional moments of anxiety and frustration (Thomas and Althen 1989).

Counsellors who have trained in another culture are confronted by some problems when they return to their own culture. In a counselling relationship, cultural background plays an important role in how problems and issues are defined. Counselling is usually grounded in the values implicit in the training of the counsellor. Because of the power differential between the helper (counsellor) and the one seeking assistance (client), the helper's values and beliefs are likely to be given greater credence by the client than they would in a more equal status interaction. On the other hand, the values may be so discrepant that the client rejects the help and fails to get the needed assistance.

As I have stated, Basotho university students are people in transition, and they are likely to present problems that are sometimes different from those encountered in other populations especially, problems of adjustment to a new and different culture. As a counsellor whose wish was to put Basotho University clients at ease, I had to discover how to modify the way that I was trained in the Euro-centric university in order to accommodate the way my clients were operating. For example, Euro-centric clients typically prefer a more direct approach to interaction, while Basotho students seemed to prefer consistent

politeness and respectfulness. Eye-contact to which Euro-centric people are accustomed is culturally unacceptable to Basotho when talking with someone they respect. Explicitness and openness that Euro-centric people often display is viewed by Basotho as rudeness or as lack of sensitivity. Basotho people do not feel it appropriate to set themselves apart from their families or communities and to focus on their individual needs and desires. As a counsellor working with these people, I needed to be very aware of these and modify my strategies accordingly.

Counsellors trained in the Euro-centric universities have been trained with skills and techniques which reflect traditional Euro-centric values that place a great deal of emphasis on the individual. As a Mosotho counsellor, I needed to be cognisant of and employ special intervention techniques that were oriented to the specific cultural values of my clients. A counsellor working with Basotho students can enhance his/her credibility with the clients by modifying their counselling styles to be consistent with the expectations of the clients. Many students come for help to "an expert" because they need advice. Compared to Euro-centric people, Africans in general expect to assume a more passive role in counselling and expect the counsellor to be a more directive and nurturing figure (Yuen and Tinsley 1981). It is also important for counsellors to explore their clients' expectations of counselling in order to respond to their clients' needs.

Basotho students at the university find themselves with problems they never encountered at home. They usually feel that something is quite wrong with them. Talking to these students about culture shock, the adjustment process and the stress that is encountered when people try to adapt to a new environment seems to help them see their feelings as part of the natural process of

adaptation. Compared with the American and British teenagers and college students, Basotho seem to have fewer choices in making decisions about their lives. Sundberg et al (1969) demonstrated that adolescents' views of decision making in India were, like Basotho, more restricted by family considerations than they are in America and Europe. It may take some time for Euro-centric trained Basotho counsellors to convert what they have learned in Euro-centric societies, in order to be more useful to Basotho people.

I believe that a counsellor needs to become sensitive to his/her limitations. The therapist must assimilate a new, culturally foreign system of thought with its associated assumptions about expectable or normative motivation, feeling and conduct. In one paper Desai (1982) discussed some of the training questions with respect to problems of the Hindu Indian learning Euro-centric psychodynamic psychotherapy. He identifies certain Hindu assumptions about human relationships which in their clash with American ideas create difficulties for those novice psychotherapists. One that he notes is the collaboration versus individuation contrast. The Hindu healer moves the client towards social integration and harmony not individual growth.

Newly Euro-centric-trained African psychotherapists usually return home having successfully endured the cultural stresses of the foreign culture with its peculiar learning arrangements, having learned how to use that framework with clients culturally different from themselves. Then these therapists are faced with the challenge of applying the new knowledge to clients more or less culturally similar to themselves but to whom the therapeutic approach is remote and strange. Therapists who have learned the new system well enough to use it on Euro-centric clients probably have also internalised other aspects of the host culture besides the narrowly construed therapeutic ones. Bringing what amounts

to a new partial identity can create conflict, the tension of which can require some substantial effort to resolve. A new synthesis may be required before they can again feel to be back home and comfortable enough to function freely and effectively. Beyond the problem of personal adjustment for the therapist are the difficulties of applying a foreign therapeutic modality to clients unfamiliar with it. Rarely, as the literature has shown, is a method transportable without considerably modifying or adapting it to make it palatable in a new context. Only very applicable and transferable Euro-centric techniques require the transformation.

Student Support at the University

Student support at NUL is organised in various ways; first, there is the Students Welfare Department, which includes a student Medical Service, Counselling Service Unit and Social Welfare Office, which includes the wardens of the twelve (12) halls of residence, which accommodate about 100 students per hall. Second, each academic department is responsible for providing its students with a "personal tutor", the role of these tutors is to monitor the students' academic work. There is also a student representative council (SRC) whose role is to act as a mediator between the student union and the administration, there is also a chaplain whose job description includes the pastoral care of all students.

The Counselling Service Unit was recently established in 1989 as a section of the Department of Students' Affairs. It has always been "staffed" by counsellors, whose primary goals are to assist the students in overcoming academic, vocational, personal or emotional problems which may interfere with the pursuit of their educational goals. Counselling is available to aid students in coping with personal and interpersonal difficulties such as making and maintaining satisfactory relationships, overcoming fears and anxieties, or coping with loneliness or stress. Counsellors also do career and vocational counselling

with individuals and groups. Group programs that help build confidence and aid in self-improvement are announced and offered throughout the year, e.g. assertiveness training, coping skills, self-esteem etc. There is no predetermined limit to the length of time and the number of interviews given to an individual student. This will depend on the needs of the student as seen by both the student and the counsellor. The counsellor does not attempt to judge or condemn the client, all that is done is try to help the student to see their problem clearly and for the student to make decisions which they can live with. All these are done in strictest confidentiality, what goes on in the counselling interview is between the student and the counsellor, and will not be revealed to anyone without the student's consent.

There are different ways in which the student come to use the service. But I and other counsellors usually try to take an opportunity during the first year orientation to invite the First Year students to come any time and find more about our activities or to talk to the counsellor about their transition into the new environment. Otherwise the students are advised to take the initiative during the year to use the Unit anytime they feel the need. Sometimes the students may be advised to see the counsellor by a friend or by their lecturer. But however the referral is made, the student must come willingly to talk to the counsellor. In addition to individual counselling where an individual comes alone to talk to the counsellor, group counselling is also offered. This is typically a group of people who have concerns for which they had requested help. The counsellor would have talked to them individually and realised that group counselling would be more beneficial or an additional help. Other groups are formed as the needs are presented from the students and faculties.

Student support is also provided by Christian religious services. Regular services are held for Anglicans, Protestants and Roman Catholics, each group having a resident chaplain. The three chaplains work in close consultation and there is much ecumenical activity. There are a number of students groups which are faith-oriented and hold regular meetings, studies, prayer-times and invite special speakers on campus. Students may visit any of the chaplains on campus for spiritual counselling. The chaplains at the University are appointed by their specific religious bodies, but offer support to all students regardless of religious preference. They provide a wide variety of services to students including, personal and spiritual guidance and prayer support, student community activities, discussion groups and Bible studies, speaker forums and other topical programs and dialogue on specific ethical, social and moral issues.

In general, the services that are offered through the religious services seem to complement the ones offered by the counselling service. In fact some of the clients counselling have been referred by this service. The majority of Basotho students (regardless of whether they come from rural or urban areas, poor families or relatively well to do families) have deep-rooted faith in traditional beliefs and values that were instilled in them by their families since childhood. But, these beliefs and values are suddenly challenged and deemed old fashioned and outdated, by those who want to be seen as civilised. There are some older generations of Basotho who live in towns and were educated during the colonial era in mission schools and colleges. These elite groups were taught that indigenous religions and traditional healers were "savages and primitive". However people who have been taught to despise tradition are the people who control and run the country today. In accordance with the "colonial mentality", indigenous, medical traditions were often cast in a negative light. They were viewed by most "civilised" people as a form of

shameful legacy of barbarism. The activities of traditional healing practitioners were often held up contemptuously as examples of irrationality and malpractice, a mixture of deliberate deception, superstition and ignorance.

Health professionals and other authorities were initially reluctant to work with traditional healers, on the grounds that such collaboration would first require intensive scrutiny and evaluation according to conventional "scientific" criteria in order to be wildly accepted. It is true, however, that since there is no "formal" training for the traditional healers, there are still some difficulties in differentiating between genuine healers and charlatans who are only interested in extracting money from their clients. This is a real problem in a field where professionalism is self-confessed, and not necessarily subjected to any objective assessment. Although this dubious attitude towards the credentials of traditional healers is slowly changing in the post-independence era, among the new generation, it has not yet reached the stage where traditional healers are publicly acknowledged by "educated, modern people" even those who have personally gained from their services.

Even though people from different cultural groups may have similar physiological symptoms, the recognition, interpretation and behavioural representation may vary considerably across cultures. Draguns (1985) gives specific suggestions to counsellors who need help in evaluating unfamiliar behaviours from the client's frame of reference (as is the case with a Euro-centric-trained Mosotho university counsellor) He advised that counselling Basotho university students requires a Euro-centric trained counsellor to be able to modify their "Euro-centric" style and approach in various ways. First, they should consult research and review pertinent psychopathology across cultures, second, there is a need to consult colleagues (such as traditional healers) who

are more familiar with or from the cultural background of most clients, third they should consult social scientists who have expertise in the culture; fourth, interview members of the cultural group for pertinent cultural information; and finally, the client and his/her family can be enlisted to fill in gaps in information not otherwise available.

I agree with Draguns, that these instruments (i.e. counselling tools) have for the most part, originated in the Euro-centric culture, and their application across cultures have entailed translation and adoption. The dilemma of people in such operations has been how far to adapt the instrument to increase its cultural sensitivity. One finding that has incurred in a variety of contexts pertains to the relationship between modal and deviant behaviour in a cultural setting. The results of several cross-cultural comparisons suggest that psychopathology represents an exaggeration of normal and adaptive patterns of behaviour that are characteristic of a given culture (Draguns 1985). Culture does appear to influence the course and outcome of some problems and to some degree their manifestation. I can safely conclude that the way a person expresses and experiences psychopathology is the joint result of the disorder in question, the person's personality and the culture in which it occurs. The most general conclusion to be drawn from all these is that culture impinges upon the expression and social presentation of "symptoms", the course of the disorder, and the response to treatment. It is therefore incumbent upon the culturally sensitive counsellor to recognise cultural contents of presentation and threshold of appearance of various manifestations of disturbances and distress, that is, the counsellor cannot avoid evaluating the appropriateness of a client behaviour, but he or she should always do it from within the client's cultural or social frame of reference.

CHAPTER 5: THEORETICAL AND METHODOLOGICAL CONCERNS

Theoretical Issues

This chapter explores two case studies which provide illustrative details of different but related approaches for counselling practitioners who need to apply different approaches in helping people. Both of the approaches aim to influence practitioners in the setting rather than policy-makers and both link particularly well with qualitative research methods. In the first case study, the traditional Basotho healing system was engaged, in the second case study a more Euro-centric oriented approach was employed.

I believe that it would be misleading to represent research with Basotho students as a straightforward matter of obeying a set of guidelines or following a recipe. There are serious splits and conflicts within the research community associated with different conceptions of what comprises valid research methods. It was necessary for me, as a researcher of this group, to be clear about the choices I was making when I designed and carried out this piece of research with the group. My choices were influenced by values, philosophical considerations, culture, practical resources, constraints and intended audience. The methodology of my research employed participatory action research, case study and a consultation-oriented stance. (In this case involves an organised relationship between the Euro-centric trained and traditional healers to discuss problems). It became clear as I went on that my main work done as researcher would be case study work as opposed to experimental or survey methods. These different strategies according to Hammersley (1992) might be used to pursue the same research problem, though they would have varying advantages and disadvantages, depending on the purpose and circumstances of the research. What is distinctive about an experiment is that the researcher

creates the case to be studied through the manipulation of the research situation, thereby controlling theoretical and at least some relevant extraneous variables. The advantages of the experiment is that by creating the “events” or cases they need, they can then vary theoretical and extraneous variables fairly easily in such a way as to maximise their chances of coming to sound conclusions about whether the causal relationship they were investigating did or did not hold. The disadvantage of the experiment is that the exercise of control by the researcher may render the research situation artificial in that it cannot give us information about naturally occurring situations in which people are interested. The distinctiveness of surveys on the other hand is that they involve the simultaneous selection for study of a relatively larger number of naturally occurring events. A case study is usually weaker than the survey in the generalisation of its findings. It involves greater detail and accuracy of information about a particular case at the cost of being less able to make effective generalisation on a larger population of the case. In general the social scientist researcher’s choice of which strategies to use (that is for example, whether case study, survey or experimental) will be narrowed down by the nature of the problem, the availability and accessibility of the data and the resources at the researcher’s disposal, including the expectations of the clients.

But, as Yin (1994), eloquently puts it, a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. According to Yin, case studies are a preferred research strategy when explanatory questions of “**how** and **why**” are being posed. When the investigator has little control over events and when the focus is on a

contemporary phenomenon within some real-life context, as was the case in this research work, this type of approach allows an investigation to retain the holistic and meaningful characteristic of real-life events. The key is to understand the form of the question, that is, defining the research question is probably the most important step to be taken in case study research. This method relies on direct observation and systematic interviewing. Its unique strength is its ability to deal with a full variety of evidence-documents, artefacts, interviews and observations. As Yin sees it, case studies, like experiments, are generalisable to theoretical propositions and not to populations or universes. In this sense, a case study like an experiment, does not represent a "sample". The investigator's goal is to expand and generalise theories. That is, according to the case study sampling logic, a number of respondents (or clients) is assumed to "represent" a larger pool of respondents, so that data from a smaller number of persons are assumed to represent the data that might have been collected from the entire pool.

The following argument points to the advantages that insiders may have in the sources of information available to them. As practitioner research argument stands, according to Everett et al (1992), outsider's research is likely to be invalid because only those involved in activities can understand them. Practitioners have access to their own intentions and motives in a way that an observer does not have and a deeper understanding of their own behaviour than an outsider could ever have. The practitioner will usually have long term experience of the setting being studied, and will therefore know its history at first hand, as well as other information that may be required to understand what is going on. It would take an outsider a long time to acquire such knowledge, indeed this may never be possible. The practitioner already has relationships with others in the setting and can use these in order to collect further data. Once again, an outsider would need to spend a considerable time in the field building up such relationships. Because practitioners are key actors in the setting, they are in a position to test theoretical ideas in a way that a mere observer can never do. But as Hammersley (1995) contends, there are advantages and disadvantages to this kind of closeness. On the one hand, as

shown above, it may provide me with inside information that I would otherwise not gain, both about what happens and about people's experiences of events. On the other hand through a process of over rapport I may take over false assumptions held by the people I am studying, and become unable to see the world in any other way than in which it appears to them. As a result I tried very hard to prevent this from happening by trying to keep a balance between the two. I was aware that many Basotho students seek a balance between honouring their traditions and surviving in the modern Euro-centric world. Counsellors who are sensitive to these issues, as I tried, are better prepared to help clients explore and resolve them.

In general a research design is the logic that links the data to be collected (and conclusions to be drawn) to the initial questions of the study. There are a number of different applications of case studies. The most important is to explain the causal links in real-life interventions that are too complex for the survey or experimental strategies. Case study research can include both single- and multiple-case studies that is, the same study may contain more than a single case, as was the case with this intervention. When this occurs, the study has to use a multiple-case design. As Yin recognised, "In some fields, multiple-case studies have been considered as a different 'methodology' than single-case studies. "The choice between single and multiple case design remains within the same methodological frame work" (Yin, 1994, p.45). The choice is considered one of research design, with both included under the case study strategy. Because of the comparative nature of this research study, a multiple-case study was employed, but this design still remains within the same methodological framework as a single case study. The logic underlying the use of multiple case studies is that each case must be carefully selected so that it produces contrasting results but for predictable reasons (a theoretical replication). As a researcher I needed to try to explain the questions I was trying to answer and why I had chosen a specific case group as a way of answering these questions. Currently, there is no precise way of setting the criteria for interpreting types of findings. One hopes that the findings can be interpreted in terms of at least comparing the two rival propositions.

Methodological Reflection

My role was divided into three categories: that of (i) Researcher, (ii) Participant-Observer and (iii) Group leader.

(i) Researcher:

This study according to its objectives is qualitative. Qualitative methods are being adopted by feminist researchers because they are viewed as being sensitive to women in their efforts to work for change (Klein, 1983). This is the way that is valued by Africans and is why this method was used in this work. This method reflects the dominant 'epistemology', how we think about the social world and what we think about it. In research terms, epistemology includes ethics, human values and politics involving how researchers structure relationships with collaborators and with 'subjects' (clients). Also according to Everett et al (1992), to be able to encompass research activity as part of the repertoire of the practitioner, it is important to reflect on the understanding of issues of epistemology (*a branch of philosophy dealing with the study of the nature of knowledge, its origin, foundation, limits and validity*) and methodology. This procedure of reflection is crucial in social practices, since different ways of knowing and understanding the world make different assumptions about the individual and society and about their interrelationship. The authors believe that unless these assumptions are teased out, they may be adopted unknowingly and uncritically by the practitioners. Other writers, e.g. Standfield (1993) also believe that moving forward in racial, ethnic and cultural research requires more than reconsidering concepts and methodologies. He basically argues that we must begin to create new epistemologies to ground our theories and test them through methodological applications. According to Standfield, there are some essential epistemological considerations that researchers in ethnic relations should take into account, regardless of methodological approaches, that is whether researchers take a qualitative or a quantitative approach, there are certain epistemological universals in race and ethnic relations research (that is, social class, ethnicity/race and sex are bases for important differences) that must be considered in the design and execution of

research process, that is, the relationship between the helper and the client must necessarily reflect the social, cultural and the economic fabric of the society (Levine,1982)

(ii) Participant-Observer

This section explores both the philosophy and the methodology of participant observation in the area of cultural relations research. In this case, as a researcher, I interviewed key informants, such as traditional healers, other health care professionals and consumers of services regarding the phenomenon of healing practices. I also enriched my collection procedure through electing to be a participant-observer, that is, I participated in the groups with the participants, doing "insider" research. This enhanced my ability toward discourse of the subject and examining and exploring the emic/etic relationship of the phenomenon. As a participant, I interacted with the counselling service delivery system as a way of quickly discovering how the services operate, how they have evolved, to what extent they meet the needs of persons with problems and what current needs exist in the system. First, I begin by examining some epistemological issues crucial in understanding the methodology in participant observation. Second, I give a brief observation of my own personal discovery of the procedure during my role as a participant observer. Participant-observation, when a Mosotho is dealing with other Basotho, is not really a matter of choice. A helper who just sits there as a passive observer, is not seen as caring at all. In fact in this case, the 'subjects' came to the groups to be helped by me so I could not help by sitting and watching. Being a participant observer means a double role is played by the researcher; as a participant in the construction of the research process and also as an observer who watches the roles that are being played by the others. As Dennis (1998) realises it is more important for participant-observers because they can see and listen to human emotions in process. The most distinctive opportunity of being a participant-observer is related to the ability of the researcher to gain access to events that are otherwise inaccessible through other ways of investigation. While a researcher's primary objective is the research, I recognised from the onset that the research work also offered opportunities for helping Basotho

university students to adjust in their new environment. Andersen (1993) claims that according to the conventional methodology, the best data are those that are produced through minimal human contact and minimal interrelationship. Researchers are admonished not to get too emotionally involved with "subjects". Such a method assumes the passivity of respondents and forces them to adopt to the situation as defined by the researcher. Moreover, researchers are told never to inform interviewees of their own beliefs and values. Alternatively, as Bryman (1988) realises, the intending researcher will be encouraged to become an active participant as was the case in this research work. That is, the most fundamental characteristic of qualitative research is its express commitment to viewing events, actions, norms and values from the perspective of the people who are being studied. The clients' sincerity also emanated from my willingness (as the researcher) to express how I felt, to share my own experiences and to deconstruct the role of expert as I proceeded through the research work. As Andersen (1993) again sees it: when the researcher is tightly bounded by the framework of scientific methodology, they seem to miss the texture of social relationship.

Those who advocate participant observation seek a 'holistic' and 'dynamic' approach to community studies and emphasise the importance of analysing social change. Participant -observation refers to rather wide range of activities varying from actually becoming a bona fide member of a group under study, as was the case in this research work. The basic prerequisite of all participant observations, however, is that the researcher must gain the confidence of the persons being studied. The researcher's presence must not disrupt or in any way interfere with the natural course of the group's activities, and the 'subjects' must give honest answers to questions and not conceal important activities from the researcher's view. And as Dennis again realises, when a participant observer knows the evolution of participants' development, they are in a good position to be a part of this community; they can also be part of the continuing and ongoing construction of the community for they are in a position virtually to see the construction and reconstruction process in the making. According to Dennis then, one of the main assets of participatory

observation is that it links interpretative understanding of social behaviour with explanations of cause and effects. According to Rapp (1983), in the shaping of knowledge, it requires that people see themselves as situated in the action of their research, examining their own social location and not just that of those they study. One problem with participant observation is that it is very difficult to develop specific guidelines for implementing this strategy. Participant observation depend on the interpersonal skills of the investigator and on the ability to prevent personal biases from distorting interpretations. But my questions for this research study interrogates the changes in life patterns of Basotho university students. Pursuing the answers to the research questions demanded data different from that which could have been gathered through secondary sources.

My questions were mostly qualitative, in keeping with the most fundamental character of qualitative research, its express commitment to viewing events directly from the perspective of the people who are being studied. Anthropologists from the Euro-centric culture are probably the most frequent users of this approach when studying "primitive" tribes, therefore participant observation for these researchers where there is a need to establish rapport is especially difficult, fortunately, as it was mentioned in this case, establishing rapport with this group came almost naturally. I am well aware that it might be one thing to study a foreign culture, yet another to study one's own. Although there are obvious limitations about this, from this view I conclude that my social and emotional involvement as a participant observer in this research setting provided information that can be used in the analysis of the data and helped me to understand and appreciate the data more thoroughly.

(iii) Group Leader

In order to accomplish my objectives mentioned in the first chapter, I found it necessary to form counselling groups within which to discuss and talk about the feelings of extreme loneliness and isolation that students feel when they are on campus. The group sessions became the place for self-exploration and for sharing of these ideas and feelings. I encouraged the participants to examine

their values, behaviour and relationships with others and to determine what changes they wanted to make. It was the members' responsibility to decide for themselves the nature and extent of these changes. In the group sessions, members generally decided when to share personal issues and how much to share. I found it also important to narrow down these goals to what each member expected to gain from the group participation. Therefore, in general each individual was to find better ways of coping while they were at the university so that they would be able to concentrate more on their academic work. As I mentioned earlier, there is a loss of significant others in these peoples' lives. They are coping with the loss of, among other things, family, friends and culture. Many have never lived away from home before. The intervention was also aimed at compensating for these missing relationships, and to assist the members in overcoming difficulties of cultural adjustment and other problems which interfere with their academic work. The intervention was expected to serve as an "anchor" against loneliness and confusion, It was also aimed at gathering data and finding effective and meaningful ways and strategies to help and improve life for Basotho students and other students at the National University of Lesotho, minimising the adjustment problems which this group of students goes through upon arrival and during their stay in this new environment.

As I have shown, problems of living or of coping with difficult situations are typically dealt with by the family or social network; appropriate rituals and ceremonies tend to help the individual concerned to cope with the situation. It was therefore also necessary for me as a researcher and participant observer to be very active and play the role of a leader and that of the practitioner; to be seen as an expert who knows more. As a group leader I also had to come up with advice and possible solutions and to discuss these with the members to evaluate their feasibility. Throughout the intervention with group A in particular, cultural knowledge was combined with a historical understanding of

Basotho people, in order to promote personal growth. There were discussions on the role of ancestors; who they are, their role in people's lives and how people communicate with them. Witchcraft was also one of the major topics which was quickly identified as requiring intensive discussion, even in group B, where Euro-centric techniques were employed. Some group members felt that most of their problems were caused by witchcraft. As a group leader, I was able to organise and form the groups, by first recruiting the members in to the groups and also the explanation of the counselling process, the counsellor's role, the clients' responsibility and the way the counselling was to progress. As a member of staff, I was able to fit this intervention into the Counselling Service Unit's normal programmes and was able to use the university facilities such as the room where the group sessions were held. Careful preparation with clients before the groups started was undertaken by me in my role as the leader of the groups. As group leader, I also ran and organised the group sessions.

Recruitment of Group Members

I used multiple approaches to contact the students, directly and indirectly, to sign up for the groups. Posters were displayed on the notice boards around campus. These showed the purpose and goals of the group intervention, issues to be discussed in the group sessions, who could join the groups, the meeting times, frequency of meetings and duration of the group sessions. Lecturers, as the people who have the most contact with the students, were informed about the group intervention that was going to be offered for Basotho students with the hope that they might be able to identify and encourage relevant candidates

for the groups. On the whole the response to all these efforts was very low. The students generally did not indicate much interest in participating in the programme. As a result, alternative methods and strategies for recruitment had to be undertaken whereby students were individually approached in person by me and asked to participate. These were the individual Basotho students I just happened to meet on campus on that particular day. All students approached in this manner agreed to participate in the groups. I believe that the students did not show interest the first time around probably because they perceived the manner of recruitment as impersonal. Whereas, by personally approaching them and talking to them and giving them chance to ask questions for more clarification, they were able to commit themselves. Apparently, this method of recruitment conveyed some form of courtesy. The members were assigned into the groups as they were recruited, that is, the first person who agreed to participate was assigned to group A, the second one to group B, the third to group A again and so on. I wanted to gain a diverse sample, and achieved this by random selection and allocation to the two groups.

The formed groups consisted of Basotho students who have been at the university for one academic term or more. First I talked to each of them initially in individual interviews. After careful preparation about what group therapy means, and about some of the expectations, I tried to prepare students and to show them that they can get a great deal of support from each other. Peer group support was encouraged. I judged that effective counselling with Basotho students is predicted on adopting a proactive developmental perspective. This included gaining a thorough knowledge of past and contemporary Basotho culture and history. This also entailed having an expanded understanding of the social and cultural challenges to the

development of Basotho university students. I also tried to develop strategies to encourage the revision of counselling curricula to include the impact of cultural environment on Basotho students' behaviour. After these preparations, the students then moved into the counselling groups. (This stage was very crucial because as noted, some Basotho students may have found this process very uncomfortable and demeaning). This preparation of students before the groups started was important because it allowed each of them to establish the goals he/she hoped to achieve through the group process. The group process compared to individual process lessens time and effort for the group leader and clients. By allowing more clients to be helped at the same time, it permits the leader to witness the adjustment problems the client would otherwise have to describe. It simulates social reality and it provides a controlled environment in which the client can rehearse more adaptive behaviours.

Papell and Rothman (1980) also view different personalities and experiences as sources of strength and resources for both the individual and the group. They argue that group intervention provides a testing ground on which the group members can experience the realities and consequences of individual differences. The rationale for choosing Basotho students (as opposed to other nationalities) for this study was that university environment is known to be culturally different from the places which these students come. They are also removed from their usual personal and social support. My familiarity with this group (being a Mosotho myself) was also another reason for choosing this group. That is, it was rather easier to communicate and to understand the experiences and some of the problems the group members were describing. The high number of Basotho students compared to other nationalities in this university was also a reason. The following have been documented as some of the typical characteristics of 'Euro-centric minorities' when it comes to formal counselling (Lee, 1981; Sue and Sue, 1972), these can as well apply to Basotho students at National University of Lesotho: unfamiliarity with counselling and formal Euro-centric helping process and expectations thereof, belief that counselling is for people with serious mental problems, embarrassment at showing emotional problems or talking about personal problems to strangers in

group sessions and the dominance of white, Euro-centric, middle-class values in counselling encounters. So the preparation before the group sessions started was also aimed at overcoming these possible issues. That is, I was aware from the start that Basotho students have a number of unique characteristics that distinguish them from Euro-centric people on which the Euro-centric counselling techniques were based. These are largely based due to the different cultural values they bring with them and to their status as temporary sojourners in the university campus. For example, talking about personal problems to strangers is something which Basotho university students would find very difficult to do. They also believe that their problems are caused by someone else, they do not have the notion that they can solve their problems by talking with a counsellor as Euro-centric are likely to believe.

The group members' sessions were contracted for one hour, once a week, for a total of fourteen (14) weeks. Because of conflicting academic schedules, it was difficult to find any other acceptable schedule. But, as it turned out, the evening was the most convenient time, and was long enough to allow for constructive discussion. The meeting room was carpeted and had comfortable chairs set in a circle. Snacks and drinks were provided during each session to create a free and relaxed atmosphere. Sessions were held in native language (Sesotho), again to create a free atmosphere and to avoid misunderstandings. On the first day, with both groups, introductions were made so that members could begin to know one another, share their names, programmes and fields of study and what they expected to gain from the group interventions. I believed that this would be a quicker way for group members to get to know each other.

These group sessions were offered as part of the university counselling unit mission, that is, to support and assist the students at the university, therefore all the activities were conducted in conjunction with the counselling service unit, using their facilities. As shown, all group members were specifically invited to a group meeting specially arranged for them with the intention of providing these members an opportunity to discuss openly with others their

thoughts and feelings about their experiences, in this unfamiliar environment, bearing in mind, as I have mentioned before, that Basotho are particularly inhibited in expressing their feelings to strangers. The meetings served as an anchor against loneliness and confusion, which as we have seen were very common with the students. This group meetings also gave members a chance to realise that they were not alone in their problems and also to share their concerns with others like themselves.

Participants and Process

The above description is an important point of discussion as personal dynamics are an intricate components of ethnographic research. At the time of the study, the average age of the participants was 23, of the 12 participants, only 2 were married, the remaining 10 were single. The household composition of the respondents varied, but they all (including married ones) lived in the extended family households when they were at home. The university-accommodation halls are only used by the “registered” students, so even married students cannot live with their spouses on campus. So they usually leave them at home when they come to the university. At the time of the study, the participants were all living in residential halls at the university. They were all from the different parts of the country. Some were from towns, others from the rural areas, whereas others were from the mountain areas. In the first day of group sessions I had already met with all the participants in our first individual meetings, where I introduced myself, what I was doing and also tried to answer questions they might have had about my personal or professional life, questions such as who I am and why I was doing research on them. Knowing that this was these people’s first experience of participating in a research group I tried to answer these questions as honestly as possible. At the first sessions the group members were a bit reluctant to talk about their lives in front of all those strangers including me. But once the members realised that I was “sincere” and taking them and their comments seriously and also the fact that I had to show them that I knew and understood ‘*where they were coming from*’ then things became normal, in fact in both groups we all became “a family” who could share and care for each other. My role as the one who was in charge

(Mother) was to establish rapport and to maintain an emotional balance within the group. Once the process of establishing rapport had begun, maintaining an emotional balance became one of the most stressful task for me as “a leader”. I was constantly *on stage* , and had to play my role without dropping my guard. I held the group sessions twice every week. Before I entered the room and met with the group members, I had to put myself in a positive mode of thinking as well as sharpen my awareness so that I would be perceptive. I had to remember to be careful about how I greeted the group members, I had to play the role of the mother as it was expected, on the other hand I had to show that I was one of them as part of the family, but mostly I had to play my role as a group leader/researcher. Euro-centric counsellors can fairly safely assume that people who come to them as clients believe it is possible to get help from a person who is a “professional helper”. Clients generally assume that they will be expected to talk openly about their problems and feelings. Together, the counsellor and the client will achieve an improved understanding of the genesis of the client’s problem and will devise a way to gain improvements. All these Basotho do not share, they expect the counsellor to be in charge, and to direct the whole intervention process.

Basotho students have not often been targets of investigation, thus entry into such a community can be complicated by the “subjects” lack of exposure to strangers seeking information about their private and social lives. Such anxieties can influence decisions and affect the dynamics of honesty and consent. But fortunately with this group, knowing who I am and where I come from, and also being very conscious about how I talked with them, somehow made things better. How Basotho students provide information may not only be influenced by age and gender or social status of being a student, but can be culturally determined as well. I would argue that the manner in which Basotho students provide information is the key to understanding the process among this population. Being older than the clients in this research study worked to my advantage, as Basotho normally have a special respect to people older than themselves. If I had been the same age as they were, or younger than themselves, they would have expected me to go out of my way to show

respect for them. But as the older person with authority as far as they were concerned, I was expected to recognise this age hierarchy and to obey it in my behaviour and conversation.

The gender tradition in Lesotho as it has been mentioned before, puts women in a negative position regardless of age, as a result I did not quite know before the groups started how the relationship would be, especially with men in the groups. But basing my role on the relationships that Basotho men have with school teachers for example, I was at least optimistic. As it turned out, fortunately the way the men looked at me in the groups did not differ from the way women did, they all looked at me as a "Mother". In reality, there is a division of roles within the family, the father is a provider while the mother cares for the home and the family, carrying the role which to Basotho students I was performing, mother is someone whom the Basotho can confide in, and this was what the students were doing to me. I tried very hard to play that role by emphasising that they could confide in me as they do to their mothers. So there was no impact of gender on my relationships with all the students. It was obvious during the group sessions that this was probably one of the few times in these students' lives when they had reflected on their histories, culture and well-being with a stranger. The depth of information provided in the group sessions was extensive. At the same time, I had to be sensitive as well as critical of these ongoing dynamics. It is possible that these individuals had not been exposed to the types of interactions conducive to therapies defined by Euro-centric middle-class orientation. How Basotho students provide information may not only be influenced by group intervention, but they could be culturally determined as well. In essence, even I (as a researcher) must be

aware that social science research dictates that individuals provide data, but many times providing these data calls for abstract thinking. Even what is defined as abstract in the social sciences carries a “scientific bias”, a Euro-centric middle-class orientation. Thus the challenge is to recognise these biases in methodologies in order to facilitate and increase the reliability of the data collection process. I was aware that to extract as much information as possible I had to construct feasible approaches determined by my clients’ norms, values and beliefs.

Group Composition

The part of this section will be devoted to brief description and experiences of the group members. The students were divided into two groups, the first group (case study A) consisted of six students, four (4) women and two (2) men. The second group (case study B) was also composed of six (6) members, three (3) women and three (3) men. Members of the groups were all studying in different programmes and were at different levels of their programmes at the university. They all came from different parts of Lesotho, some were from rural areas others from the foothills and still others from the urban areas. Their names have been altered to maintain confidentiality.

The number of participants in each group (6) was small enough to allow a constructive discussion to be carried out, and for the group to focus on the needs, skills and resources of individual members. It was also large enough to allow for absenteeism and possible drop-outs, but fortunately, there were no drop-outs, because the clients were quite happy or satisfied with the group interventions. The groups were composed of people with common experiences and grievances as Basotho students living in a foreign environment. Because they had specific and common problems and needs, the members in both groups were able to focus exclusively on those common problems. This similarity of the needs and interests of the members of the groups led to great degree of cohesion in the group sessions. Members were able to understand

each other in a rather special way, even though they were different in their particular situations, for example, some were married, others were from rural areas while some were from urban areas. But they seem to concentrate more on their problems as Basotho students who now live in a foreign place, away from families and who must now concentrate on their studies.

I reminded the members in the very first session that their participation was voluntary, that they could stop their participation any time they wanted to. I also used the first sessions, with both groups, to explore the students' problems (Appendix 1), to prepare them and to explain once again what the group intervention was all about. Confidentiality was clearly emphasised, and why it was important. Other ground rules such as coming to group sessions regularly and on time were also discussed. Being a member of a group was emphasised as an important element in this intervention. This was based on the Basotho belief that belonging to a group is more important than the individualism encouraged by Euro-centric cultural values.

How data was collected

A design which is based on the primary prevention scheme for work with Southeast Asian refugees proposed by Owen (1985) was used for the intervention with this group of people experiencing some adjustment difficulties. As Tsui and Sammon (1981) realised, this design of therapy has an advantage because of its educational and supportive problem-solving nature, therefore it was more acceptable to Basotho than the individual or insight oriented therapies (Wong, 1983). Such a model is more synchronistic with African values of education and learning, and it lacks the threatening and stigmatising connotations that may be associated with Euro-centric counselling, as I have argued throughout my discussion. The group sessions were closed from the beginning; that is, no new members were allowed after the groups had started. This was in fact an advantage, since, as time went on, and the members in each group got to know and trusted each other, it was then that they started to really open up and feel free and comfortable to disagree, criticise and support each other and also to talk about some personal experiences. Group

A, in fact, took a longer time to reach this stage. This I believe to have been due to the stigma that is generally attached to traditional beliefs.

GROUP PARTICIPANTS

CASE STUDY A

Thabo is a 22 years, single, male, first-year student from the rural areas of Lesotho, because of lack of resources and teaching materials, he was the only one from his high school who managed a good pass to qualify for University entrance and Manpower scholarship. As a result he does not know anybody in the campus. Thabo reports that he is having an awful time at the university and feels hopeless to an extent that he is thinking of withdrawing from his current programme and returning home. He further reports that he knows who is doing this to him. More discussion revealed that Thabo believes that all his problems at the university, including poor academic performance were caused by someone back home who is jealous of his success.

Morena is a 28 years old, married, male, final-year student who also comes from mountain area in Lesotho. Morena admits that he misses his family a great deal, but as far as academic work is concerned, Morena is quite comfortable. He reports that in the past three years he has never failed a single course, and this he told the group members is because he has always been "protected". He explained about his talisman (khoetsa) that he wears around his waist, to keep away evil forces which might have overpowered him. He is very confident and sincerely believe that the reason that he has never failed was because of the talisman.

Liabeng a 21 years, female second-year student is single, and comes from what might be called foot-hills. During the group session she became seriously ill.

Her arm was in great pain though she could see nothing wrong. For three days the pain continued until she couldn't even move her arm. She went home and told her father. Liabeng's father like Liabeng, felt that her trouble indicated bewitchment. Since that was the case, both felt that a trip to the hospital would be a waste of time as only Basotho healers could effectively deal with this kind of problem. Liabeng reports that they went to a traditional healer who asked her to give him the blouse she was wearing so that he could examine it to discover the course of the problem, after which he told Liabeng that a witch, a woman Liabeng knew very well was responsible for her problem. Then he took some herbs and boiled them in water and told Liabeng to bath with that water. Liabeng says the bath made her so tired that she fell asleep and when she got up she was healed.

Seithati is a 20 years old, single female from a district in the west of the country, she is now doing third-year. In the group session she reported that she and another girl on campus have been quarrelling over a boy-friend, that the other day this other girl has said to Seithati "you will see me". Sure enough, according to Seithati, the next day there was a terrible storm and lightning came down and stroked her, according to Seithati if only she was not protected as she was, she would have been killed. Here Seithati was trying to emphasise the importance of "Basotho protection".

Paballo is a 23 years old single female first-year student from the out-skirts of Maseru. She stays at the university campus like everybody else but she goes home on weekends to be with her family. Because of lack of resources in the rural areas. Paballo is sometimes requested by her neighbours to buy certain items and bring them home with her the following weekend. One day a woman gave Paballo sixty Maloti (M60), asking her to purchase some items. Unfortunately when Paballo returned to the university with money, twenty

Maloti disappeared. So the next weekend she had to tell the neighbour what had happened. The woman was visibly dissatisfied and Paballo felt blamed her for the loss. When she got back to the university, Paballo became nervous and had difficulty in sleeping. She continually heard the woman's voice saying "bring back my money". Frightened and helpless, Paballo sought the help of a faith healer who used water to devine the cause of her complaints. Indeed, as Paballo expected, she was bewitched, even though the healer did not say who was responsible. This was not important since Paballo knew her neighbour was to blame.

Libuseng, a 22 years old, single, female second-year diploma student who comes from the area in the North of the country. She reports that she was born ill. She would go sick, sleep for a whole week and take no food, only water. Most food did not seem to agree with her. Last year she became very ill and during her illness she had a dream in which the *Balimo* (ancestors) came to her in her sleep, they told her how to cure herself and showed her where to find the medicine. Since then she has never had even a mere headache. She claims that now she can even help to cure other people through her knowledge.

CASE STUDY B:

Thabang is a 24 years old, single, male fourth-year student from a district far in the mountain area. He came to Roma in 1992 and has never been home since he left. He reports that he misses home very much and is worried that the woman he was dating and planning to marry has become tired of waiting since she has not been responding to his letters lately. He says he has not been home because he is always working part-time during term breaks, he says the scholarship money he gets from manpower is not enough.

Tebello is also a 27 years-old male fourth-year student. He also started university studies in 1992 and works for the Lesotho Bank in Maseru, he is now on study-leave. He is married and his wife still lives with the family in Maseru. She has been looking for a job so that she can earn some money to

help with the household needs, since the stipend from Tebello's scholarship is hardly enough to take care of the two of them plus the family members. Tebello says he joined the group because when he goes home on weekends he and his wife have been having some problems and he needed to talk to someone who would understand him and his situation.

Lerato, a 22 years-old, single, female third-year student is also from Maseru, and still lives with her family. She works for some company in Maseru, she is also on study-leave. She came to the university in 1993. She reports that her life at the University is miserable that she is missing her family very much and is trying her best to complete her studies as soon as possible so that she can join her family back home.

Mohale, the youngest member of the group, is 18 years-old, single, male student from the district in the urban area. He came to Roma in 1997 and is doing first-year, he says he is interested in psychology and that this was one of the reasons that he joined the group. He reports that he has not really seen the university and its people because he has not been going out since he came. All he has been doing is to come to classes in the morning and then go back to his room after classes. He says he misses home more than he thought he would.

Sebina is a 24 years-old, single, woman from another part in the foot-hills of Lesotho. She came to the university two years ago. She is sharing an apartment with another Mosotho whom she met during the orientation program. She reports she can not imagine how she could have survived her life at the university without the mutual support that they give each other. She says she spends almost all her money on phone calls to her family and friends back home. Sebina reports that she joined the group to get to know and maybe make friends with some other Basotho students.

Mamosa is a 25 years, single woman who comes from another area in the south of Lesotho. She is doing second-year program, she has two kids aged

5yrs and 3yrs, she left them at home with her parents, she claims that life is so difficult without them. She says it is very hard to be so far from her family. She spends half of her money on her children since she knows her parents do not have money and this make life so difficult for her at the university.

At the first sessions, I asked all group members to complete a questionnaires (Appendixes 3 & 4) about how they were generally coping up with their life at the University, and what they expected to gain from the group interventions. This exercise gave me as a group leader some ideas of what the members wanted and expected from the intervention, of course, based on the goals and objectives I explained to them at individual meeting before they joined the groups. In the pre-tests, most of them expressed dissatisfaction with their social lives at NUL. These observations challenge the traditional 'U' curve model of culture shock - where people are expected to be at the high level at the beginning of things (during orientation for NUL students) then to go down after some time and finally to go up again - in this case almost all the members, irrespective of the length of time at the university were still at their lowest level of adaptation (see part of personal support questionnaire below). At this point, the expectations of the students about life at the university, before coming to the university were discussed. This was done in order to find out what each of the group members had expected in relation to life at the university, before he/she actually came to NUL. From these discussions it was evident that before leaving their homes almost all members had high and positive expectations about their lives at NUL. Most were looking forward to coming to the university and had hoped to make friends with other students. These feelings were soon overtaken by stress and loneliness.

How data was processed

It was evident from the pre-test and the examples in the group sessions that there was a huge discrepancy between the pre-departure expectations and the reality of actually being at NUL. The comparison between pre-departure expectations and the real outcome helped to indicate the extent to which the

group members had to make adjustment upon arrival at NUL, recent feeling questionnaire (appendix 3) was given. I evaluated the effectiveness of these interventions in both individual and group terms. In order to find out if the groups had benefited from the interventions, I used single case design (AB), where the baseline measurement (pre-test) was followed by the measurement after the intervention (post-test). For baseline data a self-report questionnaire was administered in which members reported their personal support system at NUL (Appendix 4). The chart below indicates individual responses to some of the questions which were intended to learn how the members in both groups perceived their personal support at the university.

PERSONAL SUPPORT QUESTIONNAIRE

	Very Much	Sometimes	Not at all
1. How often in the last week have you felt lonesome?	5	4	3
2. Have there been times before the last week when you felt lonesome?	8	3	1
3. How satisfied are you with your life situation in general?	1	5	6
4. How satisfied are you with the personal support you receive?	0	5	7
5. If you are dissatisfied with your support system, do you believe that you can make it better?	3	3	6

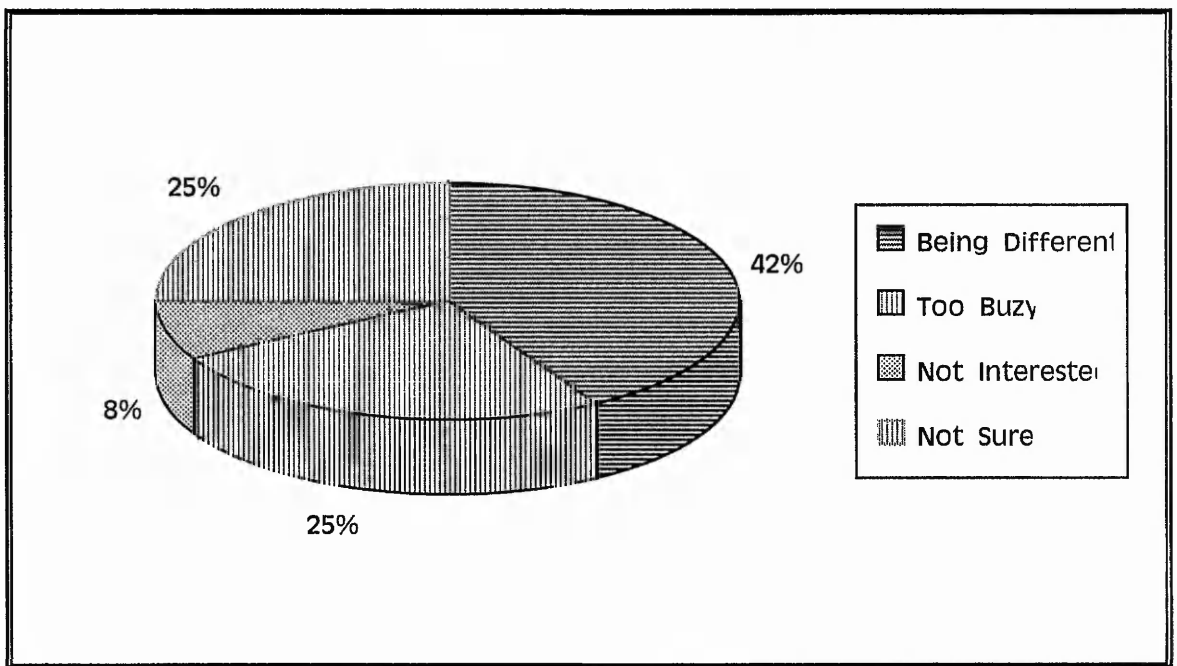
N=12

When those who reported that they are sometimes satisfied or not at all satisfied with their personal support system were asked to give reasons, eight members responded that they did not have enough people to relate to. All twelve members reported that there were no people they can trust enough to tell their problems to. When asked what they thought they could do to improve the situation, seven members said that they did not know, while four

said they probably needed to increase their interpersonal relationships. Some clients reported that they did not know what to do to keep themselves busy while they are on campus; as a result, they are always bored, to an extent that they find themselves drinking alcohol, and this made them neglect their school work and spend most of their monthly allowance, so that they find themselves without money to buy food and other necessities. All members reported that they did not have 'real' friends and that they were always left out of activities by other students. Five members believed that they were left out in a lot of activities because they were different, three believed that they were left out because they were too busy and involved with their academic work, one student said he was not interested in interacting with other students, and three group members were not sure why they were left out (See fig. 1).

FIGURE 1

REASONS FOR NOT INTERACTING



Summary

According to Thomas (1985), for people adjusting to the newness of life in another place, with all that it implies in the way of adjustment stress, the stress experienced can manifest itself both physiologically and psychologically. Culture shock, and adjustment stress suggest a number of ways in which stress is manifested psychologically. Thomas found some adaptive psychological correlates of adjustment which were used in this research study (Appendix 3). Again, as Balgopal and Vassil (1983) realise, group process refers to all the happenings within the group and to the intentional and communication patterns among all members. Although all counselling process contains an element of cultural diversity, the demographic realities of the present and future Basotho students clearly suggest that multicultural counselling must focus primarily on racial and ethnic difference and their influence on the helping process.

CHAPTER 6: INTERVENTION

DESIGN : My role as group leader

It is important, at this stage to outline the various components of the philosophical background for this investigation as a way to increase understanding of the context in which this study was conducted. The method of investigation is ethnography in orientation. As is characteristic of qualitative methodology, a blend of knowledge-generating research strategy was used. In addition to running the groups, I interviewed key informants, such as traditional healers, Euro-centric-trained health care professionals and consumers of mental health services regarding the phenomenon of healing practices in Lesotho. This experiential attitude was the most fruitful because much of what goes on at the rituals and ceremonies is of non-verbal nature.

Attitudes towards emotional and social problems in Southern African countries have been interpreted as negative by some Euro-centric researchers (e.g. Chariton 1993 and Nicholls 1993). I resonate with Marfo's critique (1993) of this culture-bound line of thinking and preferred to enter the research project with an open mind regarding traditional healers' attitudes. This investigation, an intensive and iterative, nothing-but, weeks, long action-consultation was, as it were, of an "intimate" and conversational nature, more "emic" (insider-like) and less "etic" (outsider-like). As a principal indigenous investigator, I worked with numerous informants, among mid and higher level officials as well as front-line workers in relevant areas of responsibility. Different meetings were held between me and Basotho health and mental health care professional who represented the following service areas; teachers-training, mental and health care and traditional healers. This consultation enabled sharing knowledge about counselling issues and listening to their responses and problems. The conversation was open, and this enabled me to learn more intimate details of the country's' problems associated with counselling in Lesotho. The anticipated result of this part of inquiry was to provide a baseline for determining what problems existed relative to counselling services and possible solutions to these problems.

Solutions informed by the Basotho 'professionals' most directly involved with the traditional service delivery system.

Using the basic tenets of case study, I gleaned rich information about and thick description of the phenomenon by interviewing local key informants. Meetings with some indigenous health professionals who were trained in the Euro-centric culture allowed for "bicultural" explanations of aspects of the phenomenon which were most abstruse. This assisted me as the researcher, in comprehending some subtleties that otherwise could have been missed. The protocol questionnaire was used as a tool for probing informants with open ended questions. I adapted the questions to fit the particular information as needed. Of the traditional healers, questions related to traditional Basotho healing were posed. Of the western trained health care professionals I asked questions about the interface of western health care with traditional healing practices. Of the consumers interviewed I asked questions related to cultural attitudes towards therapy or helping people. The following groups of people were intensively interviewed:

(i) Officials at the Lesotho Universal Medical-man and Herbalist Council in Maseru.

(ii) Ministry of Health officials and doctors and nurses at Queen-Elizabeth Hospital and Mohlomi Psychiatric Hospital in Maseru.

(iii) Clients of traditional healers and Euro-centric oriented therapy in Maseru and Roma.

Maseru (the capital of Lesotho) was selected because the Lesotho Universal Medical-man and Herbalist Council is based in Maseru. The Ministry of health head-quarters and the Psychiatric hospital are all located in Maseru. In addition there are plenty of traditional healers who have incrative practices in Maseru.

Thus there was the need to discover all these people's views towards the comparison and the competition between traditional and the Euro-centric techniques, as a result of social forces.

In Maseru 10 traditional healers, 9 modern health practitioners and 15 clients were interviewed. Altogether, the total number of respondents for this section was: $10+9+15=34$.

	Traditional Healers	Modern Health Practitioners	Clients of both	Total
Male	6	5	6	17
Female	4	4	9	17
Total	10	9	15	34

CASE STUDY A

When the group is dealing with issues that affect the group leader as much as they do the group members (e.g. ancestral beliefs), as was the case with group A, it is very difficult to keep one's distance, and to act just as an observer rather than as a participant. Being part of the group, in this particular case, proved to be very positive and effective since I was then perceived to be - and indeed was - "one of us". I was therefore in a position to understand the members' meanings and perceptions in a way that someone who is from a different culture would find it difficult to understand. It was evident from the onset that the shared experiences and cultural background were necessary and vital ingredients in this research work in order to create trust and openness. This group's discussion was mainly on the structure of traditional healing system. The intervention of this particular group work was to throw light on the types of traditional healers in Lesotho, on their social characteristics, on the environment within which they practice, on type and nature of problems they deal with and on the functions of traditional medicine. It was hoped that these will give an insight into the role of traditional therapy at the National University of Lesotho. With this group I tried to consciously attempt to set

aside presuppositions about the helping process derived from Euro-centric assumptions about science and health care- in order to evaluate and assess my observations through as unprejudicial a lens as possible.

The main focus was on personal development. The topics discussed in the sessions incorporated traditional healing, that is a cultural continuity which is transmitted in the form of Basotho social attitudes, beliefs, principles and conventions of behaviour deriving from past experience and helping to shape the present and also trying to transmit cultural continuity as far as health is perceived. who the traditional healers are? How they work, how they get consulted? With what kind of problems. Spirituality, that is, discussion based on the doctrine that the spirit surviving after the death of the body (ancestors) can communicate and control the people who are still living. Witchcraft or sorcery as practised by mean, evil spirits to harm others. These are all based on ethical and cultural beliefs and they were all discussed from the start, in almost every session with this group. Members helped each other through sharing and resolving personal issues and problems. There were also opportunities to talk and learn about the effects of living in a different environment, away from families, and about the resources and services available to students at the university. The discussion gradually moved from the individualisation of problems to group understanding and collective action. With this group, I was more than just a facilitator. I was a very active participant/observer in suggesting and finding solutions to the members' problems, in much the same way that family members and traditional healers do. The reasoning for employing this model was to adopt the way things are done back home, so as to minimise the effects of moving from home to an unfamiliar place and to test or assess the effectiveness of this already existing process. Also because this is the system that the Basotho are already used to and it works for them, so there was no need to adopt the new one. To do this, I was required as the group leader to know and understand the indigenous support systems, and thereby facilitate the incorporation and the development of support systems that evolved from the Basotho culture, that of helping "brothers and sisters"- family members as it is done back home and by asking the participants what they would do back home

if they were confronted by similar problems; the answer of which was “by asking help from the family members”. This intervention proved to help the group members overcome adjustment problems and the feeling of not belonging.

The problems for which counselling is most applicable in the Euro-centric societies, are typically handled by the social networks and other traditional practices in Lesotho. In the group sessions the members realised their common problems, especially that of being away from home and family members. They were encouraged to use the group as a “family-substitute”, and to share their experiences and knowledge. The emphasis was on group solidarity and interdependence among the members. For example, group members referred to others as brothers and sisters, and referred to me as their “mother”. It became evident through discussions and sharing of ideas in the group sessions that counselling or therapy is conceived by many Basotho to be a process of many steps; beginning at the time the ailment/problem is observed, or reported, long before any healer is consulted and then evolving through different types of interventions. For example, family members typically begin by conducting some curative rituals, without any healer’s intervention, where they come together to assess the “symptoms” and exchange ideas until they decide on a form of therapy to be followed. This can be a ritual whereby the ancestors can be asked to intervene, or the use of herbal medicine can also be accompanied by some rituals to add another element besides pure pharmacology. These rituals are believed to play an important role in the therapeutic process. So in the groups we were all playing the role of the family by sitting together, discussing problems and trying to find solutions together.

With the Basotho traditional healing, being a member of a group is a very important element. In the typical traditional helping process, members express their feelings in dances, ceremonies and other rituals. But with group A instead of actually performing these rituals the members discussed the rituals, how they are performed, their importance and how they can be done or substituted for on campus. I discovered during the group sessions that many of

the group members believed in and used traditional herbs and rituals. For example, I found during the discussion that all members knew and used a traditional herbal medicine called *hloenya* which is believed to purify the blood and the whole body system, and also to help women get rid of menstrual pains. The members discussed protective medicines *mehlabelo* and where they can be found. *Folabahleke* is believed to be capable of overcoming people's hatred and making them friendly. For example, these are the herbs that one group member was advised to use by some group members after she had discussed her problem with them expressing fear and helplessness. According to this group member, **Liabeng** her roommate used to come to their room very late at night and bother Liabeng while she was sleeping. One night Liabeng decided to lock her out and even blocked the key hole so that it would be impossible for the roommate to get in, as a result the roommate had to spend the night elsewhere. The next morning the roommate was very angry and made a threat: "*You will see me!*" (this expression in Sesotho has a double meaning, depending on the context in which it is being used. Other than the usual meaning, that which is similar to English meaning, it can also be used as a threat) Liabeng reported that two days later she found the roommate mixing some "black creamy stuff" in the room, which she immediately stashed away when she saw Liabeng. Since that time Liabeng reported that she had terrible headaches to an extent that she was unable to study, and she believed that the roommate was responsible for it. After using the herbs, as advised by some group members, Liabeng came back to the group a week later reporting that she felt better than she had done in a long time.

Protective Medicine Sesotho protective medicine acts both to guard against evil and misfortune and to restore or strengthen well-being. Despite a certain terminological parallel, such "protective" medicine lie in large part outside the realm of Euro-centric medicine, both theoretically and technologically. Their philosophical base emphasises the metaphysical rather than the scientific. Their

field of operations encompasses a sphere of human experience far greater than that claimed by Euro-centric medicine. Not only do Sesotho protective medicine function to serve good health, fertility, and sexual potency, all which exist within the purview of Euro-centric medicine, but they also operate to promote good family and community relationships. Although these medicines primarily serve to protect or sustain, they may also serve, in a sense, to cure. The Basotho, particularly today, do not necessarily maintain such protective medicine as a matter of course. Instead, they may elect to obtain or renew them only when a serious problem arises. Under these circumstances, the protective medicines prepared by the healer must act to secure the client's relief from existing difficulties as well as protect him or her against future ones.

Protective medicine include herbal ingredients but, in addition or instead, they often include the even more powerful mineral and animal elements. Since as previously noted, the power of Sesotho medicine is a reflection of their complexity, protective medicine, by virtue of their diverse components, represent the most powerful medicine. And in this fashion they are perceived by Basotho, who apply to them a different set of terms from those used for curative remedies. They refer to protective medicine as *lenaka or mehlabele*. In another sense, however, the terms have broader application for the Basotho, as one traditional healer explained, *all medicines which have as their purpose preventing evil or sustaining well-being, whatever their form are included*. When seeing a traditional healer the patient simply present a problem and it is up to the healer to diagnose the cause of the problem. The client is expectant and hopeful, but the insight into the problem and all curative powers are assumed to lie with the healer, not the client.

While the traditional healers admit the adequacy, and sometimes the superiority, of Euro-centric doctors in treating certain illnesses such as measles, typhoid or

flu, they also maintain that there are areas of problems which can be treated effectively only by traditional healers. As we have shown, problems placed in this category generally include those attributed to witchcraft or ancestral intervention. Since Euro-centric helpers do not understand these problems and their etiology, say the healers, they cannot be expected to adequately diagnose or treat them. So for those Basotho students who find themselves the victim of such problems, the traditional healer remains a culturally appropriate recourse.

CASE STUDY B

Facilitative exercises and educational discussion were employed with group B. These have been reported in the cross-cultural counselling literature as the methods which usually achieve tangible gains and demonstrable change with Euro-centric minorities (Sue and Sue 1972). Like in case study A, this group was helped through supportive and personal growth group-intervention aimed at better adjustment at the university. During the group sessions I encouraged the participants to freely express their feelings about themselves, their anxieties and concerns, frustrations and emotional reactions in interpersonal relations. That is, I tried to help each individual to work through personal problems by encouraging open discussions and limited confrontations. The objective was for this group intervention to serve against loneliness and confusion which the students experience, with me acting as a monitor, promoter and facilitator of relationships among members. The content of the group discussions was generally determined by me, especially at the beginning of the intervention, but the direction that each session took was directed by the group members who assisted and supported each other through sharing of ideas and ways of constructively dealing with barriers to better, healthier adaptation and adjustment. As time went on, the participants were also able to shape the direction of the group process by identifying the subjects of concern for themselves as Basotho students at the National University of Lesotho, and by attempting to collectively find solutions.

The evaluation of Euro-centric counselling techniques has shown that Euro-centric therapies are not readily or directly applicable to Basotho. However,

through the experience of working as group leader with African students at the University of Manitoba, in Canada (Tseki, 1993), I found the crucial factors for successful intervention to be that the group be relatively homogeneous and the group leader should share basic values, beliefs and norms with the group members.

In their work with refugees in America, Glassman and Skolnik (1984) realised that it was important for members to have an opportunity to belong to a group of people like themselves, a group which could offer support and friendship in a shared manner. The group behaved as a supportive family, looking for a growth of individual responsibility. In this group, members were encouraged to talk to each other and to share concerns and feelings of isolation and loneliness. This was done to maximise the chance of strengthening support and ties among the members. In addition, Papell and Rothman's (1980) mainstream model seems to have a very high potential for helping this group of Basotho students. In this model, each member of the group is assumed to have the potential power to make a difference in the group and that the exercise of this power could generate growth and change within the individual. This model, according to the authors is characterised by common goals and mutual aid among group members. It is more concerned with the need for each member to belong, and to establish bonds and capacities for identification. As Papell and Rothman note, the group members are seen as social learners, who expand their skills in social functioning through the group situation, that creates a supportive atmosphere which is characterised by reciprocity and mutual aid and the members of the group form a substitute community, which reduces isolation. Some principles which Hanmer and Statham (1988) have advocated as important when women counsellors are working with fellow women clients were also adapted. In particular the following guidelines were followed: relating to fellow Basotho as equals, finding ways to communicate, and exploring some choice and different ways of coping.

Basotho students at NUL present unique requirements for effective helping. As mentioned above, I used for intervention with this group a model which is based on the primary prevention scheme for work with South East Asian refugees in America, proposed by Owen (1985). This model is both self-exploratory and educative. It emphasised non-evaluative exploration and understanding of students' situation and concerns as Basotho students in an unfamiliar environment. Further, this model identifies the differences between these students' cultural norms and values and those of others at the university. The topics in the group sessions were presented in an informal format, in the form of discussion. The model also has an advantage because of its problem-solving nature, therefore it was more acceptable to Basotho than the individual or insight-oriented interventions. This model is more synchronistic with Basotho students' values and goals of education and learning and it lacks the threatening and stigmatising connotations that are usually associated with Euro-centric insight-oriented counselling. Effective primary prevention, according to Owen (1985), has the following requisites; it must be group oriented and not targeted at individuals, directed to people who are well, but at risk, and towards strengthening psychological health or towards reduction of psychological maladjustment and it must focus on the development of adjustment skill. I therefore adjusted and modified the Euro-centric model of counselling to suit Basotho clients with group B. Counselling Basotho requires not only an understanding of the theoretical and practical traditions of the counselling profession, but also an appreciation of the dynamics of Basotho culture and the social forces which impinge upon Basotho mental health and well-being. Basotho students' culture with its African origins is qualitatively different from Euro-centric culture. Therefore, the validity of theories and techniques grounded in Euro-centric cultural traditions had to be questioned when applied to counselling interaction with Basotho students.

Practical Work –What happened in the groups

This section analyses the group process of how two groups developed. According to Balgopal and Vassil (1983), this process refers to all the happenings within the group and to the intentional and communication patterns among all

members and between members and the group leader. Group process typically goes through five stages: (i) forming the groups, (ii) initial stage, (iii) transition, (iv) working and (v) end/results. These last three stages will be fully discussed here regarding the intervention with Basotho students.

Forming the Groups

The two stages which have been discussed previously (forming the groups and initial stage) typically involve drafting a detailed proposal, indicating objectives, goals and methods, attracting and recruiting group members, and then actually forming the groups, exploring members' expectations and establishing clarity about the goals and objectives of the study, discussing procedural details, which included what confidentiality is and why it was so important.

Transition Stage

According to the literature, for example Corey and Corey (1991), and Papell and Rothman (1980), the transition stage is characterised by high anxiety for the individual members, and for the group as a whole. Leadership is challenged and goals and activities are questioned. However, in this intervention, from the beginning members of group B in particular interacted very well with each other; they did not seem to be inhibited in any way. They seemed very motivated to become active group participants, by discussing their problems related to the academic work freely. With group A, the members took some time to admit that they personally practice some aspects of traditional healing, for example, Morena (mentioned on page 156) took sometime to admit about his talisman. This is believed to be due to the fact that there has always been a stigma attached to traditional healing, traditional beliefs were portrayed as barbaric by the colonisers and missionaries, to an extent that those who publicly admitted that they employed them were ridiculed. As we have seen in the previous chapter, all group A members' problems were related to witchcraft. Employment of traditional healers was therefore always done in secret. But, once the group members realised that their experiences and the problems they had were shared by other members of the group, they were then able to open up and disclose enough for the purpose and goals of the group.

They started to talk freely about their experiences, beliefs and values. It is believed that the members of group B conceptualised the group as something new and different for which they had to learn the rules and this somehow aroused their interest. Whereas, group A found the situation familiar to what they are used to with traditional healers, except that in this intervention situation they were expected to talk about their problems in the presence of "strangers", which they never do in their own traditional system. This may be the reason why this group took sometime to discuss their personal problems; that is, at first they were talking about witchcraft and traditional healing in general terms, for example, who they are and what they are supposed to do. After a while members in both groups started talking about their personal experiences and showed caring and concern towards each other.

At this stage, members in each group seemed to be in agreement. For example, the members of group B in accordance with the style of intervention (non-traditional), blamed mostly the university system and the different life style at the university for their problems at the university, while members of group A also following their style of intervention blamed mostly the witchcraft for their problems. (It should be noted however that despite these differences none of the group members blamed themselves for not being able to adjust in the new environment). The common beliefs in the groups helped to develop and sustain the high level of cohesion in the groups. Since, the main problem for members in both groups was the feeling of loneliness and isolation, this "togetherness" enhanced the feelings of belonging. In order to illustrate and make the members aware of the difficulties of perceiving life in another culture once they had become accustomed to a different one, I asked each member to describe an event that happened to themselves at the university which they believed illustrated a misunderstanding that took place because of differing cultural attitudes, beliefs or values. The purpose of this exercise was to heighten awareness of the differences between the university and home culture and to recognise the implications of transferring attitudes and beliefs from the old to a new culture.

Most Basotho students, as we have seen, have no convincing sense of their own identity once they are released into an environment where there is nobody to tell precisely what to do and nobody to provide them with an instant assessment of how they are doing. Left their own devices they are unable to plan their lives realistically and without the support and encouragement of family members. So as a group leader, I tried to fully understand the dynamics of a group during this period. I was aware that coming to the university for Basotho students is an event, an experience so powerful and transforming that nothing could ever be the same again. And that these people sustain themselves through a difficult transition. It was therefore helpful to consider some of the most common metaphors for change, one could add a long list of such terms which would include: socialisation, defensiveness, resistance, the fear of making a fool of oneself, the fear of rejection, the fear of losing control, and the fear of self disclosure. There were clearly many different ways of conceiving the process with these people, some of which may be better than others. As we have seen Thabo, for example, in the previous chapter, Basotho students have the notion that if they have problems someone is responsible for that. They do not have the notion that they can solve their problems by talking with a counsellor. Their anxiety arise from internal factors: "I am really afraid to go any further for fear of what I'll find out about myself", as well as external ones, "I am afraid to tell by problems to these people who could be so judgmental" they are inhibited by what others in the group think of them, and how they may judge them. It was the choice of the members in both groups to determine what and how much they share. I was aware that talking about personal problems to "strangers" is not a common thing with Basotho. These people in this case were almost literally being asked to grow up and be independent over night, and they found, not surprisingly, that they do not possess the resources for accomplishing so prodigious a feat. Therefore, these students needed every encouragement to explore their feelings, to establish relationships in depth with their contemporaries, and to face honestly the confusing array of moral and philosophical models with which contemporary society presents them.

Group process involves the stages that groups tend to go through, each characterised by certain feelings and behaviour. As members get to know one another, there is a feeling of anxiety. But if things go well, however, the members learn to trust one another and the group leader, they begin to openly express feelings, thoughts and reactions. Group process involves activities such as establishing ways of solving problems and learning to express conflict openly. Family group therapy, on the other hand, assumes that the disturbed individual is a symptom of a disturbed family situation, and directs its attention towards the interpersonal interaction and communication between family members. Family members connected to a large kinship network- such as the Basotho- assume responsibility for dealing with troubled kin. Family group therapy, where possible, is an approach that makes a good deal of sense. Attneave (1969) recommends that counsellors and therapists account for the social and network characteristics of Indian families and involve kin members in the counselling process.

Working Stage

One session (for each group) started with members discussing what they needed to do following the intervention in order to feel better adjusted to the university environment. The discussions then began with exchanging ideas about what members could do to make life better for themselves. It is common knowledge, and surprising, that in an effort to resolve tension, these students employ a *ngaka* traditional healer, who serves the dual purpose of strengthening the student by magic and ritual power. In Group A, the members talked about the problems that they encounter as Basotho students, which would normally be dealt with by the family and traditional healers if the members were still at home. They discussed the possible role of these healers at the university, and also about the way traditional healing is viewed by "educated people" on campus. I invited a traditional healer (Mr. Tuoane), who is also a member of *Lesotho Universal Medical-man and Herbalist* council to come to talk and explain whatever he could about traditional healing to the group members. (We were aware that traditional healing process is normally secretive and could not be fully done in front of people who are not relatives).

However, he was able to explain himself on the following pertinent issues: the importance of traditional healing to Basotho, how the healers could be contacted in times of need by NUL students, explanation of witchcraft and the ancestors, who they are and what happens if they are ignored or forgotten. We spent about four hours with Mr. Tuoane who is a Lethuela (Sankoma) participating in the practice of healing rituals. He began with me (the group leader), followed by two more group members. The ritual started with the offering of 1M coin and signing of the cross. He later explained that the coin points the direction for the client, and the healer interprets from that direction. He held the client wrist in one of his hands and held what he called a holy stick in his other hand. He talked softly to the client, with his eyes closed most of the time. After a while he (let go) released the wrist but kept talking with his hand at the side of his face. During respective turns, he told each of us health-threatening symptoms as well as other quality of life issues conveyed to him by the ancestors. The ancestors recommended treatments, including taking medicines to cause purging and having enemas. When we asked about further guidance, he offered herbs for use in bath water to become more loveable and an herb to help talk with our supervisors or bosses - so that what we might say in a work environment would make sense. We asked Mr. Tuoane about the use of his mirror. He explained that it is used when there is a big problem, like something very important is stolen or lost. The purpose is to get some direction. He gave an example of a man who had come to him the previous week, he had lost a cow. After taking a particular herb, he could look in the mirror and see where his possession was. Apparently it is after ingesting the herb and while engaged in the healing ritual that the person is able to see.

With this group, as we have shown in the group leader's role, it was necessary for me as the group leader to get involved in the activities by appearing more knowledgeable, as is the norm for Basotho healers. As a Mosotho, I was able to interact with the group members in a manner akin to a healer exerting his authority over the recipients of his power. The communication was at a cultural level that is almost inimitable for someone who is not a Mosotho. All in all, the members summarised their group experience as discovery and awareness;

and that they realised through this experience that coming to the university does not necessarily mean being ashamed of one's culture and beliefs.

With the group B, since students have grown used to doing things in "Basotho way" (i.e. the way things are done back home), it was expected that it would be very difficult for them to accept the different approach. During this initial period, the group leader provided enough stimulation and challenge necessary for the members to recognise their own patterns of "defensiveness" (rejecting criticisms of oneself) and also for them to realise that they were now in charge of their own lives. As mentioned, the members had focused their frustration and blame for their problems on others. Based on the principles of group therapy (e.g. Corey and Corey, 1992), I felt that if members stopped blaming others, (e.g. university administration for food, man-power for finances and lecturers for work) and started accepting responsibility, they would start to be in control and more able to make the necessary changes in their lives. For the change to occur, participants were made aware that they would need to formulate plans and strategies which they would employ in their lives following the interventions. Therefore, the members in the group focused mainly on identifying the problems which they face at the university as Basotho students. Because the members of the group had common problems, the group was used as a support system. I helped the members define the problems and issues that were of concern for them, and they were encouraged to try to help each other deal with the problems they had identified. I invited a specialist (Euro-centric trained counsellor), who worked at Mohlomi Psychiatric Hospital (the only psychiatric hospital in Lesotho) to talk and discuss with the group members the process of *transition* (i.e. how to cope with change). During this discussion the focus was mostly on university life and loneliness associated with being away from home. She told us that the hospital worked out a compromise with the traditional healers- that they do not come to the hospital. She said that they convinced the traditional healers that they (i.e. the hospital) only treat symptoms. She told us of a 30-year-old male who had been admitted the previous night. His mental status had been assessed, and that his chart indicated one previous admission for epilepsy. He apparently had

absconded and his mother brought him back to Mohlomi. The chart reported abnormal behaviour, physical aggression and verbal aggression. He reportedly wanted to be taken to a traditional healer complaining that the doctors at the hospital are useless, that they cannot cure him, and that he knows who is doing this to him- a witch at home. This shows again how most Basotho people have faith with traditional healers, to an extent that they could leave the Euro-centric practitioner to go to a traditional healer.

Ending the Groups

On the last day of the interventions the group members had an opportunity to evaluate and clarify the meaning of the whole group experiences for themselves, and to consolidate the gains they had made. The group members were given a post-test at this point (appendix 5). Unlike the pre-test, the post-test was composed of questions which were more exploratory in nature, in that they needed long and elaborate responses through which members could express their feelings about the interventions and their outcomes. It was important to learn at this point how successful the intervention had been. The responses involved free and unstructured discussion of the things the members liked and those which they did not like about the group interventions, and the personal changes in which members were likely to engage after the interventions. Most of the problems identified by group B were more related to academic issues, whereas those identified by group A were more cultural and social in nature. This observation suggests that the Basotho university students feel that Euro-centric counselling techniques are more helpful towards resolving academic or vocational problems (university-work related), while traditional techniques are useful in resolving personal and social problems. This may be so, because educational or vocational concerns are associated with Euro-centric culture, and traditional healers are not used to this type of environment, while personal problems are related to everyday living (values and beliefs), and as a result, they can be better handled by someone who knows and understands the culture, as traditional healers do. In fact, members from both groups had indicated that for personal problems they would seek help from their family members rather than a counsellor, if they were at home, or near their families.

In addition, the members in both groups reported that they rarely sought help from the university counselling service. They reported that this was because they and many other students associate this service with serious mental problems. Some members reported that they had never been to the counselling service unit even though they admitted having had some problems. Some confessed that they did not even know where the counselling service unit is located. This intervention therefore provided very important insights regarding the preference of Basotho students for helpers. In general, the group members summarised their group experience as “discovery”, that they realised that coming to the university did not necessarily mean the end of one’s cultural values and beliefs. As one group member remarked about her group experience, that until this time, she was not able to admit her beliefs in witchcraft, since this might have been seen as old fashioned. In general, the intervention provided a venue, an appropriate place where the members were “allowed” to experience their feelings and to talk about them freely. The intervention made the group members think seriously about their current positions and made them realise that while they are away from their families as such it is really up to them to make life tolerable while they are at the university.

Changes that occurred as a consequence of the group work

All in all, the group interventions managed to create an environment in which the members became aware that there were other students who were experiencing similar problems. They also realised that talking about their common hardships, sharing with others and looking for solutions together was a great help. They believed that through these interventions and sharing their problems with others like themselves, they had gained courage and strength to direct and turn their lives around while they were at the university. The members talked of plans to form their own groups with the help of the counselling service unit, to continue where these group interventions had left

off. These groups, they believed, would help to create the feelings of belonging, and also to provide a forum where they could discuss and find solutions to problems which they might encounter in future while they are still at the university, and also to pass their group experiences to others, particularly the new incoming Basotho students.

Results

Evidence suggests that Basotho university students who do seek counselling may do so over different concerns than those of their Euro-centric counterparts. The records of counselling Service at NUL show that the most common stressful events in this population that is referred to the counselling service were academic related, for example, personal pressure to get good grades, fear of failure, fear of losing financial aid, difficulties in receiving financial aid and pressure to succeed. These findings of research on reasons that Basotho students seek counselling, attribute that what they view as most salient, can aid in the reform of counselling service at NUL (National university of Lesotho-Counselling Service Unit 1995). It seems to me that traditional healers services will continue to be patronised in the area of social and psychological problems. Students at NUL will continue to require the services of traditional healers', for example, in cases of spirit possession, witchcraft, and in ego personality disorders, so long as modern medicines has de-emphasised its efforts in finding answers to these problems, the functional prerequisite of traditional medicine would not be circumscribed. Traditional healers' services will be sought. However, in the area of acute physical ills, modern, Euro-centric medical treatment will be sought. It is the policy of the government to subject herbal, traditional medicine to scientific testing. This will somehow help to improve the quality of traditional medical preparations. It will also help to eliminate quacks from the practice of traditional healing. Modern health care systems in Lesotho, like in other African countries, are unevenly distributed. The bulk of the Euro-centric services is located in urban areas; lack of manpower supply, difficulty in posting modern health practitioners to rural

areas and lack of funds in building more clinics and hospitals in all parts of the country have necessitated the need to collaborate with traditional healers in finding the best solution in providing health care for the majority of the people. As a result of this recognition, I support the government of Lesotho in its attempt to reach the majority of the people in the country with health care by trying to enforce improvement in the services of traditional healers.

The outcome of this research work indicates that Basotho University Students need to operate in a way that Loye and Ryan (1982) call *bicultural*. According to the authors, these are people who are for the most part accepted by the dominant society, yet they also know and accept their tribal traditions and culture. They can then move in either direction from traditional society to dominant society with ease. This seems to lead to greater cognitive functioning and self actualisation. In reality, there are division of roles within the family in Lesotho, where the father is a provider while the mother cares for the home and the family, carrying the role which to Basotho I was performing in the group sessions. As shown, family counselling has been identified as one of the fastest-growing field in psychology today, and it is the most common and relevant to Africans. This is the reason why this approach was adapted for this research work (the importance of group methods and belonging to the group therefore it was important to structure the counselling methods to fit this family functioning) The issues which were discussed in group work are usually done in the family with the one in charge being the mother. The students were already familiar with this method (the groups) of dealing with problems. The family extends to community, and the community becomes the family.

Traditional healing considers clients in holistic relationship to their environment.

As I began to process the emerging data, and to informally analysed what I was finding, I began to see more clearly how “problems” are socially constructed differently in different cultures. As my awareness increased on the issue of adjustment itself, I also began to see clearly the implications of counselling services that had been designed for one cultural context being transplanted into a different context, where these had little or no point of reference. I began to pick up cues as to what impending disaster that might have for an indigenous culture reliant on traditional healers as the point of entry into the health care system. The services being transplanted were not only highly Euro-centric, but tended to exclude any notion of co-operation with the traditional healers, even though as shown, other areas in the biomedical health care arena had adopted policies of collaboration with the traditional healers. I continued to observe situations that fed into the notion that counselling must take cultural contexts into account. A clear awareness of one’s cultural heritage helps to achieve a sense of identity. The everyday beliefs and ways of doing things of a particular group become more understandable when the past is taken into account. It provides a time dimension to the understanding of the changes taking place in the everyday lives of the people.

Through this intervention I realised that because of their Euro-centric training, counsellors at the National University of Lesotho believe that they could best

help Basotho students by helping them adjust to Euro-centric value system. But as noted through this study, the Basotho students' approach to psychology assigns importance to healers and therapists as value keepers for the society. The current NUL counselling service operates primarily on a scarcity paradigm regarding mental health resources with Euro-centric trained specialists being considered the only valid helpers. Data provided in this work clearly threw light on three main points:

(1) That clients at the NUL go to see traditional healers mainly with social and psychological problems.

(2) That clients at the NUL go to see Euro-centric trained counsellors mainly with academic problems.

(3) That the competition between the Euro-centric trained counsellors and the traditional healers is very high.

CHAPTER 7:TOWARDS A CULTURALLY APPROPRIATE MODEL

The purpose of this chapter is first, to present and discuss the recommendations for helping Basotho university students at the National University of Lesotho, based on the findings of this intervention and the suggestions made by the group members. Secondly, the conclusions which have been drawn regarding the adjustment problems faced by this group will be discussed, and finally, the observations, problems and personal enrichment and learning which were provided by this case study research will also be presented that is whether Euro-centric counselling should be modified to better accommodate Basotho students expectations of counselling.

Issues

The central Question is whether counselling, as it is known in Euro-centric societies, is appropriate or even effective in helping people from different cultures? A pertinent Subsidiary question is could the Basotho culturally based helping techniques be more effective with Basotho University Students than Euro-centric oriented counselling intervention? Other Problems include the realisation that a few Basotho have sought counsellor education degrees at the graduate level, however, the degrees have been obtained in Europe or North America, within the cultural context of industrialised societies. It is reasonable to assume that little , if any, of their training was culturally specific to the sesotho context. Therefore, Basotho trained at the graduate level have returned to Lesotho with skills that were developed in response to problems that exist in industrialised societies. They do not necessarily possess the skills to generalise or adapt their training to the needs of a developing country such as Lesotho since there are no indigenious counsellors education programs available in Lesotho, there are no formal academic opportunities to learn counselling skills as they apply to the sesotho context. It is not merely an issue of “translating” counselling skills from one society to another or of “adapting” to the values of another culture, the issue of differently inflected ethical contexts must be considered.

Recommendations

The primary aim of this group intervention was to compare the effectiveness of the Euro-centric counselling techniques across the Basotho traditional healing methods when adapted and applied to Basotho university students. In order to make this comparison, I had to identify the problems which the Basotho university students encounter while they are at the University that interfere with their academic and learning process, and to find the best ways and means of dealing with and overcoming these problems, using either Euro-centric counselling or Basotho traditional techniques, depending on the group. From the group sessions, two main observations became evident: first, the experience of being able to sit down and discuss common problems with Basotho students and provide personal and social support to those who are experiencing similar problems was helpful and needs to be continued. Second, as well as the usual problems that are faced by people living in an unfamiliar environment, most Basotho students felt that they experienced other problems related to witchcraft and ancestors which could only be dealt with by traditional healers.

This research intervention provided me with a chance to know and share personal and social concerns with fellow Basotho. It also provided a challenge for me as a student counsellor to make sure that they get the special and relevant help which they so much needed even after this intervention had terminated. I realised that even though as a counsellor I could do little to replace the loss of homes and families, there was still much to do in order to change the situation in which they were living and studying. We realised, from both groups, that because of the absence of the family members within the university and because of the "academic problems" the students encounter, Euro-centric counselling techniques were seen as very important for all students. Therefore I

and the group members worked together to search for meaning in their present difficulties, and to clarify personal values and goals. This research intervention offered a safe environment in which group members were, for the first time, honest with themselves and were able to get in touch with their deep pain and feelings of loneliness.

Throughout this intervention all individual group members were able to realise that they were not alone anymore, and were enabled to deal with their loneliness and isolation. The intervention created an environment in which they became aware that there were other people who were experiencing similar pain. They also realised that talking about it, sharing with others like themselves, and looking for solutions together may be of great help. This discovery has been the main positive outcome of the intervention. The group, therefore, decided to continue similar group discussion under the auspices of the Counselling Service Unit. This intervention made it possible for me to realise that Basotho students at the National University of Lesotho are a group of people with special needs, and that there had to be some changes or additions to the usual services provided by the Counselling Service. The experience has also given me an opportunity to develop culturally appropriate methods of intervention for Basotho students. It helped me to broaden my understanding of intervention beyond narrowly defined methods and content. I learned through this intervention that different populations need and respond to diverse styles of intervention, and that Basotho, because of their cultural values and the way they perceive formal help (learned-western techniques), may respond better to less formal (social traditional techniques) means of intervention. In fact, the informal interaction that took place between the group leader (where the group leader was actively involved and acted as "one of us") and the members contributed greatly to the success of this intervention.

Based on the outcome of this research intervention, I feel that in order to help Basotho university students, the counselling service unit should provide some group programs aimed specifically to reconcile the Euro-centric techniques (demanded by the new environment in which the students now live) and

their cultural and social values. Before this intervention took place, the counsellors at the National University of Lesotho had been employing Euro-centric based counselling styles and techniques to the students indiscriminately. It never occurred to them that there might be other techniques, such as traditional healing, which would work better for the students for particular problems. To provide appropriate helping techniques to the students (the people to whom this counselling service is aimed), the students themselves need to be involved in the planning and development of the helping programs. This, I believe, would increase the chances of such programs being effective. In this way, the people for whom the programs are intended are actively involved in their development, and can become aware of them, and readily identify with them. In addition, the university counsellors themselves should make a conscious effort to provide relevant counselling by incorporating culturally relevant therapy. A view was also expressed, in both groups, that the university counsellors and traditional healers must sit down to work out areas of co-operation when it comes to university students. Because of the absence of the family members within the university campus and because of the "academic problems" (which is a symptom) the students encounter, Euro-centric counselling techniques were seen as very important. Counselling and therapy programs at NUL should revise their present curriculum to include the impact of cultural environment and contextual effects on Basotho students behaviour. Topics on social influence variables, appropriate problems for presentation in therapy, styles of therapeutic communication, and the personal attributes of the helper should be included. In fact verbal response style – the preferred means of establishing rapport and trust (that is, beneficiaries not only take decisions but initiate actions by themselves) with clients that is taught in many Euro-centric counsellor training programs – Decision making- a higher level of participation in which decisions are taken by the clients themselves and that beneficiaries not only take decisions but initiate actions by themselves- was found counterproductive not just for Basotho students but was considered questionably effective for most Africans.

As Wolfgang (1975) has realised with Canadian international students, and as I realised in this intervention that Basotho university students need to be

encouraged to take pride in their own culture, and also try to learn as much as possible from other cultures. As I have noted, the university environment where these students live, constitutes a different culture: a mixture of values and beliefs, the awareness of which might help the students to cope better in the absence of their families and other support systems. Thus, the role of students while on campus is not only to learn how to cope, but also to learn from other cultures and people, to help by teaching and exposing non-Basotho people to the Basotho culture. In so doing, they will make the university campus richer in knowledge, and also a better place to live and pursue their academic goals. They can achieve all these if they first learn to appreciate their own cultural heritage and thereby in time develop an appreciative awareness of other cultures.

With Basotho, healing has always served to reaffirm cultural values and consider the individual in the context of the family. Based on group A's experiences it became clear that in seeking assistance from a counsellor/healer, a value-free environment which is recommended for Euro-centric counselling, is not appropriate for Basotho, and contradicts their expectations or needs. Instead, the Basotho typically want someone to help them assert and reinforce their traditional value system and define the problem within the context of that framework. This means that when helping Basotho students, counsellors may need to change or correct the biases of Euro-centric therapies in order to create a fair and effective counselling environment. It is also important that when counsellors apply the Euro-centric techniques with Basotho students, they take care to ensure they select strategies that are compatible with the client's experiences, expectations and needs. Within this context, the counsellors at the National University of Lesotho could use other members in the group as a support system for students having various social problems. The group members in this manner can function and play the role of the extended families.

Counselling has an important role to play in the reorganisation and rebuilding of socio-political and economic structures as well as the cultural heritage of Africans. But as Osei-Hwedie (1993) argues, and also as I have seen with these groups of Basotho students, in order for counselling to be effective it has

to shed its foreign character and redefine its central focus and value bases. As I have discovered, there is a huge gap between Euro-centric counselling theory and Basotho counselling needs. Basotho university counsellors have to rethink their strategies and in the process, pay particular attention to the rich “counselling” heritage which Basotho have and select that which neutralises the Euro-centric techniques’ influence on the cultural ethos so that their practices can be effective. It is important to properly ascertain what resources and skills the Basotho possess through their cultural heritage and then determine what techniques have developed for the Basotho now living in a “Euro-centric oriented environment” and what processes and procedure can be borrowed from others. The approach has been thus far to change the student so he/she can fit the institutional environment. Very little has been done to tailor the counselling programmes to the students’ cultural backgrounds. The time has now come to develop counselling programmes which will be consonant with the students’ cultural values. The task of counsellors at the University is to find ways to incorporate cultural dynamics into the students helping process, so their lives are not unduly disturbed by coming to the University.

Family relationships and spiritualism (i.e the doctrine that the spirit surviving after the death of the body, can communicate with persons still living), are two very important factors in the cultural dynamics equation that need to be carefully evaluated in counselling interaction with Basotho university students. Culturally responsive practices must include an understanding and appreciation of these two aspects that foster social and mental health, and how they can be replaced in the university environment. I have shown again and again, problems which involve coping and living (the type of problems a counsellor typically deals with), are handled usually by the family network and are only referred to an outside helper in extreme cases. At the same time Euro-centric techniques of therapy have proved reliable in helping those who are having academic problems. I believe that these techniques can still provide some help in the absence of families for Basotho students, therefore they must still be adapted. We are aware that the self-focus of most Euro-centric counselling emphasises immediate experience and intrapsychic process for personal change rather than

consideration of social causes of illness (or problems) and issues of community cohesion. Therefore I recommend that in collaboration, Euro-centric oriented counsellors should treat symptoms, and the Basotho traditional support system would function to manage secondary anxiety or existential value-laden issues.

The National University of Lesotho needs to realise and to take cognisance of the fact that for the majority of students, traditional healers are still very important. While it may not be possible to arrive at the total synthesis of the two differing ideologies, university counsellors should work with these healers in trying to help clients. It is very important for a counsellor to assess the nature of maladaptive behaviour in the client's socio-cultural context. The counsellor needs to emphasise the client's conception of behaviour and the use of appropriate social influence agents such as traditional healers. These counsellors need to go beyond their Euro-centric training and be aware that tradition forms an important part of students' lives and social network. There needs to be provision for incorporating local knowledge in the helping of Basotho students.

Counselling intervention for Basotho students ought to be conducted within the context of, and within an appreciation for, their culture. I first have to define "counselling" in Sesotho context and conceptualise an appropriate mission which captures the students' changing world views. Based on the outcome of this research. I argue that due to the failure of the modern Euro-centric techniques in healing certain ills and social problems, it is possible that traditional healing needs to be re-awakened and supported to perform crucial social and clinical functions. In fact, it is clear that so long as the majority of the people in Lesotho share these traditional beliefs and views, traditional healing will never fade away. Therefore, it should still be encouraged.

The Basotho traditional healing is an indigenous institution that counselling professionals at the University can turn to in providing help to their clients. Therefore I suggest some form of co-operation where possible between traditional and Euro-centric oriented techniques, by making Basotho healers a

recognised part of the helping system at the university, and thus ensuring that the best of both systems is utilised. The counsellor should find out or establish modalities and strategies by which she can work with the traditional healers to help the university students. She/he may have to accept the authority endowed with these experts on spirits (holy ghosts).

When many students “migrate” to the university, they tend to lose their traditional models and images, and this may exacerbate their feelings of psychological vulnerability. Suddenly, a university counsellor, rather than the elderly or traditional healer deals with an individual rather than with the extended family, although the meaning of tradition (witchcraft, ancestors and spirits) is still well ingrained. Therefore to alleviate the feeling of being caught between two cultures for the Basotho students, who are emotionally isolated at the university, the counsellor can provide support for preserving what is strong and enduring from the history and family in Basotho culture (emic) especially when it comes to personal problems, while continuing to adapt to the technology and progress of the Euro-centric know-how, such as problems with academic work (etic). Emic refers to the viewing of data in terms indigenous or unique to the culture in question, and etic, to viewing them in light of categories and concepts external to the culture but universal in applicability (Draguns 1976 p2).

The sensitivity of traditional healers to the local social situation gives them advantages in healing that Euro-centric trained practitioners do not have. There should be a complementary relationship or reciprocal appreciation of both Euro-centric therapy and Basotho traditional healing. As a step towards collaborative work, there should be an establishment of periodic consultations and freely reciprocal referral systems between these practitioners belonging to the two cultural domains in order to share and discuss views and experiences. In fact Mr. Tuoane, chairman of the Traditional Healers Association, when talking with me hailed the government for recognising traditional healers and called for further co-operation and exchange of ideas between them and those working in other government institutions.

The Cultural Model of Counselling for University Students

This research has traced the under-use of the current university service by Basotho students and explored their preference for more traditional forms of healing lodged in magical beliefs about the spiritual world. The problem of under-use is tied directly to perceived differences in value orientation between Euro-centric trained counsellors and potential Basotho clients and different beliefs about the etiology of the problems and the most effective way to deal with them. Whatever reasons are given to explain the under-use phenomenon, the point remains that counselling services for Basotho students are not being used to their fullest. For example, in the 1994-95 academic year, only twenty-four students came for help at the University Counselling Service Unit from a population of over 2000. Almost all of these students came with what might be called academic problems.

The problems of under-use and counsellor incapability persist at the National University of Lesotho. At a much broader level, there is an increasing need for more research in the area of Basotho mental health, especially in counsellor effectiveness and in prevention. The need also exists for more culturally appropriate counsellor education and training. Compared to students in other African universities, students at the National University of Lesotho have been most neglected in the mental health field. In the past few years scant progress has been made in the training of Basotho in the social and behavioural sciences in general and much less in counselling. The research oriented literature concerning the counselling process with Basotho is extremely scanty and at best inconsistent. It appears to raise far more questions than answers. Basotho university students (especially those in group A) also rated counsellors as more credible when they used a culturally relevant counselling style when dealing with personal and social problems, than when counsellors used Euro-centric counselling style.

Within the context of the university community there are a number of informal and formal resource networks that a student can draw on and so acquire some forms of mental health related assistance. Community-resource persons typically

comprise the informal network, whereas services provided by the Lesotho Guidance and Counselling Association comprise the formal network (of which I am part). Traditional healers comprise yet another network. Each one of the service networks meets local mental health needs with varying degrees of efficiency and success. It is essential that a counsellor understands the nature and complexity of the networks, especially if a particular network is not generating positive outcome for the specific clientele.

The results of this research emphasised the importance of persistent forms of traditional healing approaches in providing a uniquely valuable form of intervention in matters involving emotional and behavioural problems. Although the context and content of a traditional healer's practice is typically guarded in secrecy, as it was earlier shown, the fact that they are successful with certain ills of participants points up their perceived importance and persistence despite efforts on the part of the missionaries and foreign government representatives to eradicate them. In many Basotho communities, the use of healers is a priority that supersedes by a wide margin considerations given to all other forms of clinical treatment as shown by the responses and reports I got through interviewing people in the communities.

As I have shown, most of the literature in cross-cultural counselling recommended that counsellors attempt to understand the "cultural context" in which a client's problem may have occurred. Familial patterns, peer-group orientations, socialisation emphasis, tribal and ethnic identification are a few "social ecological" processes - a branch of biology concerned with the relation between organisms and their environment - (Gill, 1994) that should be understood in order to promote empathy effectively. That is, contracting values, especially, the salience of relationships with family and friends and the responsibilities those relationships carry for the individual (Thomas, 1985). It became evident in this research that I needed to be aware that many Basotho clients simply do not know what is expected of them; the notion of what constitutes "good" client behaviour may never have occurred to them. Basotho clients are likely to appear relatively passive. To promote an effective cultural

model of counselling that bridges traditional ways and Euro-centric style aspirations, the counsellor may have to be creative in getting the client more actively involved in the counselling process. Effective counsellors of Basotho clients must be adaptive and fluid in their orientation. Knowledge of the cultural context and individual characteristics are based on eager commitment to understand the essence of the social ecology of Basotho communities. This involves extending oneself to go beyond the immediate counselling setting and explore the context in which problems may have occurred.

This study has indicated that more research is needed to identify a balance between the strengths and weakness of both indigenous and conventional counselling systems. Counselling can be effective with Basotho university students if counsellors are equipped with the knowledge and skills required to understand the social ecology of Basotho and the culture of origin that a Basotho client brings to the counselling setting. Regardless of Euro-centric influence and changes in their lives, the persistence of tribal values, customs, ways of relating are still very strong among the Basotho. In fact, confusion which arises because of this very situation is often the source of problems referred for counselling or to other resources for help.

The nature of the traditional medical philosophy in the traditional health delivery system does not always distinguish illness and social problems according to various physiological systems as the modern Euro-centric system does. The Basotho traditional healer perceives a person as a whole. One major difference between Euro-centric therapy and the Basotho traditional healing is that none of the Basotho healing factors involves the client's insight into his/her own deeper motives with resulting expansion of self-awareness and presumably personality maturation, unlike with Euro-centric therapies. With Basotho, treatment usually includes physical, psychological, social and spiritual elements. The use of herbal medicine by the client may also be accompanied by some rituals to add

another element besides pure pharmacology. This element may be psychological or spiritual.

As Asuni (1979) realises, efforts to apply the concept and practice of Euro-centric deep-insight psychotherapeutic techniques by Euro-centric-trained psychiatrists on African clients have frequently not proved successful even though there are some elements of psychoanalytic theory (*a technique of psychotherapy which renders conscious the contents of the unconscious mind through a dialogue between client and helper: Freudian conception*) that has been observed in some Africans. These elements have not proved useful in therapy and appear to be more of theoretical and academic than therapeutic interest and significance. It is doubtful if the psychotherapeutic technique of the west is applicable to Africa, except for highly Eurocentricised Africans with a deeply internalised Euro-centric culture.

CONCLUSIONS

The primary finding of this research is that counsellors at the National University of Lesotho must acquaint themselves with, and apply culturally-sanctioned and accepted values, in order to promote a mentally healthy university environment that helps Basotho students. Furthermore, consultation with traditional healers, even if only informally, will aid in interpreting underlying values and beliefs. I believe that knowledge and understanding of traditional beliefs will enhance counsellors' empathy and give dignity to the beliefs of this group as well as enhancing the therapist-client relationship. I tend to agree with Torrey (1972) who pointed out that the techniques used by Euro-centric therapists and counsellors are neither more nor less "scientific" or magical than those used by traditional healers, and that counsellors may have much to learn from these healers. Again, as Ross and Lwanga (1991) argue, we need to ask ourselves whether the facts really matter: that is, if a group member believed that he did well in his studies at the university because he was "protected", as long as this belief encouraged or supported him enough to continue to do well and pass his exams. Traditional healing has been

“preserved” by African nations as an institution that has acted as a point of resistance to a wave of foreign invaders (Mbiti 1979). The persistence and continuation of the use of these methods were enabled by the fact that colonisation was not successful in eradicating all of the traditional ways. People continue to practice the old ways. There has been a renewed interest in applying these methods of healing and helping with the Basotho people. Thus, the wealth of therapeutic knowledge embodied in Basotho traditional healing is once again beginning to be appreciated. This far I have outlined three basic strategies for effective transcultural therapy with Basotho University students. First, making traditional healing more accessible to university students, second, selecting culturally appropriate therapy techniques and orientations and third, integrating traditional healing methods with culturally appropriate therapy to develop a progressive yet culturally consistent therapeutic process.

Basotho students, unlike the Euro-centrics, expect to assume a more passive role in counselling and expect the counsellor to be a more directive and nurturing figure. They may find themselves with problems they never encountered at home. They may feel strange and also that something is quite wrong with them. Talking to these students about culture shock, the adjustment process and the stress that is encountered when they try to adapt to a different environment can help them see their feelings as part of the natural process of adaptation. That is, it is important for counsellors to explore their clients’ expectations of counselling in order to respond to appropriately to their clients’ needs.

As we have seen Euro-centric approaches to counselling (as they are) might not apply readily to a Mosotho student who is convinced that a witch from home is the source of his problems. The group intervention conducted in this work suggested that a Mosotho university student regardless of his or her level of sophistication (in the Euro-centric sense) has strong beliefs in witchcraft and the powers of the ancestors, and that only traditional healers have the power to deal with problems caused by these supernatural forces. These beliefs are important sources of psychological support. They are indigenous therapeutic means for dealing with psychological distress and behavioural problems. The

findings of this research therefore, lend credence to the notion that counselling in Lesotho may assume a respectable status if the influence of traditional healing is considered a crucial factor that needs to be incorporated in the helping process. Traditional beliefs, as I have shown, influence almost all aspects of human development and interaction.

Presently, counselling at the National University of Lesotho is heavily influenced by Euro-centric theory and no meaningful attempts have been made to ensure that the profession fits into the cultural, social, economic and political environment in which it operates (Osei - Hwedie, 1993). Wohl (1989) concludes that helpers need to have culturally defined therapeutic qualities and to conduct themselves as their clientele expects. As I have indicated, different beliefs about the etiology of the problem may also imply a different effective way to deal with it. As Henley and Furnham (1968) have shown, belief regarding the cause of problems and the cause of cure are major influences on help seeking behaviour and on response to help. Basotho generally believe that their problems are caused by someone else. The emphasis is placed on the context of the problem. Hence, psychotherapy as it is practised in the Euro-centric world is not a viable mode of solution. That is, conventional counselling may be totally ineffective for someone who believes that their "psychological" problems are the result of witchcraft or conflict with the ancestors.

As Albert (1970) argues, adherence to a cohesive set of philosophical assumptions creates a conceptual system, a world view, a pattern of beliefs and values that define a way of life and a world in which individuals act, judge, decide and solve their problems. It is this conceptual framework that represents the deep structure of culture and is reflected in the surface level of culture. Counselling Basotho students requires not only *an understanding of the traditional Euro-centric theoretical and practical principles of the counselling profession*, but an appreciation of the dynamics of Basotho culture and the societal forces which impinge upon their mental health and well-being.

Culturally specific conceptions of problems and traditional forms of helping are perhaps the logical approach to facilitating treatment for Basotho students. I believe counselling with this group can be effective if the counsellor is equipped with knowledge and skills required to understand the cultural context that the student brings to the counselling setting. In the context of counselling, it has been implicitly assumed that the Euro-centric way of thinking and analysing people's minds is superior to other ways. But I am also confronted with the findings emerging from this study (especially with group A) as well as others which point out that a helping system does not make much sense, if it is divorced from its socio-cultural context. Evidently, the social and cultural aspects of a helping system are inseparable. In Lesotho, it is a fact that even in the midst of rapid social changes, the people use the services of traditional healers irrespective of their educational status. Most university students would seek the services of a traditional healer when they are faced with stress and strains perhaps due to the strenuous demands of modern living. As Chris Abuk (1992) argues:

The indigenous methods of counselling are still the most valid solution to the new challenges because of their contextual validity. However, indigenous practices might be strengthened with regard to some current patterns of mental [and social problems] by exchange of ideas with current western practice provided that this is done on the basis of complete respect and equality, with nobody claiming to be anybody's expert or acolyte. Otherwise, the exchange would be counterproductive.
(p.27)

The main conclusions following this work are therefore:

- (i) That traditional healing or its functional equivalence would not fade away from Lesotho.*
- (ii) That traditional healers are performing crucial social and medical functions.*
- (iii) The services of traditional healers are used by the "sick" people. Most of the problems dealt with by traditional healers are in the area of psychological and social ailments.*

Perhaps one of the most useful approaches for counselling Basotho students is to recognise the importance of ceremonies, rituals and group membership in the ecological system of these people. Supporting participation in their culture may be the most useful and effective way of restoring balance and harmony between people and environment. I am persuaded to believe that a more culturally sensitive or culturally oriented model of counselling can be more effective with Basotho students than the pure Euro-centric technique. However, it has to be emphasised that maintaining some traditional beliefs and customs does not necessitate a total return to the "old ways". The reality, however, is that Basotho students will never again be like their brothers and sisters back home, who have never been to the university, and that the four-year experience of living away from home in a different "mixed culture" will no doubt leave its mark in their lives. Under the university environment, the students are continually bombarded with the values and practices of Euro-centric culture, and these influences do not encourage a strong identification with Basotho culture. Because of these competing forces, complete or total employment of traditional values may not be consistent with an individual's current aspirations towards academic excellence.

Counselling, in fact, is a social support system which is believed to have evolved as a result of Euro-centric people becoming more mobile and removed from their family systems, as is presently happening with Basotho students (Atkinson et al, 1993). As Atkinson et al realised, where there is a choice, the usual social support systems are more socially acceptable within most cultures than is professional Euro-centric counselling. Familiarity with the culture assists the helper in understanding culturally relevant helping methods. As I realised with the university student who believed he was bewitched, the inevitable result in the mismatch of treatment, as it happened, was the loss of credibility on the counsellor's part and the client discontinuing the therapy.

The need for approaches that treat the "whole person", as the Basotho traditional healing does, is among the more rapidly growing themes, even in Euro-centric societies (Bennett and Tefft, 1985). Therefore, African research has

more to contribute to Euro-centric techniques. Its emphasis on treatment of the entire group to which a person belongs, as well as the person who needs help, is its most valuable asset. As I have shown, not only do the Basotho traditional techniques work in achieving successful results, but there seems little doubt that for many years to come, the vast number of Basotho, including university students, will continue to employ these techniques whenever they need help. Traditional healing practices, as I have argued, are separate from the Euro-centric conventional wisdom and practices, but they represent legitimate methods of dealing with life problems. These, as I realised, need not be practised in conjunction with Euro-centric techniques, especially when applied to traditional Basotho who live in the rural areas. At the same time, there may be reasons to combine aspects of traditional healing and Euro-centric helping techniques in responding to specific needs or special problems that face Basotho students, especially when they are on campus. A culturally appropriate service needs to integrate the core Basotho values, beliefs, and cultural strategies to shape its development and implementation. The long term impact of such a service cannot be fully assessed at this point, but this intervention with Basotho students demonstrated the positive effects or aspects which can accrue with a dualistic approach based on both Euro-centric and Basotho cultural traditions. Culturally skilled counsellors need to attempt to find ways of incorporating Basotho cultural dimension into the formal counselling process. I believe that a culturally-specific approach to counselling will transform basic aspects of Basotho students' life, generally ignored in Euro-centric counselling framework, into positive developmental experiences. The following are the summaries of general conclusions which were drawn from this research intervention:

- Most Basotho students are confronted by adjustment and social problems at the National University of Lesotho, and these problems last for their entire study period.

- This group does not feel that it can be properly helped by Euro-centric trained professionals employed in the University counselling service especially when it comes to personal problems that are associated with witchcraft and other cultural aspects of problem causation.

- There is a need for new strategies and techniques for helping these students overcome their problems while they are at the university.

-Some form of collaboration between traditional healers and the Euro-centric trained therapists is highly recommended, where clients can be referred to traditional healers when there is a need. There should be an establishment of periodic consultations and freely reciprocal referral system between the traditional healers and counsellors at NUL.

Another problem is in regard to the language. In the group sessions, as I have indicated, the members were encouraged to talk in their native language (Sesotho) in order to create a more relaxed atmosphere, and also to avoid misunderstandings which might have resulted if a foreign language was used. This, however, created another problem for me, of having to translate everything from Sesotho into English at the end of the intervention, not only because English is not my native language, but also because there are many Sesotho concepts and terms that are not readily or easily translatable into English. But I needed to translate into English since this work is done under the auspices of the English university, also the fact that English is an international language that is used by all Commonwealth countries of which Lesotho is a part. Finally, this was not an "anthropological" research whereby the researcher and the subjects under study are culturally and perhaps socially far removed from each other. Instead, the researcher is a Mosotho whose life-blood is interlocked with those of the people who were under study. As such, it may be possible that strict adherence to objective assessment was stretched to a breaking point in some instances.

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APPENDIX 1 : TO BASOTHO STUDENTS

Nov. 24, 1994,

Dear Student,

I am a students' counsellor here at the National university of Lesotho. I am presently working towards my Ph.D. program. For my practical (thesis), I am examining and comparing the effectiveness of the western counselling techniques and the Basotho traditional helping methods.

The overall goal is to develop a helping method that will be more relevant to Basotho students at this university and also to assist those students who feel that they have adjustment problems, the opportunity to realise the tools to better cope with life while they are here.

The group sessions will be held once a week and will take about an hour each. The group sessions will continue for a total of fourteen (14) weeks. If you are interested in these group processes and are willing to participate please contact me for more information at the Students Counselling Service Unit.

Thank you very much,

Sincerely,
Liako Selebalo-Tseki

APPENDIX 2: IDENTIFIED PROBLEMS

Cultural differences

Financial

Academic

Social

Communication

APPENDIX 3: RECENT FEELINGS

We would like to understand how you have been feeling since you came to NUL

Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way during the past week. Use the following scale: [circle appropriate response]

- R** Rarely or none of the time (less than 1 day)
S Some or a little of the time (1-2 days)
O Occasionally or a moderate amount of time (3-4 days)
M Most or all the time (5-7 days)

	R	S	O	M
(a) You were bothered by things that usually do not bother you.	0	1	2	3
(b) You did not feel like eating; your appetite was poor.	0	1	2	3
(c) You felt that you could not shake off the blues even with help from your friends.	0	1	2	3
(d) You felt that you were doing just as good as everyone else.	0	1	2	3
(e) You had trouble keeping your mind on your studies.	0	1	2	3
(f) You felt depressed.	0	1	2	3
(g) You felt everything was an effort.	0	1	2	3
(h) You felt hopeful about your future.	0	1	2	3
(i) You felt your life has been a failure.	0	1	2	3
(j) You felt fearful.	0	1	2	3
(k) Your sleep was restless.	0	1	2	3
(l) You were happy.	0	1	2	3

(m)	You talked less than usual.	0	1	2	3
(n)	You felt lonely.	0	1	2	3
(o)	People were unfriendly.	0	1	2	3
(p)	You enjoyed life.	0	1	2	3
(q)	You had crying spells.	0	1	2	3
(r)	You felt sad.	0	1	2	3
(s)	You felt that people disliked you.	0	1	2	3
(t)	You could not get "going".	0	1	2	3

NB: Although based specifically on Thomas (1985) *Psychological Correlates of adjustment*. The above questions formed the basis for the protocol, which was modified for use with Basotho university students.

APPENDIX 4: PERSONAL SUPPORT SYSTEM

1. Sex: _____ Female _____ Male
2. Faculty: _____
3. Home District: _____
4. Year of study: _____
5. Married: _____ Single _____
6. How often in the last week have you felt lonesome?
Quite often _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 Not at all
7. Have there been times before the last week when you felt lonesome?
Quite often _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 Not at all
8. How satisfied are you with your life situation in general?
Very dissatisfied _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 Very satisfied
9. How satisfied are you with the personal support you received?
Very dissatisfied _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 Very satisfied
Comments (optional) _____

10. If, to some extent, you are dissatisfied with your support system, why? You may check as many of the following as apply to you.
_____ Not enough people to relate to
_____ My supporters are too similar, and there are some type of support they can't provide.
_____ I don't meet with my supporters often enough.
_____ Though my supporters are sometimes helpful, they sometimes cause difficulties as well (explain) _____

____ Others (please specify) _____

11. If you are dissatisfied with your support system, do you believe that you can make it better?

Not possible _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 Possible

12. If you believe Item 11 above is possible, what do you think you could do to improve the situation?

13. Do you think you feel left out in a lot of things because you are difference? (please comment)

N.B Adapted from Pearson, R. E. (1990) *Counselling and social support perspective and practice*. Sage Publication.

APPENDIX 5: EVALUATION OF THE GROUP EXPERIENCE

Please answer the following questions on the group intervention you have just participated in. *Please try to answer all questions honestly.* Your comments and suggestions will also be greatly appreciate.

1. What general effect, if any, has your group experience had on your life.
2. What were the highlights of the group experience for you? What were some of its most meaningful aspects?
3. What were some specific things that you became aware of about your beliefs, values, attitudes, and relationships with other students?
4. What are some changes you've made (or plan to make) in your life while you're at National University of Lesotho that you can attribute, at least even if partially, to your group experience?
5. What are some of the problems you anticipate to encounter on leaving the group and following upon your decision to make changes?
6. What questions have you asked yourself since the group? Were these questions left unanswered by the group?
7. Did the group experience have any negative effects on you? If yes, please explain.
8. Have you become more aware since the end of the group of the part you played in the group process?
9. If a close friend were to ask you to tell in a sentence or two what the group meant to you, how would you respond?
10. What are some other questions you think we should ask in order to get a complete picture of the meaning the group had for you? Do you have anything else to say about your experience during the group?

Adapted from Corey, M.S and Corey, G. (1992) *Groups: Process and Practice*. Pacific Grove.

APPENDIX 6: CONFIDENTIALITY AGREEMENT

10 March 1995

The purpose of this program is to find the most effective means of helping Basotho students at the National University of Lesotho. This will be done through sharing of the group members' experiences with other Basotho students who are going through similar experience.

The program is **strictly confidential**. This means that the information will not be shared or released to anyone else other than the members of the group, and it will not be used for purposes other than this program.

Liako Selebalo-Tseki -----